TOWER

Life's what you make it.

Choose the best fit for your needs.

Risk

TOWER Protection Policy

Insurer - TOWER Australia Limited
ABN 70 050 109 450

Date of Issue: 1 April 2002
Date of Expiry: 31 March 2003

You should read the enclosed material carefully, especially the Key Features Statement. This section contains the important information you should know about this product.

About TOWER Australia Limited (TOWER)

TOWER is an innovative and competitive provider of superannuation, savings and investment, retirement income stream and risk products to the Australian market.

It is part of the TOWER Group, a diverse financial organisation which operates throughout the South Pacific region. The parent company, TOWER Limited, listed on the Australian and New Zealand stock exchanges in 1999.

The TOWER Group has evolved over the last eleven years by organic growth and the acquisition in Australia of Adriatic Life Limited (1990), Friends Provident Life Assurance Company Limited (1993), the Deferred Annuity and Bond business of Advance Life Insurance Limited (1997), FAI Life (1999) and Bridges Financial Services Group Pty Ltd (2000).

TOWER's aim is to present, through its adviser network, information which genuinely helps our customers make the decisions which are right for them. We aspire to providing a network of highly informed advisers, plus products and services, which are consistently acknowledged for their quality and customer relevance.

Important Note

This brochure expires on 31 March 2003. The information is current only to this date and the brochure must not be used after this date. Should any of the information contained in this brochure change to such an extent as to become misleading, it will be withdrawn immediately.

Please note: Policies can only be effected after completion of an Application Form.

Customer Service

Telephone 1800 252 082 Facsimile 1800 654 946

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TOWER donates $1.50 for every completed policy to Children's Cancer Institute Australia.
The Institute is the only research organisation in Australia solely devoted to research into the causes, cure and prevention of Childhood Cancer.

KEY FEATURES STATEMENT

This Key Features Statement follows guidelines set down by the Australian Securities and Investment Commission. It will help you to:

- **decide if this policy will meet your needs; and**
- **compare this policy with others you may be considering.**

Important Notice

This is not a savings policy. The primary purpose of this policy is to provide a benefit on the occurrence of an insured event that you have chosen to include in the policy.

If you terminate the policy at any time you will not get anything back.

POLICY OVERVIEW

This policy is a contract of life insurance that is designed to provide you with financial assistance if an insured event occurs.

If the policy is in our superannuation fund you can insure one life under it and have the Life Protection Plan and Total and Permanent Disability Option attached to it. If the policy is in our non-superannuation fund you can insure up to 5 lives under it and include one, or more than one, of the following plans, benefit options and packages which we have available.

DISABILITY PROTECTION PLAN

Benefit Options
- Increasing Claim Option
- Cover Extension Option
- Bed Confinement Option
- Retirement Protection Option
- Disability Plus Option

Benefit Packages
- Rehabilitation Package
- Home Package
- Day One Cover Package
- Business Expense Package

LIFE PROTECTION PLAN

Benefit Options
- Premium Relief Option
- Guaranteed Insurability Option
- Total and Permanent Disability Option

CRISIS PROTECTION PLAN

Benefit Options
- Premium Relief Option
- Child's Crisis Option

Insured Events
The principal insured event under each plan is:

	Benefit payable if the life insured:
Disability Protection Plan	is unable to work due to sickness or injury.
Life Protection Plan	dies or is diagnosed with a terminal illness.
Crisis Protection Plan	suffers one of the insured events listed on page 25.

All plans, benefit options and packages provide cover 24 hours a day, worldwide, subject to Condition 2.5 of the policy conditions.

Defined Terms

On pages 9 to 12, some terms used in the policy conditions are defined. Also on pages 26 to 30 the insured events under the Crisis Protection Plan are defined. You should read these Sections carefully as they will assist you to understand the policy conditions.

Superannuation

If the policy is held in a superannuation fund it can be:

- a superannuation policy owned by TOWER Australian Superannuation Limited (ABN 69 003 059 407) as Trustee of the TOWER Superannuation Fund. In this case, as the life insured, you will be making the effective purchasing decision, although the Trustee will be the policyowner, and policy ownership will be governed by the Fund's trust deed.

Important information about The TOWER Superannuation Fund and superannuation generally is contained in the Superannuation Section of this document (pages 32 to 36); or

- as a superannuation policy owned by the trustee of a complying superannuation fund which is not managed by us. In this case, the policyowner will be the trustee, and the life insured will be a member of the fund.

Eligible Ages and End Dates

The following tables set out eligible ages and end dates.

	Eligible Age (age next)	
	Stepped	**Level**
Disability Protection Plan	19 to 60•	19 to 55
	19 to 55*	19 to 55
Life Protection Plan	16 to 70	16 to 55
Crisis Protection Plan	16 to 60	16 to 55
Business Expense Package	19 to 60•	19 to 55
	19 to 55▲	19 to 55
Total and Permanent Disability Option	16 to 60	16 to 55
Child's Crisis Option	3 to 15	3 to 15

• Occupation Class UPE, HMP or QMC.

* Occupation Class TRS, QLM, SSM or OM

▲ Occupation Class TRS and QLM

	End Date (statement date prior to age next)	
	Stepped	**Level**
Disability Protection Plan	65	65
	65	65
Life Protection Plan	100	100
Crisis Protection Plan	(a)	65
Business Expense Package	65	65
	65	65
Total and Permanent Disability Option	(b)	(b)
Child's Crisis Option	19	19

(a) 100 for death, terminal illness or loss of independent existence. 70 for all other insured events.

(b) 65 for total and permanent disability, then altering to loss of independent existence to age 100.

PREMIUMS

An event giving rise to a claim must occur, and claim payments must start to accrue, while the policy is in force. Provided the premium (including the policy fee and any government duties or charges) is paid within the 30 day grace period after the due date, we will renew the policy each year.

Full details about premiums and reinstatement are included on pages 8 to 9 of this document. This information includes details about the following:

- Premium Components
- Guarantee of Premium
- Premium Due Dates
- Premium Basis
- Policy Fee
- Government Duties
- Reinstatement

A table of premium rates for each plan, benefit option and package is available on request.

The minimum premium for each life insured under this policy is currently $330 a year for new policies and $110 a year for increases.

We will not increase the premium rate tables applying to plans under the policy for 2 years from 1 April 2002. A premium rate table can only change if we receive advice from our actuary and, as a result, the change is applied to a group of policies under the same rate table or occupation in the same manner.

If premium rate tables are to change you will be advised in writing at least 30 days before the change.

We may make premium discounts available from time to time but these may not apply for the duration of the policy.

Discounts currently available are:

	Disability Protection Plan	Life Protection Plan	Crisis Protection Plan	Business Expense Package	Total and Permanent Disability Option
Entry Age (stepped only)	No	Yes	Yes	No	Yes
Loyalty (stepped only)	Yes	Yes	Yes	Yes	Yes
Large Benefit Amount	Yes	Yes	Yes	Yes	No
Multiple Benefit	No	No	Yes	No	No

BENEFITS

The policy conditions applying to each of the plans, benefit options and packages available under the policy are set out on pages 5 to 30. An index is on page 4.

Exclusions and payment adjustments for each plan, benefit option and package, are on pages as detailed below:

	Exclusions (page)	Adjustments (page)
Disability Protection Plan	13	13
Life Protection Plan	22	22
Crisis Protection Plan	24	24

WHAT ARE THE CHARGES?

All the charges of this policy are fully described here. We undertake not to apply any other charges without your specific consent.

A policy fee may be payable as part of each premium. If a policy fee is payable, details will be set out in the policy schedule. The policy fee will not increase each year by more than the greater of the indexation factor (page 10) and 3%, to a maximum of 8%. The fee varies with the premium frequency and is currently:

Premium Frequency	Yearly	Half -Yearly	Quarterly	Monthly
$	77.00	37.50	21.00	7.00

Government duties or charges will be an additional cost implemented in line with government requirements and any impact they have on our overall costs. If we need to increase premiums as a result of any change in government duties or charges you will be advised in writing at least 30 days before the increase.

If premiums are paid by direct debit from a financial institution, they may charge you a direct debit fee.

TAXATION

This taxation information is a general statement only and is based on the continuance of present taxation laws and rulings and their interpretation. Your individual circumstances may be different and have not been taken into account in providing this information. It is important, therefore, that you obtain independent, professional taxation advice.

This policy is treated as input taxed under the Goods and Services Tax and any cost of GST will be included in the premium rates.

We reserve the right to make changes to this product and premium rates in response to any taxation or other legal changes.

- Disability Protection Plan

  Generally, premiums are tax deductible while benefits are assessable as income. We do not deduct or remit tax from payments made under this plan.

- Life Protection Plan and Crisis Protection Plan

  Generally, premiums are not tax deductible and benefits paid are not assessable as income. A different position may apply if the plan is effected for business purposes and you should seek specific advice.

  Benefits payable under these plans may be assessed under capital gains provisions if you are not the life insured or a relative of the life insured (as defined in the Income Tax Assessment Act 1997). We usually do not deduct or remit tax from claim payments, unless required to under law.

COOLING OFF PERIOD

After you receive advice from us that your application for a policy has been accepted, you have 28 days to check that the policy meets your needs. This is known as the cooling off period. Within this time you may request us in writing to cancel the policy and receive a full refund of all premiums paid without paying any charges. The only conditions applying to this are set out on page 5 of this document.

INFORMATION ON YOUR POLICY

An annual statement will be sent to you on each statement date. It sets out current details and advises of any changes which affect the policy.

Please direct any queries about the policy to us on freecall 1800 252 082 or to the person who gave you advice in relation to the purchase of the policy. Any complaints should also be directed to us in the first instance. Please refer to the Complaints Section on page 36 of this document for full details.

DIRECTORS OF TOWER AUSTRALIA LIMITED ARE:

C A N Beyer
K B Taylor
L G Cuming
O B O'Duill
R K Barton

POLICY CONDITIONS

1.0 INTRODUCTION

1.1 Overview

Your policy is a contract of life insurance that is designed to provide you with financial assistance if an insured event occurs. It is made up of these policy conditions, a policy schedule and certificates. The policy schedule and certificates are documents that will be sent to you when your application is accepted or, in some cases, when it is altered.

If your policy is in our superannuation fund you can insure one life under it and have the Life Protection Plan and the Total and Permanent Disability Option attached to it. If your policy is in our non-superannuation fund you can insure up to 5 lives under it and include one, or more than one, of the plans we have available.

The Disability Protection Plan also has the facility to split the benefit amount and have different waiting periods and benefit periods.

Within all policies you can add benefit options and benefit packages as applicable. The range of plans, options and packages currently available is on page 1 of this document.

Certificates will show which plans, options and packages you have chosen.

Your policy will be issued from our No. 1 Statutory Fund. It will be interpreted in line with New South Wales' Law. References to dollar amounts are references to Australian currency and all policy payments to and from us are payable in Australian currency.

If the policy is owned by more than one person, it will be owned on a joint tenancy basis.

1.2 Policy Conditions

In reading these policy conditions, unless stated otherwise, references to a life insured and a plan refer to each life insured and each plan for that life insured. When there is a split benefit amount, a reference to the waiting period, benefit period and benefit amount will be referring to each component, unless stated otherwise.

A reference to a benefit amount will normally be referring to the benefit amount under a particular plan. If the reference is to a benefit amount under a benefit option or package, this will be stated.

Headings have been included to assist your understanding but they do not alter how clauses are to be interpreted. Where the context provides for it, words indicating the singular can be taken to mean the plural and vice versa.

When reference is made to the occupation class of the life insured, this is the occupation class at the plan start date or at any time subsequent to that when we confirm a change in the occupation class. The occupation class at the plan start date will be shown in the certificate.

In Section 4.0 some terms used in the policy conditions are defined. In Section 8.10 the insured events under the Crisis Protection Plan are defined. Please read these Sections carefully as they also will assist you to understand the policy conditions.

1.3 Cooling Off Period

If your policy is not to your satisfaction please return it to us with a written request to cancel it. If we receive your request within 28 days of our advising you that your application was accepted we will cancel your policy from its start date and refund premiums that have been paid.

The only conditions are:

- if notice of acceptance was sent to you by post it will be deemed to have been received at the time it would have been delivered in the ordinary course of the post;
- no refund can be made if a claim payment has occurred; and
- if your policy was in a superannuation fund, any refund will not be made to you, but will be made to a complying superannuation fund under the Superannuation Industry (Supervision) Act 1993, or any replacement legislation.

1.4 Guarantee of Renewability

When, during the term of your policy, the premium is paid before the end of the grace period (Condition 3.3), your policy will continue regardless of any changes in the health, occupation or pastimes of the life insured.

We will make payments in line with the policy conditions if you and the life insured have:

- complied with the duty of disclosure; and
- answered all questions in the application and application supplement honestly and accurately.

1.5 Guarantee of Upgrade

In later versions of the Tower Protection Policy, we may improve the policy conditions. We will include the new conditions in your policy if, at the time of the improvement, there is no increase in the premium rate table as a result of the improved conditions.

Payment under the improved conditions will not be made for any sickness or physical condition for which, prior to an improvement being included, symptoms existed that would cause a reasonable person to seek medical advice, diagnosis, care or treatment, or medical advice or treatment was recommended by or received from a medical practitioner.

1.6 World-Wide Cover

Your policy provides cover 24 hours a day, world-wide, subject to Condition 2.5.

1.7 Changes to Policy Conditions

Special conditions are set out in the certificate and they alter the policy conditions. Apart from this, policy conditions can only alter if you agree and the change is made in writing by an authorised member of our staff.

If you received advice in relation to your purchase of this policy, the person who gave that advice does not have authority to alter the policy conditions.

1.8 Term of Policy and Plan

When we receive your application and first premium and have accepted the benefits for which you are applying, your policy and each plan under it will start. This will be the policy or plan start date, as applicable.

The term of the policy is the period from the policy start date until the earliest of:

- our receiving your written request to cancel it;
- it lapsing for non-payment of the premium (Condition 3.3); or
- our having paid all accrued benefits and no further plans apply.

The term of the plan is the period from the plan start date until the earliest of:

- the plan end date;
- our receiving your written request to cancel it;
- the death of the life insured; or
- the full benefit amount being paid under the Life Protection Plan or the Crisis Protection Plan.

If you indicated in your application that a plan was to replace all or part of existing insurance, cover under that plan will not start until the existing insurance has been cancelled.

1.9 Contacting Us

Our contact details are on the inside back cover of this document. If you wish to exercise an option under your policy or send a notice for any reason, please do so in writing and quote the policy number.

1.10 Policy Alterations and Increases

Policy alterations and increases can only be made if the facility or plan for which you are applying is available at the time and we accept your application for an alteration or increase.

2.0 CLAIMS

2.1 How to Make A Claim

If you wish to make a claim, please contact us and provide us with details. We will send you a claim form specific to your claim and advise our requirements.

You and the life insured, if applicable, need to fully co-operate with us in meeting our requirements as eligibility for and the extent of claim payments will be conditional on these requirements being met in a form satisfactory to us.

We will advise you in writing if your claim has been approved.

2.2 Event Giving Rise To A Claim

An event giving rise to a claim must occur and claim payments must start to accrue during the term of the plan.

We need to be advised in writing of an event giving rise to a claim as soon as reasonably possible otherwise claim payments may be reduced to the extent that our ability to assess the claim has been prejudiced by the delay.

2.3 Claim Requirements At Your Expense

To assess your claim we will need the following:

- proof of the event for which a claim is being made;
- proof of payment, when a claim for reimbursement is being made; and
- proof of age (unless provided previously).

We also need:

- proof of policy ownership; and
- a signed discharge from an authorised person.

For the Disability Protection Plan and Business Expense Package we will advise you if we need:

- verification of the life insured's monthly earnings and business expenses stated in the application; and/or
- verification of the life insured's monthly earnings and business expenses before and after the event giving rise to your claim.

Costs incurred in supplying the above need to be met by you.

2.4 Claim Requirements At Our Expense

We will advise you what other requirements we need and we will meet the cost of providing them if we agree before the costs are incurred, and the costs are incurred as a direct result of our request. Depending on the type of claim, we may require, but not be limited to, all, or some, of the following:

Medical Requirements:

- an examination of the life insured by a medical practitioner we nominate as often as is required. This may involve imaging studies and clinical, histological and laboratory evidence.
- confirmatory assessment or diagnosis by a specialist medical practitioner of our choice.
- proof that a surgical procedure was medically necessary and was the usual treatment for the underlying condition.

Financial Requirements:

- an audit of the life insured's business and personal financial circumstances as often as is required. This may include auditing documents that constitute a legal requirement such as business and personal taxation returns.

Interview Requirements:

- interviews with various parties, including you and the life insured, in relation to your claim, by a member of our staff or someone appointed by us, as often as is required.

Other Information Requirements:

- access to details of the life insured's previous medical consultations.
- assessment of current functional and vocational capacity.
- obtaining information from various parties, including you and the life insured, in relation to your claim, by a member of our staff or someone appointed by us, as often as is required. This may include, but not be limited to, details of any previous injury or illness claims in relation to the life insured and details of previous occupation duties.

2.5 Following Advice of Medical Practitioner

Claim payments will be contingent on the life insured following the advice of the treating medical practitioner, including recommended courses of treatment and rehabilitation.

If the life insured is in Australia, becomes disabled and subsequently travels or resides overseas, claim payments will only be made if, in travelling or residing overseas, the life insured is following the advice of the treating medical practitioner and we have been advised in advance of the travel commencing.

2.6 Claims Assessment

Eligibility for, and the extent of, claim payments relating to the sickness or injury of the life insured, will be based solely on the impact of the sickness or injury. Specifically excluded will be any additional impact due to economic, seasonal or non-medical factors.

Within the Disability Protection Plan and the Business Expense Package periods of disability of less than one month will be paid at the rate of $^{1}/_{30}$th of the benefit amount for each day the life insured is disabled.

2.7 Mis-Statement of Age

If the age of the life insured has been mis-stated and the premium paid is lower than required, claim payments will be reduced proportionately. If the premium paid is higher than required, overpaid premiums will be refunded.

2.8 Payment Of Claim

If you are legally competent to apply for a claim payment, all benefits will be paid to you or your legal, personal representative. Otherwise we will pay benefits to a person we are legally permitted to pay.

3.0 PREMIUMS AND REINSTATEMENT

3.1 Premium Components

Your policy schedule will show the first year's premium or the first instalment premium.

Premiums may include extra amounts charged to which you have agreed when we accepted your application or reinstated your policy or a plan under it.

We may make discounts available from time to time but these may not apply for the term of your policy.

3.2 Guarantee of Premium

We guarantee not to increase the premium rate tables applying to plans under your policy for 2 years from 1 April 2002. The premium rate tables are used to calculate the cost of each plan. The premium you pay may also include a policy fee and any government imposed duty or charge which applies.

A premium rate table can only change if we receive advice from our actuary and, as a result, the change is applied to a group of policies under the same rate table or occupation, in the same manner.

If premium rate tables are to change, you will be advised in writing at least 30 days before the change.

3.3 Premium Due Dates

Premiums are payable in advance by the due date shown in the policy schedule.

Premiums may be paid yearly, half-yearly, quarterly or monthly. If premiums are paid by direct debit, deductions will be made on or around the due date, as dictated by weekends and public holidays.

If a premium, other than the first premium, is unpaid we will send you a notice and allow a grace period of 30 days in which to pay the premium. If the premium remains unpaid at the cancellation date stated in the notice, your policy will lapse on that date.

If a claim is payable after a premium is due, but before your policy lapses, we will pay the claim in line with the policy conditions, after deducting outstanding premiums. If premiums are paid other than yearly, the balance of the current year's premium is payable when a claim payment would result in the plan ending.

3.4 Premium Basis

If you are paying premiums on a stepped basis, the amount you pay will be based on the age of the life insured at each statement date. This will generally result in the premium increasing.

If you are paying premiums on a level basis, the amount you pay will be based on the age of the life insured at the plan start date. The premium for any addition or increase will be based on the age of the life insured at the time of the addition or increase.

The amount you pay will increase if:

- you add a plan, benefit option or package;
- the benefit amount increases;
- the policy fee increases;
- the rates in the premium rate table increase;
- discounts in place no longer apply; or
- government duties or charges increase.

There are limitations to the period during which premiums may be paid on a level premium basis.

3.5 Policy Fee

If a policy fee is payable, details are set out in the policy schedule. We guarantee that the policy fee will not increase each year by more than the greater of the indexation factor and 3%, to a maximum of 8%.

3.6 Government Duties

Government duties or charges are an additional cost implemented in line with government requirements and any impact they have on our overall costs. If we increase premiums as a result of any change in government duties or charges you will be advised in writing at least 30 days before the increase.

3.7 Reinstatement

If your policy lapses or a plan under it is cancelled, we will consider an application to reinstate the policy or plan if the application is received within 12 months of the lapse or cancellation. We may, however, impose conditions or decline to reinstate.

If your policy, or a plan under it, is reinstated, no claim payment will be made for:

- any injury or death which occurred while your policy or plan was lapsed; or
- any sickness, including terminal illness, which became apparent while your policy or plan was lapsed.

4.0 DEFINITIONS

Terms used in your policy which are set out below, have the meanings shown.

4.1 **Activities of daily living** are,

- Bathing - the ability to shower and bathe.
- Dressing - the ability to put on and take off clothing.
- Toileting - the ability to get on and off, and use, the toilet.
- Mobility - the ability to get in and out of bed and a chair.
- Feeding – the ability to get food from a plate into the mouth.

4.2 **Bed confinement** and **bed confined** mean the life insured has been advised by a medical practitioner to remain in or near a bed for a substantial part of each day and under the continuous care of a registered nurse.

If confinement is not at the life insured's usual place of residence, there must be reasonable grounds for this.

4.3 **Benefit amount** means the amount shown in the certificate for the relevant plan, benefit option or package, after taking into account increases or reductions, applying:

- under the conditions of the plan, option or package; or
- in line with a request by you that is agreed to by us.

"Benefit amount" under the Disability Protection Plan and benefit options or packages attached to it, means the monthly benefit.

4.4 **Benefit period** means the period when disability benefits accrue. The maximum benefit period is shown in the certificate.

4.5 **Business expenses** means, when the life insured directly or indirectly owns all or part of the business in which the usual occupation of the life insured is performed, all or part of any payment which:

- is a payment or expense properly incurred by the business in its normal running as an ongoing concern;
- is not a cost of setting up or winding down the business;
- is not a payment of capital or of a capital, private or domestic nature; and
- could not reasonably be considered to give private benefit to:
  - you or the life insured;
  - an immediate family member of either you or the life insured; or
  - any company, trust or other entity from which you, the life insured, or members of the immediate family of either, derive a benefit.

If the life insured is not the sole owner of the business, "business expenses" refers to that percentage of these payments which is fairly and reasonably apportionable to the life insured. This is determined in line with the usual manner the profits and/or losses of the business are divided between the life insured and any co-owners of the business.

The phrase "the life insured directly or indirectly owns all or part of the business" will include:

- a professional practice; and
- the life insured owning all or part of the business through another legal entity.

If at the time of a claim, business expenses are included that were not incurred or were not incurred to the same extent or at the equivalent time, in the 12 months prior to the disability starting, those expenses will only be included if they are necessary to generate profit to the business during the period of the claim.

4.6 **Disability** and **disabled** mean total disability or partial disability.

4.7 **Gainful occupation** means an occupation in which the life insured is working and as a result generates monthly earnings.

4.8 **Generally published maximum level** means any maximum levels applying to a plan. They are set out in the brochure in which these conditions are included and are guaranteed not to reduce for plans included in your policy when it started.

4.9 **Immediate family** means spouse, partner, de facto, children, parents and siblings.

4.10 **Indexation factor** is the percentage change in the Consumer Price Index (Weighted Average All Capital Cities) as last published by the Australian Bureau of Statistics in respect of the 12 month period finishing on 30 September.

It will be determined at 30 November each year and applied, where indicated, for the following year. If it is not published by 30 November, the indexation factor will be calculated based upon a retail price index which we consider replaces it.

If the percentage change in the consumer price index, or any substitute for it, is negative, the indexation factor will be taken as zero.

4.11 **Injury** means an accidental bodily injury suffered by the life insured.

4.12 **Medical practitioner** means a person who is legally qualified and properly registered as a medical practitioner, other than:

- you or the life insured;
- a business partner of you or the life insured; or
- an immediate family member of you or the life insured.

If practising other than in Australia, the medical practitioner must have qualifications equivalent to Australian standards.

4.13 Monthly earnings means:

When the life insured does not directly or indirectly own all or part of the business in which the usual occupation of the life insured is performed; the monthly value of the remuneration paid by the employer in respect of the work performed by the life insured. This will be determined by calculating the amount the life insured would have to receive if total remuneration was received as a salary or wage (before income tax is deducted).

When the life insured does directly or indirectly own all or part of the business in which the usual occupation of the life insured is performed; the life insured's share of the profits of the business, after the deduction of business expenses, both of which are determined in line with the usual manner that the profits and/or losses of the business are divided between the life insured and any co-owners of the business.

The phrase "the life insured directly or indirectly owns all or part of the business" will include:

- a professional practice; and
- the life insured owning all or part of the business through another legal entity.

4.14 Partial disability and **partially disabled** mean that, solely because of a sickness or injury the life insured:

- is working or capable of working;
- is following the advice of the treating medical practitioner; and
- has suffered a reduction of 20% or more, if the occupation class of the life insured is UPE, HMP or QMC, and 25% or more, if the occupation class of the life insured is TRS,QLM, SSM or OM, in the ability to:
  - generate monthly earnings; or
  - perform the income producing duties; or
  - maintain the same number of hours worked,

  in the life insured's usual occupation.

4.15 Policy means the TOWER Protection Policy.

4.16 Pre-disability earnings means the highest average monthly earnings of the life insured for:

- any of the three tax years immediately prior to the sickness or injury causing disability;
- any of the three business years immediately prior to the sickness or injury causing disability if the life insured directly or indirectly owns all or part of the business in which the usual occupation of the life insured is performed; or
- the 12 months immediately prior to the sickness or injury causing disability.

If the life insured is partially disabled or an adjustment is made under Condition 6.2 in the 12 months subsequent to an underwritten increase in the benefit amount for the Disability Protection Plan, pre-disability earnings will have a minimum value of the benefit amount (excluding any benefit options and packages) divided by 0.75.

If the life insured suffers a sickness or injury whilst in a gainful occupation and monthly earnings reduce as a direct result of the sickness or injury, whilst this continues pre-disability earnings will be the value we agree would have applied at the time the reduction started, provided we are advised within 30 days of the reduction starting.

4.17 Registered nurse means a person who is legally qualified and properly registered as a nurse, other than:

- you or the life insured;
- a business partner of you or the life insured; or
- an immediate family member of you or the life insured.

If practising other than in Australia, the registered nurse must have qualifications equivalent to Australian standards.

4.18 Sickness means an illness or disease suffered by the life insured.

4.19 Terminally ill and **terminal illness** mean the life insured is suffering from an illness or condition and has a life expectancy of less than 12 months.

4.20 Total and permanent disability and **totally and permanently disabled** mean that:

- solely because of a sickness or injury, the life insured has not been in their usual occupation for 6 consecutive months, and is unable to ever work in any occupation for which the life insured is reasonably suited by training, education or experience; or
- the life insured suffers the loss of:
  - both feet, hands or sight in both eyes; or
  - any combination of two of, a hand, a foot or sight in an eye.

  "Loss" here means the total and permanent loss of:
  - the use of the hand or foot from the wrist or ankle joint; or
  - sight to the extent that visual acuity in the eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60; or
- the life insured is totally and permanently unable to perform at least 2 of the 5 activities of daily living without the physical assistance of another person.

On the statement date prior to the life insureds' 65th birthday, "total and permanent disability", and "totally and permanently disabled" mean that, solely because of a sickness or injury, the life insured is totally and permanently unable to perform at least 2 of the 5 activities of daily living without the physical assistance of another person. The benefit amount will be reduced to our generally published maximum level.

When "**usual occupation**" is shown in the certificate, the reference above to "any occupation for which the life insured is reasonably suited by training, education or experience" will be replaced by "the life insured's usual occupation".

Total and permanent disability occurring while a prisoner of war or missing in action, will be considered a result of war or an act of war.

4.21 **Total disability** and **totally disabled** mean that, solely because of a sickness or injury the life insured:

- is not in any gainful occupation;
- is following the advice of the treating medical practitioner; and
- has suffered a reduction of 80% or more in the ability to:
  - generate monthly earnings; or
  - perform the income producing duties; or
  - maintain the same number of hours worked,

  in the life insured's usual occupation.

4.22 **Usual occupation** means:

If the life insured, immediately prior to the sickness or injury causing disability, was in a gainful occupation for 10 hours a week or more, for 3 months or more, "usual occupation" will be that occupation. If the life insured was in more than one gainful occupation, "usual occupation" will be those occupations which satisfy these criteria.

If the life insured, immediately prior to the sickness or injury causing disability:

- was in a gainful occupation but was not in it for 10 hours a week or more for 3 months or more; or
- was unemployed, on sabbatical or on long service leave, maternity leave or paternity leave for 12 months or more,

"usual occupation" will be any gainful occupation for which the life insured is reasonably suited by training, education or experience.

4.23 **Waiting period** means the period of time between the life insured suffering disability and disability benefits starting to accrue.

If the life insured does not consult a medical practitioner concerning the sickness or injury causing disability within 7 days of the sickness starting, or the injury occurring, the waiting period will start when the life insured consults a medical practitioner.

Neither Total nor Partial Disability Benefits are paid for the waiting period.

4.24 **War or an act of war** means armed aggression, whether declared or not, by a country resisted by any other country or international organisation.

4.25 **We, us** and **our** mean TOWER Australia Ltd.

4.26 **You** and **your** mean the policyowner.

5.0 INFLATION PROTECTION BENEFIT

On each statement date we will increase the benefit amount of:

- plans applying under your policy;
- the Retirement Protection Option;
- the Disability Plus Option;
- the Business Expense Package; and
- the Total and Permanent Disability Option,

unless:

- you ask us not to increase the benefit amount; or
- the Waiver of Premium Benefit (Condition 6.5) or the Premium Relief Option (Conditions 7.6 and 8.11) apply under the applicable plan, benefit option or package.

Increases will cease on the earlier of:

- the statement date prior to the life insured's 65th birthday; or
- when, for 3 consecutive statement dates, you ask us not to increase the benefit amount.

The new benefit amount will be the previous benefit amount increased by the greater of the indexation factor and 3%, to a maximum of 8%. Increases will continue to our generally published maximum level.

The premium will be calculated in line with Condition 3.4. No account will be taken of changes in the health, occupation or pastimes of the life insured.

6.0 DISABILITY PROTECTION PLAN

6.1 Plan Exclusions

No payments will be made under the Disability Protection Plan or any benefit options or packages attached to it, if the event giving rise to the claim is caused directly or indirectly by:

- war or an act of war;
- an intentional, self-inflicted act by the life insured;
- abnormal and complicated pregnancy unless disability continues for longer than 2 months after the pregnancy ends, in which case disability will be considered to have started at the date the pregnancy ends; or
- normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, threatened miscarriage, participation in an IVF or similar programme, normal discomforts including, but not limited to, morning sickness, backache, varicose veins, ankle swelling and bladder problems.

6.2 Plan Adjustments

This condition only applies to payments under Total and Partial Disability Benefits (Conditions 6.3 and 6.4) and the Day One Package (Condition 6.17).

The Disability Protection Plan is an "agreed value" plan and as such the benefit amount in respect of payments for total disability and the applicable proportion of the benefit amount in respect of payments for partial disability, will be paid unless a reduction of the benefit amount is made in line with this condition. A reduction will only be made if the life insured receives other payments through any of:

- any other individual or group disability income insurance; or
- workers' compensation, common law or statute (except sick leave) where such payments are in respect of the disability of the life insured and in calculating the payment the relevant authority did not, or could not, take into account payments due under this plan.

If the workers' compensation, common law, or statute payment is received as a lump sum, it will be converted to income on the basis of 1% of the lump sum for each month that a disability benefit is paid. The disability payment will be calculated taking this figure into account for a maximum of 8 years.

If a reduction applies it will be to the extent that the benefit amount plus the other payments is greater than 75% of the first $20,000 of pre-disability earnings and 50% of the balance.

The amount of the reduction will not exceed the amount of the other payments.

No benefit will be paid when the other payments plus the monthly earnings of the life insured in the month to be paid, is greater than or equal to 100% of pre-disability earnings.

In those months that a benefit payment is reduced, a proportionate refund of premiums paid for the life insured will be made. The refund will be A x B, where

A = the percentage reduction in the benefit payment; and

B = the average monthly Disability Protection Plan premium (less the premium for benefit options or packages under it) over the 12 months prior to the claim starting.

The refund will be made for the lesser of 12 months or the number of months the Disability Protection Plan was in force prior to the claim starting.

6.3 Total Disability Benefit

If the occupation class of the life insured is UPE, HMP or QMC, the Total Disability Benefit will be paid when the life insured has been disabled for the waiting period, and then is totally disabled.

If the occupation class of the life insured is TRS, QLM, SSM or OM, the Total Disability Benefit will be paid when the life insured has been totally disabled for 14 consecutive days, is disabled for the balance of the waiting period, and then is totally disabled.

The amount paid will be the benefit amount, adjusted in line with Condition 6.2.

The Total Disability Benefit:

- starts to accrue after the waiting period ends;
- is paid monthly in arrears; and
- will stop on the earliest of
    - the life insured no longer being totally disabled;
    - the end of the benefit period; or
    - the term of the plan finishing.

6.4 Partial Disability Benefit

If the occupation class of the life insured is UPE, HMP or QMC, the Partial Disability Benefit will be paid when the life insured has been disabled for the waiting period, and then is partially disabled.

If the occupation class of the life insured is TRS, QLM, SSM or OM the Partial Disability Benefit will be paid when the life insured has been totally disabled for 14 consecutive days, is disabled for the balance of the waiting period, and then is partially disabled.

The amount paid will be:

$\frac{A - B}{A}$ x the benefit amount, adjusted in line with Condition 6.2, where

A = the life insured's pre-disability earnings; and

B = monthly earnings of the life insured in respect of the month to be paid.

When the life insured is partially disabled but not working, "B" will be calculated on the monthly earnings it would be reasonable for the life insured to earn if working.

The Partial Disability Benefit:

- starts to accrue after the waiting period ends;
- is paid monthly in arrears; and
- will stop on the earliest of
    - the life insured no longer being disabled;
    - the end of the benefit period; or
    - the term of the plan finishing.

6.5 Waiver of Premium Benefit

When disability payments have accrued, the daily proportion of premiums due under the Disability Protection Plan (except premiums for the Business Expense Package) will be waived. This waiver will apply to the Business Expense Package when disability payments have accrued under it.

The Waiver of Premium Benefit:

- starts to accrue from the first day of the waiting period;
- applies immediately after the waiting period for any premiums paid previously and monthly in arrears for other premiums; and
- will stop on the earlier of the life insured no longer being disabled or the end of the benefit period.

6.6 Extended Care Benefit

The Extended Care Benefit will continue cover under this plan beyond the plan end date unless:

- you ask us not to continue it;
- a claim has been paid under the plan in the 13 months prior to the plan end date;
- the plan or any increase in the plan has been in force for less than 10 years at the plan end date;
- the plan was reinstated within 10 years of the plan end date; or
- the plan was issued on other than our standard rate of premium or with the application of a special condition.

Under the Extended Care Benefit:

- Plan Exclusions (Condition 6.1) and the Total Disability Benefit (Condition 6.3) apply; however, all other benefits are cancelled. The Inflation Protection Benefit (Condition 5.0) will not apply.
- the definition of "total disability" alters to "solely because of a sickness or injury the life insured is permanently unable to perform at least 2 of the 5 activities of daily living without the physical assistance of another person."
- when the life insured is totally disabled, the lesser of the benefit amount or $5000 (increased by the indexation factor from the plan start date to the plan end date) a month is payable until the end of the benefit period.
- the benefit period ends on the earlier of:
  - the death of the life insured; or
  - the statement date prior to the life insured's 100th birthday.
- premiums will be based on the age of the life insured at the plan end date and will continue on a level premium basis.

6.7 Elective Surgery Benefit

The life insured will be considered to be totally disabled due to sickness when totally disability results from:

- surgery to transplant part of the life insured's body to someone else;
- surgery to improve the life insured's appearance; or
- elective surgery performed on the advice of a medical practitioner.

The Elective Surgery Benefit will not apply if the surgery took place within 6 months of:

- the plan start date;
- the date of an applied for increase but only in respect of the increase; or
- the most recent date we agreed to reinstate either the plan or policy.

6.8 Concurrent Disability Benefit

When the life insured is disabled as a result of separate and distinct sicknesses or injuries, claim entitlements under benefits which are not payable concurrently will be calculated in line with the policy condition which provides the highest payment.

6.9 Recurrent Disability Benefit

When the life insured is disabled and a claim is made, but the disability recurs from the same or a related cause during the term of the plan, this will be considered a continuation of the claim if the recurrence occurs within 6 months of the claim ending.

The waiting period will not be reapplied; however, all periods of claim will be added together for the purpose of assessing the benefit period.

BENEFIT OPTIONS

Benefit options only apply if indicated in the certificate.

6.10 Increasing Claim Option

When a disability benefit is payable and the Increasing Claim Option is included, benefit amount increases under the Inflation Protection Benefit (Condition 5.0) will continue for:

- the Disability Protection Plan; and
- the Retirement Protection Option, Disability Plus Option and Business Expense Package, if applicable.

Premium waiver will be made in line with Condition 6.5

6.11 Cover Extension Option

When you wish to extend cover for the life insured under this plan by the inclusion of benefit options or packages, the Cover Extension Option may be used.

Conditions of the Cover Extension Option are:

- application for an extension needs to be made within 30 days of either the first or second statement dates following inclusion of the Cover Extension Option;
- a maximum of 2 benefit options or packages in total may be added;
- application cannot be made if the life insured is eligible for benefit payments;
- the Business Expense Package is not available under this Option; and
- if the Retirement Protection or Disability Plus Options are added, benefits will be based on monthly earnings at the time the Cover Extension Option was included.

No account will be taken of changes in the health, occupation or pastimes of the life insured.

6.12 Bed Confinement Option

When the life insured is bed confined during the waiting period for 3 days or more, the Bed Confinement Benefit will be paid. The amount paid will be $^{1}/_{30}$th of the benefit amount for each day of bed confinement.

The Bed Confinement Benefit:

- starts to accrue from the first day of the waiting period;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the end of the waiting period;
  - the term of the plan finishing;
  - the end of bed confinement; or
  - payments equalling 3 times the benefit amount.

6.13 Retirement Protection Option

When disability payments have accrued beyond the waiting period applicable to the Retirement Protection Option, the Retirement Protection Option will re-imburse the life insured or the employer of the life insured on behalf of the life insured, for contributions made by either of them to a superannuation fund complying under the Superannuation Industry (Supervision) Act 1993, or any replacement legislation.

The amount reimbursed will be the lesser of:

- the Retirement Protection Option benefit amount if Total Disability Benefits are accruing and a proportion of the benefit amount (in line with Condition 6.4) if Partial Disability Benefits are accruing; or
- the average monthly superannuation contributions made by the life insured, or the employer of the life insured on behalf of the life insured, over the 12 months immediately prior to disability starting.

The Retirement Protection Option:

- starts to accrue after the waiting period ends;
- is paid monthly in arrears; and
- will stop on the earliest of
  - the life insured no longer being disabled;
  - the end of the benefit period; or
  - the term of the plan finishing.

6.14 Disability Plus Option

When disability payments have accrued beyond the waiting period applicable to the Disability Plus Option, and the life insured is permanently unable to perform at least 2 of the 5 activities of daily living without the physical assistance of another person, the Disability Plus Option benefit amount will be paid.

The Disability Plus Option:

- starts to accrue after the waiting period ends;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the end of the benefit period;
  - the term of the plan finishing; or
  - the life insured no longer being totally and permanently unable to perform at least 2 of the 5 activities of daily living without the physical assistance of another person.

BENEFIT PACKAGES

Benefit packages only apply if indicated in the certificate.

6.15 REHABILITATION PACKAGE

If you would like assistance to find a rehabilitation provider, please contact us and we will provide details to you.

Rehabilitation Benefit

The Rehabilitation Benefit will be paid when the life insured has been totally disabled, is still disabled and, as a result, actively participates in a rehabilitation programme that:

- is approved by us in writing before the life insured participates; and
- we agree will lead to reasonable opportunities for the life insured to work in a gainful occupation.

The amount paid will be 50% of the benefit amount, in addition to the Total Disability Benefit.

The Rehabilitation Benefit:

- starts to accrue from the day the life insured actively participates in the rehabilitation programme;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being disabled;
  - the end of the benefit period;
  - the term of the plan finishing;
  - the life insured no longer actively participating in the rehabilitation programme; or
  - 12 months Rehabilitation Benefit being paid for any one disability.

Expense Reimbursement Benefit

When you spend money directly towards the effective rehabilitation of the life insured, we will reimburse the money spent (less amounts reimbursed from elsewhere) subject to:

- our approving the expenditure in writing before it is incurred; and
- a maximum amount being reimbursed of 6 times the benefit amount.

The cost of medical and medical therapy consultations will not be reimbursed.

The Expense Reimbursement Benefit:

- starts to accrue when expenditure is incurred;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being disabled;
  - the end of the benefit period;
  - the term of the plan finishing;
  - expenditure ceasing; or
  - reimbursement equalling 6 times the benefit amount for any one disability.

Job Security Benefit

The Job Security Benefit will be paid when the life insured:

- does not directly or indirectly own all or part of the business in which the usual occupation of the life insured is performed;
- has been totally disabled for 2 consecutive months and subsequently returns to a gainful occupation with the same employer with whom the life insured was working prior to being totally disabled.

Payment will be to the life insured's employer and the amount paid will be once times the benefit amount for any one disability.

Return To Work Benefit

The Return to Work Benefit will be paid when the life insured returns to a gainful occupation after having been in receipt of the Rehabilitation Benefit for at least 3 consecutive months.

The amount paid will be once times the benefit amount on each of the following:

- the life insured starting in a gainful occupation for 30 hours a week or more;
- the life insured continuing in that gainful occupation for 3 consecutive months for 30 hours a week or more; and
- the life insured continuing in that gainful occupation for 6 consecutive months for 30 hours a week or more.

The Return to Work Benefit:

- starts to accrue when the life insured starts in a gainful occupation for 30 hours a week or more;
- is paid in arrears; and
- will stop on the earliest of:
  - the end of the benefit period;
  - the term of the plan finishing;
  - the life insured no longer being in a gainful occupation for 30 hours a week or more; or
  - 3 times the benefit amount being paid for any one disability.

6.16 HOME PACKAGE

Family Support Benefit

The Family Support Benefit will be paid when the life insured is totally disabled for 30 consecutive days; and

- an immediate family member of the life insured stops being in a gainful occupation to provide care and assistance to the life insured; or
- the treating medical practitioner recommends that a registered nurse is employed to provide care and assistance to the life insured.

The monthly amount paid is the least of:

- $2,500 (increased by the indexation factor from 1 April 2002);
- the benefit amount; or
- the loss of earnings suffered by the immediate family member, or the cost of the registered nurse deemed necessary less amounts reimbursed from elsewhere.

The Family Support Benefit:

- starts to accrue when the life insured has been totally disabled for 30 consecutive days and the loss or expenditure is incurred;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being totally disabled;
  - the end of the benefit period;
  - the term of the plan finishing; or
  - 3 months Family Support Benefit being paid for any one disability.

Accommodation Benefit

The Accommodation Benefit will be paid when the life insured is totally disabled more than 100 kilometres from the life insured's usual place of residence, or the life insured is totally disabled and, on the advice of a medical practitioner for reasons associated with the disability, travels to a place more than 100 kilometres from the life insured's usual place of residence, and:

- the life insured is bed confined; and
- an immediate family member of the life insured is accommodated more than 100 kilometres from their usual place of residence but near where the life insured is bed confined.

The amount paid will be a reimbursement of the cost of accommodation of the immediate family member of the life insured, to a daily maximum of $220 (increased by the indexation factor from 1 April 2002), less amounts reimbursed from elsewhere.

The Accommodation Benefit:

- starts to accrue when the expenditure is incurred;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being bed confined;
  - the end of the benefit period;
  - the term of the plan finishing;
  - the immediate family member no longer needing accommodation near the life insured; or
  - 30 days Accommodation Benefit being paid for any one disability.

Housekeeper Benefit

The Housekeeper Benefit will be paid when the life insured is totally disabled for 30 consecutive days and:

- the life insured is bed confined at the life insured's usual place of residence; and
- the life insured needs to rely totally on another person, other than an immediate family member, for housekeeping.

The monthly amount paid is the least of:

- $2500 (increased by the indexation factor from 1 April 2002);
- the benefit amount; or
- the cost of the housekeeper, less amounts reimbursed from elsewhere.

The Housekeeper Benefit:

- starts to accrue when the life insured has been totally disabled for 30 consecutive days and the expenditure is incurred;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being totally disabled;
  - the end of the benefit period;
  - the term of the plan finishing;
  - the life insured no longer being bed confined;
  - the life insured no longer needing to totally rely on another person for housekeeping; or
  - 6 months Housekeeper Benefit being paid for any one disability.

Overseas Assistance Benefit

When the life insured is outside Australia and is totally disabled for 30 consecutive days but chooses to return to Australia while totally disabled, the Overseas Assistance Benefit will be paid.

The amount paid will be a reimbursement of the costs directly incurred by the life insured in returning to Australia, less amounts reimbursed from elsewhere, to a maximum of 3 times the benefit amount for any one disability. Air fare costs reimbursed will be in line with those that are medically necessary.

6.17 DAY ONE COVER PACKAGE

Payment under the Day One Cover Package will be made when the life insured is eligible for payment under either of the Injury Benefit or Scheduled Benefit.

When the life insured is eligible under both, the one which provides the greater payment will be paid.

Any amounts due under the Bed Confinement Option, if applicable, will reduce entitlements under the Day One Cover Package.

- Injury Benefit

When the life insured is totally disabled for 14 consecutive days, as a result of an injury, $^{1}/_{30}$th of the benefit amount will be paid for each day the life insured is totally disabled.

Payment will stop on the earliest of:

- the life insured no longer being totally disabled;
- the term of the plan finishing; or
- the expiry of 14 days if the plan has a 14 day waiting period, and 28 days if the plan has a waiting period of longer than 14 days.

- Scheduled Benefit

When the life insured suffers an insured event in the following Table, total disability will be deemed to exist for the payment period shown. The Total Disability Benefit for the Disability Protection Plan will be paid, however, the waiting period will not apply.

Payment will stop on the earliest of:

- the expiry of the payment period shown;
- the end of the benefit period; or
- the term of the plan finishing.

Eligibility for payment under the Retirement Protection and Disability Plus Options will be made if the policy conditions for these options are met.

At the expiry of the payment period, eligibility for other benefits will be based on the appropriate policy conditions being satisfied.

Payment will be made monthly in arrears.

Policy Conditions

When the insured event is:	The payment period (in months) is:
Loss of:	
Both feet or hands or sight in both eyes	24
Any combination of two of, a hand, a foot and sight in one eye	24
One leg or arm	18
One foot or hand or sight in one eye	12
The thumb and index finger of the same hand	6
Fracture of the:	
Thigh or pelvis	3
Leg (between the knee and foot), knee cap, upper arm, shoulder bone or jaw	2
Forearm (above the wrist), collarbone or heel	1

"Loss" here means the total and permanent loss of:

- the use of the hand or foot from the wrist or ankle joint;
- the use of the arm or leg from the elbow or knee joint;
- the use of the thumb and index finger from the first phalange joint; or
- sight, to the extent that visual acuity in the eye, on a Snellen Scale after correction by a suitable lens, is less than 6/60.

"Fracture" here means a bone fracture requiring the application of a plaster cast or similar immobilising device.

6.18 BUSINESS EXPENSE PACKAGE

Total Disability Benefit

If the occupation class of the life insured is UPE, HMP or QMC, the Total Disability Benefit will be paid when the life insured has been disabled for the waiting period, and then is totally disabled.

If the occupation class of the life insured is TRS or QLM, the Total Disability Benefit will be paid when the life insured has been totally disabled for 14 consecutive days, is disabled for the balance of the waiting period and then is totally disabled.

The amount paid will be the lesser of:

- the Business Expense Package benefit amount; or
- business expenses which relate to the month to be paid less business expenses reimbursed from elsewhere,

reduced by that percentage of the turnover of the business which is fairly and reasonably apportioned to any person replacing the life insured in the business.

The Total Disability Benefit:

- starts to accrue after the waiting period ends;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being totally disabled;
  - the end of the benefit period; or
  - the term of the plan finishing.

Partial Disability Benefit

If the occupation class of the life insured is UPE, HMP or QMC, the Partial Disability Benefit will be paid when the life insured has been disabled for the waiting period and then is partially disabled.

If the occupation class of the life insured is TRS or QLM, the Partial Disability Benefit will be paid when the life insured has been totally disabled for 14 consecutive days, is disabled for the balance of the waiting period and then is partially disabled.

The amount paid will be the lesser of:

- the Business Expense Package benefit amount; or
- business expenses which relate to the month to be paid less:
  - business expenses reimbursed from elsewhere; and
  - that percentage of the turnover of the business which is fairly and reasonably apportioned to the life insured. This will be determined in line with the usual manner the profits and/or losses of the business are divided between the life insured and any co-owners of the business.

The Partial Disability Benefit:

- starts to accrue after the waiting period ends;
- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured no longer being disabled;
  - the end of the benefit period; or
  - the term of the plan finishing.

Payment Extension Benefit

When, at the end of the benefit period, the life insured continues to be disabled but the total amount paid does not equal 12 times the Business Expense Package benefit amount, the benefit period will be extended.

The extension will end on the earliest of:

- the expiry of 6 months;
- the life insured no longer being disabled;
- the term of the plan finishing; or
- the total amount paid equalling 12 times the Business Expense Package benefit amount.

Lease Extension Benefit

The Lease Extension Benefit will be paid, when:

- at the end of the benefit period or benefit period extension, the life insured continues to be disabled; and
- business expenses claimed included lease costs for equipment, motor vehicles or premises fully utilised in the business and these costs continue beyond the expiry of the benefit period and benefit period extension, if applicable.

The amount paid will be the lesser of:

- the life insured's share of monthly ongoing costs of a lease for equipment, motor vehicles or premises that was in place at the time the disability started; or
- 25% of the Business Expense Package benefit amount,

reduced by amounts paid if the items being leased are relet and that percentage of the turnover of the business which is fairly and reasonably apportioned to the life insured.

The Lease Extension Benefit:

- starts to accrue after the expiry of the benefit period and benefit period extension, if applicable;
- is reimbursed monthly in arrears; and
- will stop on the earliest of:
  - the expiry of 18 months;
  - the life insured no longer being disabled;
  - the term of the plan finishing; or
  - all applicable leases being assigned or the commitment otherwise stopping.

Loss of Profits Benefit

The Loss of Profits Benefit will be paid when:

- the life insured directly or indirectly owns all or part of the business in which the usual occupation of the life insured is performed;
- the life insured is totally disabled for 2 consecutive months and subsequently returns to work in the same business and is no longer disabled; and
- there is a loss of profits in the business solely because of the life insured having been totally disabled.

The monthly amount paid will be the lesser of:

- the Business Expense Package benefit amount; or
- 75% of that proportion of the monthly average net profit of the business which is fairly and reasonably apportioned to the life insured, in the tax year immediately prior to the life insured being totally disabled; less that proportion of the monthly average net profit (calculated on the same basis) of the business which is fairly and reasonably apportioned to the life insured, in the 12 months after the life insured returned to work in the business.

"Fairly and reasonably apportioned" will be determined in line with the usual manner the profits and/or losses of the business are divided between the life insured and any co-owners of the business.

After each 3 months of payment of the Loss of Profits Benefit you will need to provide us, at your expense, with appropriate accounts so that a reconciliation of amounts due and paid can be made. Any difference between what was due and what was paid will be paid by us to you or needs to be paid by you to us, as applicable, within 14 days of the reconciliation being provided.

Subsequent payments are contingent upon the above settlement being completed.

The Loss of Profits Benefit:

- is paid monthly in arrears; and
- will stop on the earliest of:
  - the life insured becoming disabled;
  - the term of the plan finishing;
  - the business no longer incurring a loss of profits solely as a result of the life insured's total disability; or
  - 12 months from the date disability ended.

Stand-Alone Benefit Provisions

If the Business Expense Package is taken but is not attached to the Disability Protection Plan, the following will apply to it:

- 6.1 – Plan Exclusions
- 6.2 – Plan Adjustments
- 6.5 – Waiver of Premium Benefit
- 6.7 – Elective Surgery Benefit
- 6.9 – Recurrent Disability Benefit

7.0 LIFE PROTECTION PLAN

7.1 Plan Exclusions

No payments will be made under the Life Protection Plan if the event giving rise to the claim is caused directly or indirectly by an intentional, self-inflicted act by the life insured within 13 months of:

- the plan start date;
- the date of an applied for increase but only in respect of the increase; or
- the most recent date we agreed to reinstate either the plan or policy.

No payments will be made under the Premium Relief Option if the event giving rise to the claim is caused directly or indirectly by:

- war or an act of war;
- an intentional, self-inflicted act by the life insured;
- abnormal and complicated pregnancy unless disability continues for longer than 2 months after the pregnancy ends in which case disability will be considered to have started at the date the pregnancy ends; or
- normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, threatened miscarriage, participation in an IVF or similar programme, normal discomforts including, but not limited to, morning sickness, backache, varicose veins, ankle swelling and bladder problems.

No payments will be made under the Total and Permanent Disability Option if the event giving rise to the claim is caused directly or indirectly by:

- war or an act of war; or
- an intentional, self-inflicted act by the life insured.

7.2 Plan Adjustments

When the certificate indicates that the Total and Permanent Disability Option is attached to the Life Protection Plan:

- payments under the Total and Permanent Disability Option will reduce the Life Protection Plan benefit amount by the amount paid; and
- payments under the Terminal Illness Benefit will reduce the Total and Permanent Disability Option benefit amount by the amount paid.

7.3 Death Benefit

When the life insured dies, the benefit amount will be paid.

7.4 Terminal Illness Benefit

When the life insured is diagnosed as terminally ill, the benefit amount will be paid to our generally published maximum level.

When the amount paid equals the benefit amount, the plan will cease.

When the amount paid is less than the benefit amount, the benefit amount will be reduced by the amount paid. Premiums will be payable on the reduced benefit amount and it will be paid when the life insured dies.

7.5 Premium Freeze Benefit

When the premium is paid on a stepped basis and the life insured is older than age 45, the Premium Freeze Benefit can be activated.

Under the Premium Freeze Benefit the benefit amount of the Life Protection Plan and the Total and Permanent Disability Option, if applicable, will reduce as the premium rates increase. The new benefit amount will be that which can be purchased by the frozen premium.

When the Premium Freeze Benefit is activated, the Inflation Protection Benefit (Condition 5.0) will not apply. If you stop using the Premium Freeze Benefit within 3 years of it starting, the Inflation Protection Benefit will recommence if it was applicable prior to the Premium Freeze Benefit being activated.

BENEFIT OPTIONS

Benefit options only apply if indicated in the certificate.

7.6 Premium Relief Option

When the life insured is totally disabled for 3 consecutive months, the daily proportion of premiums due, under the Life Protection Plan and any benefit options attaching to it, will be waived.

The Premium Relief Option will stop on the earlier of:

- the life insured no longer being totally disabled; or
- the statement date prior to the life insured's 65th birthday.

7.7 Guaranteed Insurability Option

You can increase the benefit amount of the Life Protection Plan and Total and Permanent Disability Option, if attached to the Life Protection Plan, subject to:

- an allowable event occurring prior to the 5th statement date;
- application for an increase being made within 30 days of an allowable event;
- the life insured being less than age 55 at the time of an allowable event;
- the increase being the lesser of 20% of the benefit amount, and $200,000, subject to the cover for lump sum total and permanent disability insurance on the life insured, including the cover with TOWER and any other company, being less than $2 million, and
- evidence, satisfactory to us, of the allowable event, being provided.

Only one increase can be taken in the period between statement dates and increases not taken cannot be applied for subsequently.

The premium for the new benefit amount will be calculated in line with Condition 3.4 and will take into account any extra premiums charged for, and special provisions that applied to, the Life Protection Plan or Total and Permanent Disability Option (if applicable). No account will be taken of changes in the health, occupation or pastimes of the life insured.

Allowable events are:

- the birth of a child where the life insured is the parent;
- the adoption of a child by the life insured;
- marriage of the life insured;
- a change in employment status of the life insured where salary increases by at least $10,000 a year; and
- taking out, or increasing, a mortgage by the life insured (either alone or jointly with another person) on the purchase of a home.

7.8 Total and Permanent Disability Option

When the life insured becomes totally and permanently disabled, the Total and Permanent Disability Option benefit amount will be paid. If the Total and Permanent Disability Option is attached to the Life Protection Plan, payment will be an advance of the Life Protection Plan benefit amount.

If the Total and Permanent Disability Option is taken but is not attached to the Life Protection Plan, Plan Exclusions (Condition 7.1) will apply to it.

8.0 CRISIS PROTECTION PLAN

8.1 Plan Exclusions

No payments will be made under the Death Benefit or Terminal Illness Benefit if the event giving rise to the claim is caused directly or indirectly by an intentional, self-inflicted act by the life insured within 13 months of:

- the plan start date;
- the date of an applied for increase but only in respect of the increase; or
- the most recent date we agreed to reinstate either the plan or policy.

No payments will be made under the Crisis Benefit:

- if the event giving rise to the claim is caused directly or indirectly by an intentional, self-inflicted act by the life insured; or
- in the case of angioplasty, coronary artery bypass surgery, cancer, heart attack, heart valve surgery, major organ transplant or stroke, if the condition occurred or was diagnosed, or the circumstances leading to diagnosis became apparent, within 3 months after:
  - the plan start date;
  - the date of an applied for increase but only in respect of the increase; or
  - the most recent date we agreed to reinstate either the plan or policy.

If the Death Benefit and Terminal Illness Benefit are not included, no payments will be made under the Crisis Benefit unless the life insured survives an insured event, without the aid of a life support system, for at least 14 days.

No payments will be made under the Premium Relief Option if the event giving rise to the claim is caused directly or indirectly by:

- war or an act of war;
- an intentional, self-inflicted act by the life insured;
- abnormal and complicated pregnancy unless disability continues for longer than 2 months after the pregnancy ends, in which case disability will be considered to have started at the date the pregnancy ends; or
- normal and uncomplicated pregnancy or childbirth including multiple pregnancy, threatened miscarriage, participation in an IVF or similar programme, normal discomforts including, but not limited to, morning sickness, backache, varicose veins, ankle swelling and bladder problems.

No payments will be made under the Child's Crisis Option if cancer occurred or was diagnosed, or the circumstances leading to diagnosis became apparent, within 3 months after:

- the plan or option start date;
- the date of an applied for increase but only in respect of the increase; or
- the most recent date we agreed to reinstate either the plan or policy.

No payments will be made under the Child's Crisis Option if the insured event is caused directly or indirectly by the intentional act of a person who stands to derive a benefit from the claim payment.

8.2 Plan Adjustments

The benefit amount will be reduced by payments under:

- the Advancement Benefit;
- the insured event, angioplasty; or
- the Paralysis Support Benefit.

8.3 Death Benefit

When the life insured dies, the benefit amount will be paid.

8.4 Terminal Illness Benefit

When the life insured is diagnosed as terminally ill, the benefit amount will be paid to our generally published maximum level.

When the amount paid equals the benefit amount, the plan will cease.

When the amount paid is less than the benefit amount, the benefit amount will be reduced by the amount paid. Premiums will be payable on the reduced benefit amount and it will be paid when the life insured dies.

8.5 Advancement Benefit

The Advancement Benefit will be paid when the life insured is diagnosed by a medical practitioner as suffering from:

- Motor Neurone Disease;
- Multiple Sclerosis;
- Muscular Dystrophy;
- Parkinson's Disease; or
- Primary Pulmonary Hypertension.

For the purposes of the Advancement Benefit only, these conditions have their normal medical meaning rather than the meaning defined in Condition 8.10.

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 life insured.

The amount to be paid is 25% of the benefit amount, to a maximum payment of our generally published maximum level.

Only one Advancement Benefit will be paid for the life insured.

8.6 Crisis Benefit

When the life insured suffers an insured event, the benefit amount will be paid.

In the case of angioplasty, the amount to be paid is 25% of the benefit amount, to a maximum payment of our generally published maximum level.

If the life insured suffers more than one insured event, the benefit amount is only payable for the insured event which occurs first unless the first to occur is angioplasty. If angioplasty is the first to occur, the remaining benefit amount will be paid when the life insured suffers another insured event.

Any payment will be an advance of the Death Benefit.

On the statement date prior to the life insured's 70th birthday all insured events are cancelled, except Loss of Independent Existence.

Insured Events are:

- HEART CONDITIONS
  - Angioplasty;
  - Aortic Surgery;
  - Cardiomyopathy;
  - Coronary Artery Bypass Surgery;
  - Heart Attack;
  - Heart Valve Surgery; or
  - Primary Pulmonary Hypertension.
- NEUROLOGICAL CONDITIONS
  - Dementia;
  - Encephalitis and Meningitis
  - Motor Neurone Disease;
  - Multiple Sclerosis;
  - Muscular Dystrophy;
  - Paralysis;
  - Parkinson's Disease; or
  - Stroke.
- BLOOD DISORDERS
  - Aplastic Anaemia;
  - Medically Acquired HIV; or
  - Occupationally Acquired HIV.
- CANCER
  - Cancer; or
  - Benign Brain Tumour.
- PERMANENT CONDITIONS
  - Loss of Independent Existence; or
  - Loss of Limbs and/or Sight.
- ORGAN DISORDERS
  - Chronic Kidney Failure;
  - Chronic Liver Failure;
  - Chronic Lung Failure;
  - Coma;
  - Loss of Hearing;
  - Loss of Speech;
  - Major Head Trauma;
  - Major Organ Transplant; or
  - Severe Burns.

Policy Conditions

8.7 Paralysis Support Benefit

When the life insured suffers paralysis you will be paid the lesser of:

- 2 times the benefit amount; or
- our generally published maximum level.

8.8 Premium Freeze Benefit

When the premium is paid on a stepped basis and the life insured is older than age 45, the Premium Freeze Benefit can be activated.

Under the Premium Freeze Benefit the benefit amount of the Crisis Protection Plan will reduce as the premium rates increase. The new benefit amount will be that which can be purchased by the frozen premium.

When the Premium Freeze Benefit is activated, the Inflation Protection Benefit (Condition 5.0) will not apply. If you stop using the Premium Freeze Benefit within 3 years of it starting, the Inflation Protection Benefit will recommence if it was applicable prior to the Premium Freeze Benefit being activitated.

8.9 Buy-Back Benefit

When the Death Benefit and the Terminal Illness Benefit are included and the full Crisis Protection Plan benefit amount has been paid, the Buy-Back Benefit will apply.
Under the Buy-Back Benefit you can purchase cover on the life insured under the Life Protection Plan or, if the Life Protection Plan is not available, that term insurance policy which replaces it. The Buy-Back Benefit can be exercised without having to provide evidence of health, occupation or pursuits. The amount of cover you may purchase is the Crisis Protection Plan benefit amount.

The Buy-Back Benefit will expire if not exercised before the earlier of:

- 30 days after its due date, which is 12 months after the full benefit amount under the Crisis Benefit has been paid; or
- the 70th birthday of the life insured.

The premium for the repurchased Life Protection Plan benefit amount will be based on our standard premium rates for the age of the life insured at the time the option is exercised and will take into account any extra premiums charged for, and special provisions that applied to, the Life Protection Plan.

The repurchased Life Protection Plan will not be eligible for increases under the Inflation Protection Benefit.

8.10 Insured Event Definitions

Angioplasty means the actual undergoing for the first time of balloon angioplasty, with or without insertion of a stent, to one or more coronary arteries. The procedure must be considered necessary by a cardiologist to correct or treat coronary artery disease. Intra-arterial investigative procedures, “keyhole” and laser procedures are not included.

Aortic surgery means surgery to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or traumatic injury to the aorta. For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches.

Aplastic anaemia means total aplasia of bone marrow as certified by a haematologist.

Benign brain tumour means a life threatening, non-cancerous tumour in the brain which gives rise to characteristic symptoms of intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment, resulting in at least a permanent 25% impairment of whole person function. The presence of the underlying tumour must be confirmed by CT Scan, MRI or other imaging studies. Excluded are cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the cranial nerves, meninges, pituitary gland or spine.

Cancer means the presence of one or more life threatening malignant tumours, including malignant melanoma of at least 1.5mm thickness, Hodgkin’s disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion of

normal tissue.

The following tumours are specifically excluded:

- tumours showing the malignant changes of "carcinoma in situ" or which are histologically described as pre-malignant, unless resulting in the surgical removal of the whole organ;
- malignancies of the skin (including basal cell carcinomas, squamous cell carcinomas, unless there is evidence of metastases) other than melanoma of at least 1.5mm thickness;
- prostatic tumours which are histologically described as TNM classification T1 or are of another equivalent or lesser classification, unless resulting in the surgical removal of the prostate;
- chronic lymphocytic leukaemia less than Rai stage 3; and
- papillary micro-carcinoma of the thyroid or bladder.

Cardiomyopathy means impaired ventricular function of variable aetiology with permanent and irreversible physical impairment to the degree of at least Class III of the New York Heart Association classification of cardiac impairment. Cardiomyopathy related to alcohol use or drug or substance abuse is excluded.

Chronic kidney failure means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, resulting in renal transplantation or the permanent requirement for renal dialysis.

Chronic liver failure means end stage liver failure resulting in permanent jaundice, ascites and/or encephalopathy. Liver disease related to alcohol use or drug or substance abuse is excluded.

Chronic lung failure means end stage respiratory failure permanently requiring continuous oxygen therapy and with FEV 1 test results of consistently less than one litre.

Coma means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 72 hours requiring the use of life support systems and resulting in neurological deficit causing at least a permanent 25% impairment of whole person function. Coma as a result of alcohol use or drug or substance abuse is excluded.

Coronary artery bypass surgery means bypass surgery performed by thoracotomy to correct or treat coronary artery disease but does not include angioplasty, other intra-arterial or laser procedures, "keyhole" surgery or other non-surgical techniques.

Dementia means the unequivocal diagnosis of Alzheimer's disease or other dementia. The diagnosis, by a medical practitioner specialising in neurology, psycho-geriatrics, psychiatry or geriatrics, 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 which results in a requirement for continual supervision to protect the life insured or others. Dementia as a result of alcohol use or drug or substance abuse is excluded.

Encephalitis and meningitis means the unequivocal diagnosis by a neurologist of encephalitis or meningitis where the condition is characterised by severe inflammation of the brain or the meninges of the brain resulting in permanent neurological deficit causing at least a permanent 25% impairment of whole person function.

Heart attack (myocardial infarction) means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The basis of diagnosis, confirmed by a cardiologist, shall be:

- clinical features;
- confirmatory new electrocardiogram (ECG) changes; and
- diagnostic elevation of cardiac enzymes, including CK-MB.

If the above criteria are not met, we will consider a claim based on any 2 criteria above with supporting evidence of significant and permanent damage to the heart muscle as demonstrated by cardiac imaging such as echocardiogram, cardiac catheter study or myocardial perfusion scan.

Heart valve surgery means surgery, which is considered medically necessary to replace or repair a cardiac valve as a consequence of a cardiac valve abnormality or a cardiac aneurysm or other cardiac defect first occurring after the plan start date and unrelated to any cardiac surgery performed prior to plan start date.

Loss of hearing means the total and irrecoverable loss of hearing, both natural and assisted, in both ears as a result of sickness or injury. This must be certified by an appropriate medical specialist not less than 3 months after the ability to hear was first lost.

Loss of independent existence means the total and irrecoverable loss of ability, due to sickness or injury, to perform at least 2 of the Activities of Daily Living without the physical assistance of another person.

Loss of limbs and/or sight means the total and irrecoverable loss of use of 2 limbs, or the permanent loss of sight of both eyes, or the total and irrecoverable loss of use of one limb and the permanent loss of sight of one eye. “Limb” in this context means an arm, leg, hand or foot. “Loss of sight” of an eye means the total and irrecoverable loss of sight (whether aided or unaided) of the eye as a result of sickness or injury. Loss of sight as a result of alcohol use or drug or substance abuse is specifically excluded.

Loss of speech means the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, due to sickness or injury. This must be certified by an appropriate medical specialist not less than 3 months after the ability to speak was first lost.

Major head trauma means accidental head injury resulting in permanent neurological deficit causing at least a permanent 25% impairment of whole person function.

Major organ transplant means the human to human transplant from a donor to the life insured of bone marrow or one of the following organs, or a permanent mechanical replacement of one of the following organs:

- kidney;
- heart;
- lung;
- liver; or
- pancreas.

The transplant of all other organs, parts of organs or any other tissue transplant is excluded.

Medically acquired HIV means accidental infection, after the inception of the policy, with the human immunodeficiency virus (HIV) where the virus was acquired in Australia by the life insured from one of the following medically necessary events conducted by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the life insured;
- assisted reproductive techniques; or
- a medical procedure or operation performed by a medical practitioner or dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection was medically acquired. HIV infection transmitted by any other means including sexual activity or use of drugs, other than as prescribed by a medical practitioner for the life insured, is excluded. This insured event will not apply and no payment will be made where a cure has become available or where the infected person does not take any vaccine available prior to the event. "Cure" means an Australian government approved treatment, which renders the HIV inactive and non-infectious, or results in there being little or no impact on life expectancy. "Vaccine"means a preparation approved by the Australian government and recommended for use by the government authority to produce immunity to the HIV.

Motor neurone disease means the unequivocal diagnosis by a neurologist of motor neurone disease, with persistent neurological deficit resulting in at least a permanent 25% impairment of whole person function.

Multiple sclerosis means the unequivocal diagnosis by a neurologist of multiple sclerosis, where the condition is characterised by the demyelination in the brain and/or spinal cord. There must be more than one episode of well-defined neurological deficit and at least a permanent 25% impairment of whole person function.

Muscular dystrophy means the unequivocal diagnosis by a neurologist of muscular dystrophy with significant persistent neurological deficit resulting in at least a permanent 25% impairment of whole person function.

Occupationally acquired HIV means infection with the human immunodeficiency virus (HIV) where such infection arose from an accident relating to the occupation of the life insured, subject to the following conditions:

- the accident must have occurred after the inception of this policy;
- within 7 days of the accident, proof of its occurrence must be registered:
  - with TOWER, including proof provided by a medical practitioner of a sero-negative HIV result after the accident; and
  - with any relevant authority, and proof of such registration must be lodged with TOWER;

The infection must manifest itself as a sero-positive HIV test result within 6 months of the reported occurrence.

The infection must not have arisen from a deliberately, self-inflicted or induced cause or from sexual activity (whether as part of normal occupational duties or otherwise), or from the use of drugs not medically prescribed for the life insured.

TOWER reserves the right to obtain independent tests and investigations, including the taking of blood samples from the life insured.

This insured event will not apply and no payment will be made where a cure has become available or where the infected person does not take any vaccine available prior to the event. "Cure" means an Australian government approved treatment which renders the HIV inactive and non-infectious, or results in there being little or no impact on life expectancy. "Vaccine" means a preparation approved by the Australian government and recommended for use by the government authority to produce immunity to the HIV.

Parkinson's disease means the unequivocal diagnosis by a neurologist of Parkinson's Disease where the condition cannot be controlled with treatment and the person shows signs of progressive incapacity with at least a permanent 25% impairment of whole person function.

Paralysis means the total and permanent loss of function of 2 or more limbs through sickness or injury causing permanent damage to the nervous system. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.

Primary pulmonary hypertension means the elevation of pulmonary artery pressures of unknown aetiology resulting in substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in permanent, irreversible physical impairment to the degree of at least Class III of the New York Heart Association classification of cardiac impairment certified by a respiratory physician or a cardiologist. Pulmonary hypertension resulting from lung disease is excluded.

Severe burns means tissue injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least 20% of the body surface area as measured by the Lund and Browder Body Surface Chart.

Subacute Sclerosing Panencephalitis means the unequivocal diagnosis of this disorder by a neurologist. (Only covered under the Child's Crisis Option.)

Stroke means a cerebrovascular event producing neurological deficit. This requires clear evidence on a CT, MRI or similar, appropriate scan or investigation that a stroke has occurred and of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. Transient ischaemic attacks, reversible neurological deficit, cerebral symptoms due to migrane, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

Whole person function means where a payment depends on the life insured meeting criteria that are based on the Whole Person Function, the calculation is to be based on the current edition of the American Medical Association publication entitled "Guides to the Evaluation of Permanent Impairment" until an equivalent Australian guide that has been sanctioned by the Australian Medical Association has been produced at which time the calculation in the relevant Australian guide will apply.

BENEFIT OPTIONS

Benefit options only apply if indicated in the certificate.

8.11 Premium Relief Option

When the life insured is totally disabled for 3 consecutive months, the daily proportion of premiums due, under the Crisis Protection Plan and any benefit options attaching to it, will be waived.

The Premium Relief Option will stop on the earlier of:

- the life insured no longer being totally disabled; or
- the statement date prior to the life insured's 65th birthday.

8.12 Child's Crisis Option

The Child's Crisis Option benefit amount will be paid when an insured child:

- suffers an insured event under the Child's Crisis Option; and
- survives for at least 14 days, without the aid of a life support system.

If an insured child suffers more than one insured event, the benefit amount is only paid for the insured event which occurs first.

Payment will be made to the Trustee of the TOWER Children's Critical Illness Trust and will be subject to the terms of the Trust Deed.

Insured Events are:

- Aplastic Anaemia;
- Cancer;
- Coma;
- Encephalitis and Meningitis;
- Major Head Trauma;
- Major Organ Transplant;
- Paralysis (the Paralysis Support Benefit will not apply);
- Severe Burns; or
- Subacute Sclerosing Panencephalitis.

GENERAL INFORMATION

GENERALLY PUBLISHED MAXIMUM LEVEL

When this phrase appears in the policy conditions it is referring to the maximum level applying at a particular time. The current maximum levels are set out below and they are guaranteed not to reduce for plans included in your policy when it starts.

- Total and Permanent Disability (Condition 4.20); on the statement date prior to the life insured's 65th birthday, $1 million if attached to the Life Protection Plan and $250,000 if stand-alone.
- Inflation Protection (Condition 5.0)
  - for Disability Protection Plan; $20,000 a month;
  - for Life Protection Plan; $3.0 million;
  - for Crisis Protection Plan; $1.5 million;
  - for the Retirement Protection Option;$3,000 a month;
  - for the Disability Plus Option; $15,000 a month;
  - for the Business Expense Package; $20,000 a month;
  - for the Total and Permanent Disability Option; if attached to the Life Protection Plan, $2 million; if stand-alone, $1.5 million; after the statement date prior to the life insured's 65th birthday, $1 million if attached to the Life Protection Plan and $250,000 if stand-alone.
- Terminal Illness (Conditions 7.4 and 8.4); $2 million
- Angioplasty (Condition 8.6); $25,000
- Advancement Benefit (Condition 8.5). $25,000
- Paralysis Support Benefit (Condition 8.7); $1 million, plus any increases in excess of $1 million under the Inflation Protection Benefit.

MONTHLY EARNINGS

This term is defined on page 11 of this document. It generally includes salary, bonuses, commission, fees, fringe benefits, regular overtime and salary sacrifice superannuation paid into a complying superannuation fund under the Superannuation Industry (Supervision) Act 1993, or any replacement legislation.

BUSINESS EXPENSES

This term is defined on page 10 of this document. It generally includes accounting fees, advertising, audit fees, business insurance premiums, cleaning, costs ordinarily incurred in the employment of non-revenue generating employees, depreciation of equipment, electricity, gas, heating, interest payment, leasing costs, professional dues, rates, rent and telephone charges.

Additional costs reasonably incurred by the business as a result of the employment of a replacement who is appropriately qualified to perform those tasks which would otherwise have been performed by the life insured will also generally be included.

Business Expenses of the following kind are generally not included; equipment, fittings, fixtures, implements, merchandise, products or wares, loan principal, personal remuneration, salaries of revenue-generating employees (except the employment of an appropriately qualified replacement for the life insured in the circumstances described above).

PRIVACY

Our commitment to protecting privacy means that, amongst other things, in the process of collection, storage, quality, use and disclosure of personal information, privacy is respected. Our compliance with the Privacy Act from 21 December 2001 will also allow right of access to personal information held by us.

Personal information is collected in accordance with the Duty of Disclosure and may be used by us and the Trustee (if applying for membership of the TOWER Superannuation Fund or another external fund) to enable us to provide the product or service requested. If this information is not collected, we may not be able to provide the product or service. By signing the Application, you agree to us collecting personal information.

In processing and administering insurance or at the time of a claim, we may disclose personal (including sensitive) information to a number of parties. These may include health professionals, your adviser or financial planner; other companies within the TOWER Group; organisations

to whom we outsource our mailing, administration and information technologies; the Insurance Reference Service; investigators; the Trustee (if applicable); other insurers; reinsurers; government regulatory bodies; and lawyers and accountants (if applicable). By signing the Application you agree to these organisations collecting this sensitive information (if necessary).

As your financial circumstances may change, our aim is to keep you informed of other products and services that we, or other companies within the TOWER Group, offer. To do so, we may need to disclose information to companies within the TOWER Group, organisations to whom we outsource our mailing and information technology functions, authorised TOWER advisers or financial planners (where appropriate) and the distributors and suppliers who are commissioned by us to perform certain tasks, such as market research. If you do not want to be informed of other products and services, please notify our customer service centre on 1800 266 364.

STATUTORY FUND

The TOWER Protection Policy is issued from our No. 1 Statutory Fund.

SUPERANNUATION

If a policy is in a superannuation fund you can only have the Life Protection Plan and the Total and Permanent Disability Option attached to it. Policies can be owned by the Trustee of the TOWER Superannuation Fund or the trustee of another superannuation fund.

We will only accept applications for superannuation membership on the form included in the Application Form. The following information concerns the TOWER Superannuation Fund ("the Fund").

HOW TO JOIN

The life insured may apply to join The TOWER Superannuation Fund if the life insured is:

- employed or self-employed, and working at least 10 hours each week, or
- otherwise permitted by superannuation legislation.

WHO IS THE TRUSTEE?

The Trustee is TOWER Australian Superannuation Limited ABN 69 003 059 407. The current Directors of TOWER Australian Superannuation Limited are:

A J M Moon   C Jameson

M A Worthington

TRUSTEE'S INDEMNITY

The Trustee has the right to indemnity from the Fund for all liabilities it may incur, except in the case of fraud, wilful neglect or misconduct. The Trustee has arranged appropriate indemnity insurance. The Trustee is entitled to the benefit of a $100,000 guarantee in respect of the performance of its duties as trustee. The guarantee is provided by TOWER Australia Limited and is available for inspection at our office on request.

WHO IS THE MANAGER

The Fund Manager is TOWER Australia Limited ABN 70 050 109 450. The Fund Manager may be contacted at our Head Office address and phone numbers shown on the inside back cover of this document.

CONTRIBUTIONS

Generally, contributions to the Fund can be received for any member under age 65 who is, or has been, employed during the last 2 years for at least 10 hours each week. This age is extended to 70 for members working at least 10 hours per week.

The contribution by each member to the Fund must include any policy fee.

BENEFITS PAYABLE ON DEATH

If the life insured dies, the benefit amount will be paid to dependants and/or legal personal representatives, in line with the rules for the category of membership most recently accepted by the Trustee. Details of categories are set out in the Application Form. Before selecting a category, advice should be sought as to the tax consequences of the selection.

If a beneficiary dies after the life insured but before payment of the benefit, the benefit amount will be paid to the legal personal representative of the life insured.

If benefits cannot be paid in line with the applicable category, they may be paid by the Trustee to such other persons as the relevant superannuation legislation permits.

BENEFITS PAYABLE ON EVENTS OTHER THAN DEATH

If an event other than death occurs, the benefit amount will only be paid to the life insured if the life insured is permanently incapacitated as defined under superannuation legislation. If legislation does not allow a benefit to be paid immediately, it will be held in the Fund until the Trustee can release the money under superannuation legislation; for example, upon permanent retirement, which for most people, means on or sometime after age 55.

FORFEITURE OF BENEFITS

Entitlement to benefits in the Fund may be forfeited in certain circumstances to the extent permitted by law, eg. if an attempt is made by the life insured to assign or charge interests in the Fund. In such circumstances, the Trustee has a discretion to apply the forfeited amount for the benefit of the life insured or the life insured's dependants, if permitted by legislation. Full details of the circumstances in which benefits are forfeited are set out in the Trust Deed.

ANNUAL REPORTS

The latest Annual Report to Members of The TOWER Superannuation Fund is available to you free of charge by either contacting your Adviser or us. The Annual Report will assist you to make an informed judgement about the management and financial condition of the Fund.

COMPLAINTS ABOUT THE FUND

Please direct any queries on the policy to your Adviser or the Fund Manager. If you are dissatisfied with the response, you may refer the complaint in writing to our Complaints Resolution Manager at our Head Office address shown on the inside back cover of this document.

The Complaints Resolution Manager will acknowledge receipt of the complaint within 7 days and attempt to resolve it to your satisfaction as soon as possible, but no later than 45 days from receipt of the complaint, except as otherwise agreed with you. If you are not satisfied with the handling of your complaint, or its resolution, you may request that the complaint be referred to the Trustee for a decision within 90 days of our receipt of your original complaint.

If you are still dissatisfied, you are entitled to contact the Superannuation Complaints Tribunal. This is an independent body set up by the Federal Government to assist members or beneficiaries to resolve complaints, but only after the Trustee's complaint handling process has been used.

Once the Tribunal accepts your complaint, it may attempt to resolve the matter through conciliation, which involves assisting the parties to come to a mutual agreement. Before formally writing to the Tribunal, you should first phone the Tribunal to find out whether your complaint can be handled by them and the type of information you need to provide. For the cost of a local call anywhere in Australia, you can contact the Superannuation Complaints Tribunal on 13 14 34.

TAXATION TREATMENT OF CONTRIBUTIONS

Tax deductions may be available for contributions by employers and self-employed persons, subject to certain limits.

While tax deductions are not generally available for contributions made by employees, a tax rebate of 10% of contributions up to $100 may be available for an employee with an annual assessable income and reportable fringe benefits of less than $31,000, the rebate phasing out between $27,000 and $31,000.

If you are a spouse who is not working, or who is earning assessable income and reportable fringe benefits below $13,800 a year, your spouse may claim a tax rebate of 18% (maximum $540) for superannuation contributions made on your behalf. The rebate is 18% of superannuation contributions up to $3,000 if you earn assessable income and reportable fringe benefits of no more than $10,800. The maximum rebateable contribution reduces by $1 for each $1 of earnings in excess of $10,800.

CONTRIBUTION SURCHARGE

A contribution surcharge applies to surchargeable contributions made by or on behalf of members with an adjusted taxable income of $90,527 or more (2002/2003 tax year). Generally, surchargeable contributions include:

- all employer superannuation contributions,
- member contributions for which a tax deduction is claimed;
- post 20 August 1996 part of an employer ETP rolled over on or after 1 July 1997; and
- any amount allocated from the surplus of a superannuation provider on or after 1 July 1997, and reported to the Australian Tax Office as an allocated surplus amount.

Adjusted taxable income (ATI) is defined as taxable income (less certain amounts), plus reportable fringe benefits, plus surchargeable contributions paid during the year.

The surcharge is calculated on surchargeable contributions as set out below. If the surcharge applies to you, the Trustee may bill you for any amount payable, or reduce your cover.

Adjusted Taxable Income	**Contribution Surcharge applied to all Deductible Contributions**
Less than $90,527	Nil
$90,528 to $109,924	(ATI-$90,527)/$1,295
$109,924 or greater	15%

These thresholds will be indexed to AWOTE each year as at 1 July.

TREATMENT OF BENEFITS

Death and total and permanent disablement benefits will usually attract concessional tax treatment, in comparison to most other superannuation benefits, subject to a maximum amount known as the Reasonable Benefit Limit (RBL). From 1 July 2002 the RBLs that apply are, for a lump sum $562,195 and for a pension $1,124,384.

Under current guidelines these limits are indexed to AWOTE each year as at 1 July.

Higher RBL amounts may apply if transitional RBL's have been established. You should discuss this situation with your taxation adviser. If a lump sum benefit exceeds the RBL, the excess will be taxed at the highest personal marginal tax rate, plus Medicare levy. RBLs do not include contributions for which a tax deduction was not claimed.

TAX ON DEATH BENEFITS

When death benefits are paid as a lump sum, they will be subject to tax, payable at source, on the following basis:

Paid to	Within Deceased's Pension RBL	Excess Portion Over Deceased Pension RBL
Dependant	Nil	Highest marginal tax rate*
Non-dependant	• undeducted contributions-tax free • Pre 1/7/83 component-5% assessed at marginal tax rate of recipient (+ Medicare Levy) • Post June 83 component= - untaxed source - 30% - taxed source - 15%	Highest marginal tax rate*

*Plus Medicare levy, currently 1.5%

TAX ON ALLOCATED PENSION

When benefits are paid as an allocated pension, PAYG tax generally must be withheld. A 15% rebate applies to the assessable part of the pension payments, if the capital value of the pension is within the dependant's RBL or if the pension is paid to your child who was under the age of 18 years when the pension commenced to be paid. Part of the pension payment may not be assessable at all, being the deductible amount. For tax purposes, dependant includes:

- another person who is or was a legal or defacto spouse of the deceased, and
- any child of the deceased who has not attained the age of 18 years.

TAX ON BENEFITS FOR EVENTS OTHER THAN DEATH

Tax may be payable when a non-death benefit is paid. The Fund Manager will deduct the tax and issue an ETP payment summary. The post - 30 June 1994 invalidity component is paid tax free. Five percent of any concessional and pre-1 July 1983 components should be added to your income for taxation purposes in the year of receipt. We will advise if these components apply when a benefit is paid. If applicable, the post - 30 June 1983 component is taxed on the following basis (2002/2003):

Age	Taxed	Untaxed
Up to 55	20%*	30%*
55 or over, up to $112,405	Nil	15%*
55 or over, excess over $112,405	15%*	30%*

*Plus Medicare levy, currently 1.5%

TAX FILE NUMBERS

Trustees of superannuation funds are authorised to collect the Tax File Number (TFN) of members. TFNs are used for legally approved purposes. These purposes may change in the future.

The Trustee may provide the TFN to the Commissioner of Taxation, the trustee of another fund or to any retirement savings account provider to which your benefits are transferred, unless you advise them in writing not to do so. TFN's will not be disclosed to any other person or body.

You may choose not to quote your TFN, in which case:

- you may pay more tax on your benefits than you have to (you may reclaim this through the normal income tax assessment process) unless the TFN is later provided by you;
- the surcharge (which may not have been payable if you had provided your TFN) may be payable on contributions; and
- it may be more difficult to find you and pay you benefits in the future, or to consolidate benefits into one plan or to find other benefits for you.

These consequences may change in the future.

TAX DISCLAIMER

This taxation information is based on our interpretation of present laws and assumes their continuance.

The taxation position as detailed is a general statement only and individual circumstances may be different. We will advise you of any changes to these taxation conditions in your annual statement or by letter. We recommend that you seek independent advice on matters relating to your personal taxation position.

GOODS AND SERVICES TAX (GST) AND REVIEW OF BUSINESS TAXATION

The GST legislation applied from 1 July 2000. The premiums for this product are inclusive of the impact of the GST.

We reserve the right to adjust the premiums in response to any applicable future tax liability, or other costs, payable by us, arising from future taxation changes.

In addition to the GST, and as a result of the Review of the Business Taxation, there have been changes, and there may be further changes, affecting the taxation of life insurance companies and products issued by them. We reserve the right to make changes to this product in response to taxation law changes. If we do so, we will advise you.

COMPLAINTS

We will always attempt to satisfactorily answer any questions and resolve any problems or complaints you may have regarding the policy.

COMPLAINTS TO TOWER

We hope, if you have a complaint, we are able to assist you. Please contact us on our freecall number 1800 252 082, or in writing to our Complaints Resolution Manager at our Head Office address shown on the inside back cover of this document.

We will attempt to resolve your complaint with you within 45 days of the date it was lodged. If we cannot reasonably resolve your complaint within that period, we will inform you of the delay and request your consent to resolving the complaint within 90 days of the date it was lodged.

COMPLAINTS TO THE FINANCIAL INDUSTRY COMPLAINTS SERVICE

We are also members of the Financial Industry Complaints Service. This is an industry sponsored service that has been set up to advise and assist policyholders to resolve complaints with their life insurance company. It is an independent and impartial body whose decisions are binding on us.

Before seeking to use them, you should first try to resolve your complaint with us. If you are not satisfied with the response or we do not resolve your complaint within 45 days of the date it was lodged, you can contact the Financial Industry Complaints Service by phone on (03) 9629 7050 or freecall 1800 335 405, or by writing to:

General Manager
Financial Industry Complaints Service
PO Box 579
Collins Street West
Melbourne VIC 8007

The Financial Industry Complaints Service cannot consider complaints where the benefit amount exceeds a certain limit. The Service will advise you whether it can consider your complaint.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This Agreement is issued by us, to enable you to understand your rights and responsibilities as a new

customer when making premium payments by direct debit. It allows us to debit your nominated account to meet the premiums for your policy. Please keep this Agreement in a safe place for future reference.

OUR COMMITMENT TO YOU

We will ensure that we:

- give you at least 14 days notice if there are any changes to the terms of this Agreement; and
- keep all information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution, or otherwise by law.

YOUR COMMITMENT TO US

Please ensure that:

- the account you have nominated can accept direct debits;
- all account holders for this nominated account agree to this Agreement; and
- that there are sufficient funds available in the nominated account, on the due dates, to cover premiums. If there is not, you may incur dishonour fees from your financial institution and your policy may lapse. Dishonour fees will not be charged by us.

If a premium deduction date falls on a weekend or a public holiday, we will automatically debit the payment on the next business day.

HOW TO MAKE CHANGES

Please give us at least 7 days notice before your next premium due date for either:

- altering any of your direct debit or financial institution details; or
- stopping or suspending any debits, or cancelling the Agreement completely. If you do any of these, you will need to make alternative arrangements for future premiums to continue your policy.

If you want to change or cancel this Agreement, or dispute a debit, please do so in writing to, TOWER Australia Limited, PO Box 156, Milsons Point, NSW, 1565. We will always respond to your query or dispute in the first instance.

BPAY

For payments using BPAY, contact a participating bank, building society or credit union to pay the premium from a cheque, savings or credit card account.

Biller Code: 7955
Ref: See top of page 1 of application form
(and future renewal notices)

HOW TO APPLY

The only way to apply for the TOWER Protection Policy is by completing an Application Form attached to this document and an Application Supplement, which is available from your Adviser or by contacting us. Once completed and signed, these forms need to be sent to us. The remainder of this document is for you to retain.

If your application is for insurance which is to replace an existing policy, you need to provide details of that policy in the Application Supplement. Cover under the TOWER Protection Policy will not start until we have accepted your application and cover under the existing policy ceases.

If your application is for a superannuation policy, you need to complete the Declaration details in the Application Form. Separate Application Forms need to be completed for superannuation and non-superannuation applications.

All the information requested in the Application Form and Application Supplement is important as it allows us to assess your application for insurance promptly.
It is also important that you and the life to be insured understand and comply with the Duty of Disclosure set out below.

DUTY OF DISCLOSURE

Before you enter into a contract with TOWER Australia Limited (ABN 70 050 109 450), the Insurance Contracts Act 1984 says that you and any life to be insured have a duty to inform us of any matter that you or any life to be insured know, or could be reasonably expected to know, may affect our decision to grant insurance or the terms of that insurance. The same duty applies before the benefits are varied, extended or reinstated. This duty does not apply to a matter that reduces our risk, is common knowledge, that we know or ought to know in the ordinary course of our business, or of which we do not require disclosure.

The duty of disclosure applies even after this application is completed until TOWER advises acceptance of insurance.

If you or any life to be insured do not disclose relevant matters and, if we had known about them, we would not have granted insurance at all, we can cancel or reduce the benefits within three years from when it was issued or any time if that non-disclosure is fraudulent. Instead of cancellation, we may, within three years of the date, reduce the benefit amount to the figure for which we would have granted insurance for the premium charged, if all relevant matters had been disclosed to us.

MONEY HANDLING REQUIREMENTS

If we do not or are unable to issue any units in a Fund (or additional units in the Fund) shortly after application, we are required to hold any money paid to us in a trust account until we are ready to issue the units (or the additional units) or decline to issue the units, or until we have to return the money for any other reason. Because monies are expected to remain in this account for only a short period of time, we will retain the interest that accrues in that account, otherwise, the administrative complication of calculating interest would most likely lead to increased charges.

We are also required to return the money if we do not or cannot issue the units in a Fund (or additional units in the Fund) within a month, or any longer period that is reasonable after receiving the money. In some circumstances (such as where underwriting requirements need to be met or where full details or other requirements have not been provided or satisfied) the money received may remain in the trust account for over one month until the outstanding requirements have been fully satisfied.

CONFIRMATION OF TRANSACTIONS

You can accesss a standing facility to confirm any transactions relating to your investment by phoning our Customer Service Centre on 1800 226 364.

If the confirmation is required in writing, please ask the call centre operator at the time you call.

INTERIM COVER CERTIFICATE

Name of Life to be Insured [ ]

We will extend interim cover to you from the date we have received your Application Form, Application Supplement and the first premium at our Head Office or a State Office. Interim cover will be provided to the extent that your Application is not replacing existing cover with us on the same life to be insured.

Cover will start from the date we receive the Application Form, Application Supplement and the first premium and will cease upon the earliest of:

- the date we accept or reject your Application (notification of which will be taken as notification of termination of interim cover);
- the date you withdraw your Application; or
- the expiration of 60 days.

Details of interim cover are as follows:

Accidental Death Cover

If you applied for the Life Protection Plan, we will insure the life to be insured against death resulting from an injury (as defined on page 10). If we pay you a benefit, the Application for the life insured will be cancelled.

Accidental Disability Cover

If you applied for the Disability Protection Plan, we will insure the life to be insured against injury (as defined on page 10). If the life to be insured suffers an injury prior to your Application being accepted by us, this injury will be taken into account in our assessment of your Application.

Amount Payable

We will cover the life to be insured on the above basis for the benefit amount(s) which we would have accepted in the normal course of underwriting and up to:

- for the Disability Protection Plan, a maximum of $10,000 a month, for 12 months; and
- a total payment in respect of all benefits under the Interim Cover Certificate of $500,000.

Subject to the restrictions to the amount payable, the terms and conditions of the policy will govern any payment under the Interim Cover Certificate.

If you or the life to be insured have not met the duty of disclosure, or would not have been entitled to the amount of cover applied for, we will reduce the insured amount under this Certificate. Pre-existing conditions are excluded from this cover. Cover is also excluded if the life to be insured engages in any pursuit or occupation which we would not have accepted in the normal course of underwriting.

Benefits

You applied to TOWER Australia Ltd for the following:

$	Life Protection Plan
$ a month	Disability Protection Plan

I, [Adviser Name] acknowledge receipt of

[$] made payable to TOWER.

Adviser's Signature [ ] Date [ ]

FILE NOTES

TOWER Australia Limited
ABN 70 050 109 450

PO Box 142, Milsons Point NSW 1565
80 Alfred Street, Milsons Point NSW 2061

Telephone 02 9448 9000
Facsimile 02 9448 9100

New South Wales/ACT
67 Phillip Street, Parramatta 2150
Telephone 02 9865 3000
Facsimile 02 9865 3099

Victoria/Tasmania
Level 3, 88 Albert Road, South Melbourne 3205
Telephone 03 9638 7700
Facsimile 03 9638 7799

Queensland
Level 5, 301 Coronation Drive, Milton 4064
Telephone 07 3369 4200
Facsimile 07 3369 2970

South Australia/Northern Territory
140 Greenhill Road, Unley 5061
Telephone 08 8272 8033
Facsimile 08 8272 5033

Western Australia
Ground Floor,1 Havelock Street, West Perth 6005
Telephone 08 9321 9547
Facsimile 08 9321 8745

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