

Zurich Wealth Protection

Product Disclosure Statement

Part 2 – Common Information and Glossary of Terms

Issued by Zurich Australia Limited:
Zurich Term Life Insurance Plus
Zurich Stand Alone Trauma Insurance Plus
Zurich Income Replacement Insurance Plus
Zurich Special Risk Income Replacement Insurance Plus
Zurich Business Expenses Insurance Plus

Issued by Zurich Australian Superannuation Pty Limited:
Zurich Superannuation Term Life Insurance Plus

The issuer of the products offered in this Product Disclosure Statement (PDS), other than Zurich Superannuation Term Life Insurance Plus, is Zurich Australia Limited ABN 92 000 010 195, Australian Financial Services Licence Number 232510.

The issuer of Zurich Superannuation Term Life Insurance Plus is Zurich Australian Superannuation Pty Limited ABN 78 000 880 553, Australian Financial Services Licence Number 232500, who is the Trustee of the Zurich Master Superannuation Fund (SFN 2540/969/42). The issuer of Life Insurance under this product is Zurich Australia Limited.

Zurich Australia Limited is also the administrator for all the products described in this PDS.

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This Product Disclosure Statement (PDS) is provided in two parts:

Part 1 – Benefit information

Part 2 (this document) – Common Information and Glossary of Terms

If you have not received both parts (Parts 1 and 2), please contact your adviser or the Zurich Client Service Centre on 131 551.

This PDS is an important document. You should read both parts (parts 1 and 2) in full before making a decision to purchase these products.

Important information

As you may have noticed from publicity during mid-2004, the Australian Prudential Regulation Authority and the Australian Securities & Investments Commission are currently conducting investigations into Zurich Australian Insurance Limited (“ZAIL”), which operates a general insurance business, and its holding company, Zurich Financial Services Australia Limited (“ZFSA”). ZFSA and ZAIL are cooperating fully in those investigations.

The investigations relate to certain historical reinsurance arrangements entered into by ZAIL and matters incidental to these arrangements, including their accounting treatment and the role of certain officers. None of the officers who were involved with the establishment of the arrangements in 2000 is still with the Zurich group in Australia.

The Boards of ZAIL and ZFSA determined in late November 2004 that an historical reinsurance arrangement entered into by ZAIL did not involve any aggregate transfer of risk from ZAIL in all the circumstances. This determination was based on information made available to the boards of ZAIL and ZFSA during the course of the investigations. As a result of that determination, there are errors in the financial statements of ZAIL and ZFSA for the years 2000 to 2003 inclusive.

Any action arising from the errors in the financial statements of ZAIL and ZFSA is not expected to affect the current financial position, or the 2004 financial statements, of either ZAIL or ZFSA in any material way. Similarly, we expect that any action will not result in any material adverse impact on ZAIL or ZFSA's balance sheet at 31 December 2003.

We understand that Zurich Australia Limited, Zurich Australian Superannuation Pty Limited, the Zurich Wealth Protection products or the superannuation, life insurance or managed investment businesses operated by other companies in the ZFSA group, and the respective products they issue, are not the subject of the investigations.

We will keep you advised on our website (www.zurich.com.au) of any developments. You can also contact your adviser if you have any questions or contact Zurich on 131 551.

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Additional Information about Zurich Wealth Protection products

This information applies to the products described in the Zurich Wealth Protection Product Disclosure Statement Part 1. Note: With respect to Zurich Superannuation Term Life Insurance Plus references to the Policy should be interpreted as references to your participation in the Fund.

Defined terms

All terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear on pages 6 to 13.

Cooling-off period

After you apply for a Zurich Wealth Protection product and you have received the Policy Document from Zurich, you have 21 days to check that the Policy meets your needs. Within this time you may cancel the Policy and receive a full refund of any premiums paid, provided you have not made a claim under the Policy (with Zurich Superannuation Term Life Insurance Plus this may be subject to preservation requirements as for benefit payments. Refer to Part 1 page 54.). Your request will need to be in writing and forwarded to Zurich at the address shown on the back cover of this brochure.

If you apply to make any changes or exercise any rights in relation to your policy before the 21 day period has elapsed your option to cancel the Policy and receive a refund will be forfeited.

Premiums

How is my premium calculated?

Your premium will depend on the level of cover you require, any options you choose (including whether you select stepped or level premiums), the frequency of your premium payments (paying half-yearly, quarterly or monthly will attract an increased premium), your current age, gender and whether or not you are a smoker. It will also depend on your personal circumstances including health, pastimes and occupation. Your premium will also include any stamp duty charged by your State government as well as any other taxes that may be levied by State or Federal governments. Your adviser will provide you with a premium illustration for the particular product/s you are applying for taking

into account all of these factors. This illustration will show the cost of each coverage and option you select as well as the details of any fees and/or stamp duties or tax that may apply. If you request your adviser can also provide you with a table of premium rates giving all rates and factors for all of the products described in this PDS. Further information on how premiums are calculated can be obtained by calling our Customer Service Centre on 131 551.

Choice of premium structures

You can choose between “stepped” and “level” premiums.

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time. Alternatively, with Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus and Zurich Superannuation Term Life Insurance Plus, you can choose to freeze your premium. In that case, the amount you pay will stay the same but the amount you are covered for will generally decrease each year.
- Level premium – your premiums, excluding the management fee, will be based on the age that you commenced the cover. If you increase your cover in the future, we will base the premiums for the increased amount on your age at that time. For Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus and Zurich Superannuation Term Life Insurance Plus, on the *Policy Anniversary* preceding your 65th birthday premiums revert to stepped premium rates.

What if I don't pay my premium?

If premiums are not paid when due, your Policy will lapse after 30 days and you will not be covered. You may be able to reinstate your Policy after it lapses, but you must submit an application to Zurich, which is subject to Zurich's reassessment of your personal circumstances at the time of application.

What are the payment options?

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly by cheque or B-Pay to Zurich half-yearly or yearly.

How can I pay my premiums?

	First premium	Monthly	Quarterly	Half-yearly	Yearly
Cheque	✓	✗	✗	✓	✓
Direct debit	✓	✓	✓	✓	✓
Credit card	✓	✓ (direct debit)	✓ (direct debit)	✓	✓
B-Pay	✗	✗	✗	✓	✓

Are premium rates guaranteed?

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all policies in the same category, not just an individual policy. We will notify you of any changes to premium rates at least 30 days prior to the change taking effect.

Commission

We may pay commission and other benefits to financial advisers and other representatives. Your adviser will provide details of the benefits he or she will receive if we issue you a Policy in the Financial Services Guide and, if applicable, the Statement of Advice that he or she will give to you. We pay these amounts out of your premium payments – they are not additional amounts you have to pay.

What are the charges?

The current charges are set out below. If Zurich introduces any new charges, or there is an increase to current charges (other than by way of the fee indexation described below) you will be notified at least three months prior to such charge taking effect.

In addition to your premium, you are required to pay a management fee which contributes to the cost of administering your policy. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	\$6.86 per month	\$82.32
Quarterly	\$20.57 per quarter	\$82.28
Half-yearly	\$34.27 per half-year	\$68.54
Yearly	\$68.54 per year	\$68.54

These management fees apply until 31 March 2006, and will be increased each year on 1 April in line with the *Consumer Price Index (CPI)*. The increased management fee will apply from your *Policy Anniversary* Date following 31 March each year.

If you apply for more than one Policy at the same time, for the same Life Insured, you will be charged only one management fee for that Life Insured (for example if you apply for Zurich Term Life Insurance Plus and Zurich Income Replacement Insurance Plus). Also, if you apply for cover for more than one life on a single policy, you will be charged only one management fee.

State governments impose stamp duty on some policies. Duties may vary from State to State. If applicable, the stamp duty will be included in or added to your premium. Should changes in the law result in additional taxes or imposts in relation to your Policy, these amounts may be added to your Policy. Direct Debits from your financial institution may incur an additional fee.

Guaranteed upgrade of benefits

Zurich may improve the terms of the benefits described in this Product Disclosure Statement in relation to a particular product. If we do so, without any change in the standard premium rates, we will provide the improvement to you. Any condition for which a claim is made, existing at the time the improvement is offered will be excluded from being eligible for payment under the improved terms.

Guaranteed renewable

Provided you have paid your premiums as required, the Policy is guaranteed to be renewable up until the expiry age of the benefit(s) you have chosen regardless of any changes in your health or pastimes. The Policy will only cease in accordance with the terms of the Policy.

Claims

You must advise Zurich of an insured event occurring as soon as reasonably possible after the event. You can do this by contacting the Zurich Client Service Centre and a claim form will be forwarded to you to complete and sign.

Before a claim is payable under any Zurich Wealth Protection product described in the Product Disclosure Statement, we must receive proof to our satisfaction of the insured event.

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

- one or more appropriate specialist medical practitioners registered in Australia or New Zealand (or in another country approved by us)
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence, and
- if it is a result of a surgical procedure, we will require evidence that the procedure was medically necessary.

Our medical advisers must support the occurrence of the insured events. We reserve the right to require the life insured to undergo an examination or other reasonable tests to confirm the occurrence of the insured event.

In assessing your claim we will also rely on any information you have disclosed to us as part of your application. Where information (eg your income) has not been verified at the time of application we reserve the right to verify it at the time of claim.

You must, on our request, provide us (or our agent) with information (or access to information) that we require to verify your income and other relevant matters in respect of your claim and any benefits to which you may be entitled. For example: tax returns for all entities including assessment notices issued by the ATO, profit and loss and financial statements.

Further details about the claims process are set out in the Policy Document. You should read this information carefully when you receive the Policy Document.

Statutory fund

The premiums paid for the Term Life Insurance Plus, Stand Alone Trauma Insurance Plus, Superannuation Term Life Insurance Plus, Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus policies (referred to as the Zurich Wealth Protection Products) form part of the Zurich No. 2 Statutory Fund. Any benefits you receive under a product described in this PDS will be paid from that fund.

24 hour world-wide cover

You are covered under any Zurich Wealth Protection product 24 hours a day world-wide. If you are claiming while overseas for Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus or Zurich Business Expenses Insurance Plus, we will require you to have a medical examination in Australia, or in another country by a doctor nominated or approved by us, every 12 months for the benefits to continue.

Information about your Policy

When you take out your Policy, you will receive a Policy Document (or in the case of Zurich Superannuation Term Life Insurance Plus a copy of the Policy Document). This sets out the terms and conditions of your cover. You will also receive a Policy Schedule (or in the case of Zurich Superannuation Term Life Insurance Plus a copy of the Policy Schedule) which outlines the specific details of your particular cover – such as which options you have selected. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim. Should there be any changes to the benefits included in your Policy, you will be notified by mail.

Each year Zurich will send you a renewal advice indicating your new premium amount and, where available, an offer to increase your level of cover in line with inflation.

You may request further information about these products, including a copy of the trust deed for the Fund, by contacting us at the address shown on the back cover of this brochure or by telephoning us on 131 551. If so requested, we will give you further information which has previously been generally made available to the public and might reasonably influence your decision whether to acquire these products. The provision of further information may be subject to a charge.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your Policy, you should contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the issue to your satisfaction you have access to an independent complaints resolution body. See below.

If you have a complaint about your Policy

If you have a complaint about a product issued by Zurich Australia Limited (Zurich Term Life Insurance Plus, Zurich Stand Alone Trauma Insurance Plus, Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus, Zurich Business Expenses Insurance Plus), you should contact the Zurich Client Service Centre on 131 551. We will aim to acknowledge any complaint within 5 days and to resolve your complaint within 45 days (or up to 90 days if you agree). If you are not satisfied with the response you receive from us, or we fail to resolve the complaint within 45 days (or any extended period you approve) you can raise the matter with the Financial Industry Complaints Service, PO Box 579, Collins Street West, Melbourne, VIC 8007. The toll free telephone number is 1300 780 808.

If you have a complaint about your superannuation fund

If you have chosen Zurich Superannuation Term Life Insurance Plus, this product is provided through Zurich Master Superannuation Fund by the Trustee of that fund, Zurich Australian Superannuation Pty Limited. A complaint about the Trustee can be made by contacting the Zurich Client Service Centre on 131 551. We will aim to acknowledge any complaint within 5 days and to resolve the complaint within 90 days.

If you are not satisfied with the response you receive from us, or we fail to resolve the complaint within 90 days, you

can raise the matter with the Superannuation Complaints Tribunal (SCT) at Locked Bag 3060, GPO Melbourne VIC 3001. The SCT's telephone number is 1300 884 114.

The SCT is an independent body established by the Commonwealth Government to review trustee decisions relating to its members, as opposed to trustee decisions about the management of a superannuation fund as a whole. The objective of the SCT is to provide a fair, timely and economical means of resolution of complaints as an alternative to the court system. The SCT cannot consider complaints that have not been first referred to a trustee's complaints resolution process.

If your complaint is outside the jurisdiction of the SCT, you may instead be able to raise it with the Financial Industry Complaints Service (FICS). FICS is an independent body designed to help you resolve complaints relating to your Zurich product, as well as complaints relating to financial or investment advice and sales of financial or investment products. You can contact FICS at PO Box 579, Collins Street West, Melbourne VIC 8007. The toll free telephone number is 1300 780 808

| Glossary of terms

Medical definitions

Aorta Repair

Means the undergoing of vascular surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Laser therapy, intra-arterial procedures and techniques not involving open surgical procedures are excluded.

Aplastic Anaemia

Means the acquired abnormality of blood production, characterised by total absence of normal bone marrow activity.

Benign Brain Tumour

Means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as headache, papilloedema, mental symptoms, seizures and motor or sensory impairment. The tumour must result in permanent neurological deficit causing at least a 25% impairment of whole person function that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded. Tumours in cranial nerves (eg acoustic neuroma) are excluded.

Blindness

Means the irrecoverable loss of sight of both eyes as a result of *Sickness* or *Injury*. The extent of the visual loss must be such that the eyesight is reduced to, or less than, 6/60 central acuity, or degree of vision of less than, or equal to, 20 degrees.

Cardiomyopathy

Means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment and resulting in the insured being unable to perform his/her usual occupation.

Cardiomyopathy directly related to alcohol usage or drug abuse is excluded.

Chronic Kidney Failure

Means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which permanent regular renal dialysis is instituted or renal transplant undertaken.

Chronic Liver Disease

Means end stage liver failure, with the diagnosis based on:

- permanent jaundice or ascites and
- encephalopathy or liver biopsy.

Liver disease directly related to alcohol usage or drug abuse is excluded.

Chronic Lung Disease

Means end stage lung disease, including interstitial lung disease requiring extensive and permanent oxygen therapy or FEV 1 test results of less than one litre.

Coma

Means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously for a period of at least 96 hours with the use of a life support system and resulting in a neurological deficit causing at least a 25% impairment of whole person function that is permanent. Coma directly related to alcohol usage or drug abuse is excluded.

Coronary Artery Bypass surgery

Means the actual undergoing of Coronary Artery Bypass surgery which is considered medically necessary to correct or treat Coronary Artery disease but not including angioplasty, other intra-arterial or laser procedures.

Deafness

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

Dementia (including Alzheimer's Disease)

Means the Life Insured has Alzheimer's disease or other dementia. The diagnosis must confirm permanent irreversible failure of brain function, resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Life Insured or others. Dementia as a result of alcohol or drug abuse is specifically excluded.

Diplegia

Means the permanent and total loss of function of both sides of the body due to disease, illness or injury of the brain, or spinal cord.

Encephalitis

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

Fracture

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

Heart Attack (Myocardial Infarction)

Means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be supported by any two of the following criteria being consistent with a heart attack:

- New confirmatory electrocardiograph (ECG) changes
- Diagnostic rise and fall (other than as a result of coronary or cardiac intervention) of cardiac enzyme CK-MB, or Troponin I in excess of 2.0ug/l or more, or Troponin T in excess of 0.6ug/l,
- New pathological Q waves
- Satisfactory evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less.

Heart Valve Surgery

Means the undergoing of open heart surgery considered medically necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non surgical techniques or intra-arterial procedures.

The condition must have first manifested after the commencement date of the Policy. Repair via valvotomy, catheter, keyhole or similar techniques are specifically excluded.

Hemiplegia

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

Loss of Independence

Means as a result of a disease, illness or injury the life insured is unable to perform at least two of the five *Activities of Daily Living*, or cognitive impairment that results in the Life Insured requiring permanent and constant supervision. The inability or impairment must have existed continuously for a period of at least three months and be permanent and irreversible.

Loss of Limbs or Sight

The entire and irrevocable loss of use of two or more of: the sight in one eye, and a hand or a foot.

Loss of Speech

Means the complete and irrecoverable loss of speech – whether aided or unaided, as a result of *Sickness* or *Accidental Injury*. The loss of the ability to speak must be established for a continuous period of 12 months.

Major Head Trauma

Means accidental cerebral injury resulting in permanent neurological deficit causing at least a 25% impairment of whole person function that is permanent.

Major Organ Transplant

Means the actual receipt of a transplant from a human donor of a heart, lung, liver, kidney, pancreas or bone marrow. The transplant of all other organs or parts of organs or any other tissue transplant is excluded. We will advance 25% of the benefit amount to a maximum of \$25,000 upon confirmation by an appropriate specialist medical practitioner that the Life Insured has been placed on a waiting list for a Major Organ Transplant that is covered above. The Trauma benefit amount is then reduced for that Life Insured by the amount paid. Once the Life Insured qualifies for a Trauma benefit in accordance with the Policy conditions the remainder of the benefit amount will be paid.

Malignant Cancer

Means the histologically confirmed first diagnosis of a disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue, requiring major interventionist treatment such as radiotherapy, chemotherapy, or biological response modifiers, and includes malignant cancers that are completely untreatable.

The term Cancer includes:

- Leukaemia (other than chronic lymphocytic leukaemia less than RAI Stage 1)
- malignant disease of the lymphatic system such as Hodgkin's Disease.

The term Cancer excludes:

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

pre-malignant. (Carcinoma in situ of the breast is covered if it results in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered appropriate and necessary treatment.)

- all skin cancers except invasive melanoma of Clark Level 3 and above or greater than 1.5 mm maximum thickness
- all hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless metastasised
- prostate cancers which are histologically described as TNM classifications T1 or are of another equivalent or lesser classification
- tumours treated by endoscopic procedures alone.

Medically Acquired HIV

Means infection with the Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Life Insured in Australia by a recognised and registered health professional:

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

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

A benefit will not be payable in the event of a medical cure being found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV virus, or in the event of a treatment being developed and approved which makes the HIV virus inactive and non-infectious.

Mental Disorder

Means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association which is current at the start of the period of disability (or such replacement or successor publication, or if none then such comparable publication as selected by us).

Such mental disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of

a psychiatric illness, anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders, or disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse dependency.

For the purposes of this Policy, mental disorders does not include dementia (except where the dementia is related to any substance abuse or dependency), Alzheimer's Disease, or head injuries.

Minimally Invasive Cardiac Surgery – Including Coronary Artery Angioplasty

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

- a narrowing or blockage of one or more coronary arteries or
- an obstruction of the aorta or a coarctation of the aorta or
- a cardiac valve as a consequence of heart valve defects or abnormalities.

Investigative or diagnostic procedures are not included.

Motor Neurone Disease

Means the life insured has Motor Neurone Disease resulting in the progressing weakness and wasting of the muscles of the body, causing at least a 25% impairment of whole person function that is permanent.

Multiple Sclerosis

Means the life insured has Multiple Sclerosis confirmed by Magnetic Resonance Imaging (MRI) scan where the condition is characterised by the demyelination of the brain and spinal cord. There must be more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25% impairment of whole person function that is permanent.

Muscular Dystrophy

Means the life insured has Muscular Dystrophy with neurological deficit resulting in at least 25% impairment of whole person function that is permanent.

Occupationally Acquired HIV

Means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the Life Insured's normal occupation, and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

A benefit will not be payable in the event of a medical cure being found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV virus, or in the event of a treatment being developed and approved which makes the HIV virus inactive and non-infectious.

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

Out of Hospital Cardiac Arrest

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

- Cardiac asystole or
- Ventricular fibrillation with or without ventricular tachycardia.

Paraplegia

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

Parkinson's Disease

Means the life insured has Parkinson's Disease where the disease cannot be controlled with medication and shows signs of progressive incapacity with at least a 25% impairment of whole person function that is permanent. Parkinson's Disease as a result of alcohol or drug abuse is excluded.

Primary Pulmonary Hypertension

Means Primary Pulmonary Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Life Insured being unable to perform his/her usual occupation.

Pulmonary hypertension in association with Chronic Lung Disease is excluded.

Quadriplegia

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

Severe Accident or Illness requiring Intensive Care

Means an accident or illness that has resulted in:

- the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours a day) in an authorised intensive care unit of an acute care hospital and
- impairment of at least 25% whole person function that is permanent.

Severe Burns

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

- 20% or more of the body surface are as measured by the Rule of 9 or the Lund and Browder Body Surface Chart or
- the whole of both hands, requiring surgical debridement and/or grafting or
- the whole of the face, requiring surgical debridement and/or grafting.

Stroke

Means a cerebrovascular event producing neurological sequela lasting at least twenty-four (24) hours. This requires clear evidence on a Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or similar scan that a stroke has occurred and of:

- infarction of brain tissue and
- intracranial or subarachnoid haemorrhage or
- embolisation from an extracranial source.

Cerebral symptoms due to: transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, optic nerve or the vestibular apparatus of the ear are excluded.

Triple Vessel Coronary Artery Angioplasty

Means the actual undergoing of angioplasty to three or more coronary arteries within the same procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm that the procedure is medically necessary.

Non-medical definitions

Accidental Death

Means where the Life Insured dies as a result of sustaining bodily injury caused by accidental, violent, external and visible means and provided:

- death occurs within three calendar months of the date of sustaining the injury and
- the accident occurs while the cover is in force

Accidental Injury

Accidental Injury is deemed to be the result of sustaining bodily injury caused by accidental, violent, external and visible means, while this Policy is current.

Activities of Daily Living

The Activities of Daily Living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. using a toilet to maintain personal hygiene and
5. moving from place to place by walking, wheelchair or with the assistance of a walking aid.

Unable to perform Activities of Daily Living means a condition as a result of a disease, illness or injury whereby the life insured is permanently and totally unable to perform without physical help from someone else at least two Activities of Daily Living.

Average Monthly Pre-Tax Income

When we refer to your Average Monthly Pre-Tax Income we mean, in respect of the previous 12 months or previous financial year:

- if you do not directly or indirectly own all or part of the business or professional practice from which you earn your regular income: 1/12th of the salary, wages, fees, commissions, bonuses and other personal exertion income earned by you, plus the value of any company benefits you receive (for example superannuation contributions or a company car), less any deductions for expenses directly incurred in earning this income
- if you do directly or indirectly own all or part of the business or professional practice from which you earn your regular income: 1/12th of the gross revenue generated

by the business as a result of your personal exertion, plus income earned by you from any other source, involving the provision of your personal services, less Eligible Business Expenses.

You may be asked to provide copies of personal and business tax returns, assessment notices and/or other financial evidence to substantiate your income.

Benefit Period

The Benefit Period is the maximum length of time that we will pay an Income or Businesses Expenses benefit to you for disability from the same or related cause. You can choose the length of your Benefit Period. The Benefit Periods for *Injury* and for *Sickness* are the same.

Business

Means the entity on which we based our underwriting at the time you applied for your Policy.

Business Earnings

Means income earned by the business or professional practice as the result of your involvement.

Buy/Sell Agreement

Means a legally binding agreement where the Life Insured's share of the business is purchased by the remaining partner(s) upon the occurrence of Death or Total and Permanent Disablement.

Cognitive Impairment

Cognitive impairment that results in the Life Insured requiring permanent and constant supervision. The condition must have existed continuously for a period of at least six months and will continue into the future.

Consumer Price Index (CPI)

Increases in CPI will be calculated based on the increase in the CPI published for the quarter falling immediately prior to three months before the *Policy Anniversary* or management fee indexation anniversary, to the CPI published for the quarter falling immediately prior to 15 months before that date. 'CPI' means the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics or, if that index ceases to be published or is substantially amended, such other index as we will select.

Direct Family Member

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

Eligible Business Expenses

Means your share of the expenses and outgoings incurred in running the business or professional practice. These may include:

Premises

- Cleaning
- Insurance of premises
- Interest and fees on loan to finance premises
- Property rates/taxes
- Rent
- Repairs and maintenance
- Security costs

Services

- Electricity
- Fixed telephone and fax lines
- Gas
- Internet service provider
- Mobile telephone
- Postage and couriers
- Water and sewerage

Equipment

- Depreciation
- Motor vehicle leasing (excluding taxi)
- Insurance of vehicles and equipment
- Registration of vehicles
- Repairs and maintenance

Salaries and related costs

- Salaries of employees who do not generate any business income
- Payroll tax on the above salaries
- Superannuation contributions (SGC) for the above salaries

Other Eligible Expenses

- Account keeping fees
- Accounting and auditing fees
- Bank fees and charges
- Business insurances
- Professional association membership/fees
- Regular advertising costs

Eligible Business Expenses do not include:

- any expenses that are not regularly paid or payable
- cost of goods, merchandise or stock used in your profession, business or occupation
- depreciation of real estate
- items of a capital nature such as books, fixtures, fittings and furniture
- premiums payable on this Policy
- repayment of loan principal
- salaries and related costs paid to you, members of your family or employees who generate income.

Income Benefit

The percentage of the Insured Monthly Benefit you are eligible to receive under the policy terms and conditions (see Zurich Income Replacement Insurance Plus Part 1 page 26, Zurich Special Risk Income Replacement Plus Part 1 page 37 for details of when an Income benefit will be payable and how benefits will be calculated).

Injury

Means accidental bodily injury.

Insured Monthly Benefit

The Insured Monthly Benefit is the amount of benefit you initially apply and are accepted for (and which will appear on your Policy Schedule), plus the amount of any indexation increases.

Loan guarantee

Means the amount of a business loan which the life insured is personally responsible for in relation to the *Business*.

Personal Care Attendant

Means a person upon who's care you are totally dependent and who is not a member of your or your *Spouse's* immediate family or working for you or your employer unless they have ceased full-time work or taken leave specifically in order to care for you.

Pre-Disability Income

If you have "Agreed Value" cover

Your monthly Pre-disability income is the greater of:

- The highest of your *Average Monthly Pre-Tax Income* during any consecutive 12 months in the three years prior to the onset of your *Sickness or Injury*, or
- Your *Average Monthly Pre-Tax Income* in the 12 months immediately prior to commencement of this Policy.

If you have "Indemnity" cover

Your monthly Pre-Disability Income is your Average Monthly Pre-Tax Income during the 12 months immediately prior to the onset of your *Sickness or Injury*.

While you are on claim we will index this amount to the CPI on an annual basis to ensure your benefits keep pace with inflation.

Policy Anniversary

Means the anniversary of the commencement date of your cover (which will be shown on your Policy Schedule).

Post-Disability Income

Your monthly Post-Disability Income is the total of the amounts determined in accordance with paragraphs a) and b):

- a) your pre-tax income from your personal exertion during the relevant month
- b) other benefits received during the relevant month by way of the following sources as a result of your *Sickness or Injury*:
 - other Disability Income Policies you did not disclose to us
 - workers compensation or other legislated benefits and
 - sick leave.

For the purposes of this definition a Disability Income Policy is any individual or group disability income insurance Policy, including cover under a mortgage repayment Policy or credit insurance Policy, which pays a regular benefit due to your sickness or injury.

Where these amounts are payable in a lump sum and cannot be allocated to specific months, then 1/60th of the lump sum shall be taken into account each month for a maximum period of five years. A reduction will not be made if the other payment received is:

- a lump sum or part of a lump sum paid as compensation for pain and suffering or as compensation for loss of use of a limb

- a lump sum Total and Permanent Disablement or Trauma benefit.

We will only pay benefits where the loss of income is a result of *Sickness or Injury*. Where pre-tax income from personal exertion has been reduced as a result of causes other than *Sickness or Injury*, we will adjust your Post-Disability Income so that it solely reflects the loss in income as a result of *Sickness or Injury*.

We will take into account available medical evidence (including the opinion of your registered doctor) and any other relevant considerations directly related to your medical condition (including information provided by you), when determining the loss of income as a result of sickness or injury.

Registered Medical Practitioner and Registered Nurse

The registered medical practitioner and registered nurse cannot be you or be related to you in any way. For example, they cannot be a member of your family, your business partner, your employee or your employer. If the Policy Owner is different to the Life Insured, the registered medical practitioner or nurse cannot be the Policy Owner or related in any way to the Policy Owner. Registered Medical Practitioners do not include other para-medical professionals such as chiropractors, physiotherapists or naturopaths.

Rehabilitation Program

A program or plan that:

- a) is designed to assist you in returning to work either in your own occupation or in any other occupation for which you are suited by training, education or experience, and
- b) has been approved by an appropriately tertiary qualified vocational or rehabilitation specialist.

Sickness

Means sickness or disease which first manifests itself after the Policy began. For the purposes of Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus: elective and donor transplant surgery are excluded (except where the Elective Surgery benefit is payable under Income Replacement Insurance Plus).

Spouse

- your legal husband or wife
- a person living with you as your spouse on a domestic basis in good faith (other than for taxation or superannuation purposes your spouse can be of the same gender as you).

Total and Permanent Disablement (TPD)

means (a) or (b) or (c).

(a) You suffer a “specific loss” being the entire and irrevocable loss of use of:

- a hand and sight in one eye; or
- a foot and sight in one eye; or
- sight in both eyes; or
- one hand and one foot; or
- both hands; or
- both feet.

(b) Prior to the *Policy Anniversary* before your 65th birthday you are “Unable to Work” through bodily injury, illness or disease. “Unable to Work” means that you have been absent from active employment solely as a result of *Sickness* or *Injury* for an uninterrupted period of six consecutive months and:

- if you are covered for ‘any occupation’ TPD you are solely as a result of sickness or injury, unlikely to ever work (for reward or otherwise) in your profession, business or similar occupation, or from engaging in any other occupation to which you are fitted by education, training and experience for the rest of your life;
- if you are covered for ‘own occupation’ TPD you are solely as a result of sickness or injury, unlikely to ever work (for reward or otherwise) in your own occupation for the rest of your life.

If you suffered a sickness or injury while you were engaged in full-time normal domestic duties in your own residence for more than six consecutive months then “Total and Permanent Disablement” means you are unable to engage in any normal domestic duties because of sickness or injury for a continuous period of at least six months and we believe after consideration of medical and any other evidence, that you are incapacitated to such an extent that you are unlikely ever to be able to perform normal domestic duties or engage (for reward or otherwise) in any other occupation to which you are fitted by education, training and experience for the rest of your life

(c) As a result of a disease, illness or injury:

- you are permanently and totally unable to perform without physical help from someone else, at least two of the *Activities of Daily Living*; or

- you suffer cognitive impairment requiring permanent and constant supervision;

and you have been so disabled for the immediately preceding 6 calendar months and will continue to be so disabled into the future.

Totally and Permanently Disabled has a corresponding meaning.

Value of the Business or Valuation of the Business

means a valuation of the life insured’s financial interest in the *Business* based on the same method of valuation used when you applied and were accepted for cover as provided by an independent qualified accountant or business valuer.

Value of the Key Person to the Business or Valuation of the Key Person to the Business

means the total of the Life Insured’s remuneration package for that year excluding discretionary benefits, plus their share of net profit distributed by the *Business* in that year as provided by an independent qualified accountant or business valuer.

Usual Occupation

Unless you have been unemployed or on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *Sickness* or *Injury* causing disability then your ‘Usual Occupation’ is the occupation you predominantly performed in the 12 months prior to the sickness or injury. If you have been unemployed or on long service, maternity or paternity leave for more than 12 consecutive months immediately prior to the *Sickness* or *Injury* causing disability then your ‘Usual Occupation’ is any occupation you are capable of performing.

Waiting Period

The Waiting Period is the number of days that you must wait before being eligible for *Income Benefit* payments after suffering a *Sickness* or *Injury* and being unable to earn your *Pre-Disability Income* from personal exertion. You can return to full earning capacity for up to five consecutive days during the *Waiting Period* without the *Waiting Period* starting again. The days worked are added to your *Waiting Period*. You should notify Zurich in writing within 30 days from the date that your doctor provides evidence that because of a *Sickness* or *Injury* you are unable to generate at least 80% of your *Pre-Disability Income* from personal exertion in your usual occupation. If you notify Zurich after 30 days, the *Waiting Period* will commence from the date that you notified Zurich.

Defined Terms and Interpretation

All terms appearing in italics (other than in headings) are defined terms with special meanings. Detailed definitions appear in pages 6 to 13.

Your Adviser acts as your agent, not ours, in relation to this interim cover.

Interim cover

Provided you meet the Interim Cover Eligibility Criteria, we will provide you with interim cover from the Interim Cover Effective Date until the Interim Cover Termination Date, subject to the Specific Terms of Interim cover (see below for details).

Interim cover effective date

Interim cover is effective from the Interim Cover Effective Date, which is the date that both of the following have occurred:

- (a) you have properly completed the Zurich Wealth Protection Application form (the application) for the policy/policies you are applying for and this certificate has been completed, signed and dated by you and your Adviser and
- (b) your Adviser receives the initial premium for the insurance you have applied for or a Payment Authority signed and dated by you.

The date that (a) and (b) are satisfied must be inserted in the Interim Cover Effective Date box on page 16 by your Adviser before your application is sent to us.

Interim cover termination date

The interim cover, once effective, terminates at the earliest of:

- (a) the time and date the Policy Owner (or your Adviser) withdraws your application by:
 - (i) contacting us or
 - (ii) by failing to submit it to us within 10 business days of the Effective Date
- (b) 4.00pm on the 90th day after the Effective Date or such earlier time and date as we advise you or your Adviser in writing

- (c) the time and date when insurance cover commences under another contract of insurance (whether interim or not) which you are covered by and that is intended to replace the cover provided under this interim cover

Interim cover eligibility criteria

You are not eligible for this interim cover and no interim contract is entered into if you have at the time of completing this Certificate:

- (a) a current application with us or another insurer for insurance of a similar type which provides the same or similar cover (whether individually or as part of a package) or
- (b) interim cover with us or another insurer for insurance of a similar type which provides the same or similar cover (whether individually or as part of a package) or
- (c) had interim cover with us for the insurance you are applying for or
- (d) previously applied for insurance of a similar type providing similar cover with us or another insurer (whether individually or as part of a package) and the application was declined, deferred or postponed.

Specific Terms, Conditions and Exclusions of interim cover

The interim cover is only provided:

- (a) for the type of policy/ies you have applied for in the application subject to the terms, conditions and exclusions applicable to the interim cover and
- (b) subject to the other relevant terms, conditions and exclusions of the relevant Policy Document for that insurance, except to the extent the terms of the Policy Documents provide greater cover than provided for the interim cover as set out in the following specific terms, conditions and exclusions which apply to the interim cover.

Specific exclusions applicable to interim cover

To the extent permitted by law, no cover is provided under interim cover:

- (a) if you would not have been entitled to the interim cover or for any amount in excess of what we would have covered you for, based on our underwriting

criteria applicable for the relevant insurance immediately before interim cover is effective or

- (b) if the event leading to the claim occurs while you are outside Australia or
- (c) where the event leading to the claim is caused directly or indirectly by:
 - (i) suicide
 - (ii) intentional self-inflicted injury or act
 - (iii) the taking of drugs other than as prescribed by a doctor
 - (iv) engaging in any criminal activities
 - (v) engaging in any pursuit or occupation which would cause us to reject or apply special conditions to acceptance of the application for insurance or
 - (vi) an act of war (whether declared or not) or military service.

Terms of interim cover provided for Zurich Term Life Insurance Plus, Zurich Superannuation Term Life Insurance Plus and Zurich Stand Alone Trauma Insurance Plus

If you have applied for **Zurich Term Life Insurance Plus or Zurich Superannuation Term Life Insurance Plus:**

We will pay you a benefit in the event of your *Accidental Death* during the period of this interim cover.

If you have applied for the **Total and Permanent Disablement option:**

We will pay you a benefit if you are disabled and suffer *Loss of Limbs or Sight* as a result of an *Accidental Injury* during the period of this interim cover. You must survive at least 14 days after the loss.

If you have applied for **Stand Alone Trauma Insurance Plus or the Trauma option:**

We will pay you a benefit if you suffer one of the following trauma conditions, solely as a result of *Accidental Injury* during the period of this interim cover and survive for at least 14 days without being on life support:

- *Blindness**
- *Coma**
- *Severe Accident or Illness requiring Intensive Care**
- Paralysis (*Paraplegia, Quadriplegia, Hemiplegia, Diplegia*)
- *Major Head Trauma**
- *Severe Burns**

* These conditions are not included when applying for Basic trauma cover. Please refer to Part 1 pages 11 and 19.

For Death cover, the amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- \$1,000,000 or
- the amount of cover you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

For Total and Permanent Disablement or Trauma cover the amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- \$600,000 or
- the amount of cover you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

Terms of interim cover provided for Zurich Income Replacement Insurance Plus, Zurich Special Risk Income Replacement Insurance Plus and Zurich Business Expenses Insurance Plus.

We will pay you an Income benefit or Business Expenses benefit if, solely as a result of an Accidental Injury during the period of this interim cover:

- you totally cease work and
- you are not able to earn from personal exertion any income or generate any business earnings for a period of at least the nominated Waiting Period and
- you are under the regular care of a Medical practitioner.

The benefit will be paid in the event of sustaining Accidental Injury, which occurs after this cover commences. This benefit is not payable where you choose a Waiting Period of more than 60 days.

The amount we will pay you each month will be the lesser of:

- \$5,000 or
- the Income benefit you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

The maximum period we will pay a benefit for is 12 months.

Specific conditions applicable to interim cover

If you make a claim under the interim cover you must pay us the premium for this cover that we require, which will be what we would have charged you for the policy/policies you have applied for.

Your Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Duty of disclosure notice

In signing this Interim Cover certificate you declare that you have read and understood your Duty of disclosure.

If you have failed to disclose any such matters to us when you complete your application and you have interim cover, we may exercise our rights specified above in relation to the interim cover.

For the policy/ies applied for, the duty also applies up until the time we decide to enter into a contract of insurance with you. Please ensure you contact us if any information in your application changes, or you need to disclose further matters after it is completed, as it can affect any final cover.

Confirming transactions

You may contact us in writing or by phone to confirm this transaction if you or your Adviser do not already have the required confirmation details.

Name of person(s) to be insured

Signature of person(s) to be insured

Interim Cover Effective Date

(Insert date)

Adviser name

Signature

Adviser no

Phone no

Date

| Application checklist

Completing the Application Form

When you complete the Application Form accompanying this PDS, please

- use a black pen
- write in BLOCK LETTERS
- complete all relevant sections of the Application Form
- attach a cheque for the first insurance premium made payable to Zurich Australia or a Payment Authority if the first premium is to be paid by credit card or direct debit to a bank or building society account
- complete the Payment Authority if future premiums are to be paid by the Direct Debit facility from a bank, building society or credit union account or Credit Card
- complete the Interim Cover Certificate for your records
- attach any computer-generated illustrations
- attach a Life Insured's Statement for each person to be insured.

Contacting us

The team at the Zurich Client Service Centre understands your product. It is well equipped to answer questions about the product and provide extra information, although it is not able to give financial advice. For financial advice, please contact your adviser.

Simply:

- call us on 131 551
- email us at client.service@zurich.com.au
- fax us on 9995 3797
- or write us at:

Zurich Client Service Centre
Locked Bag 994
North Sydney NSW 2059

Processing your Application

If we are unable to process your Application, for whatever reason, Zurich will deposit any money received into a Trust Account. Under current legislation this money can only be held in a Trust Account for a maximum of one month or a period that is 'reasonable' in the circumstances. Provided Zurich has sufficient proof that we have been attempting to finalise the Application by way of following up the outstanding requirements, then the 'reasonable' period will be not more than four months.

Any interest earned on the moneys in the Trust Account will be retained by Zurich to recover administration costs incurred in finalising the Application.

Your Privacy

Zurich respects your privacy. Before we collect personal information you should know the following things:

We need personal information about you to:

- assess your application for one of our products or services (or the application that someone else such as your employer may be making on your behalf), and
- administer the investment, insurance policy or superannuation plan membership that may result.

Where relevant for this purpose, we will disclose this information (which may include disclosure of sensitive information such as health information):

- to your adviser (or your employer's adviser, if you are a member of a company superannuation plan) and the licensed dealer or broker the adviser represents
- to our agents, contractors, business partners and service providers who provide financial, administration and other services in connection with the operation of our business or products
- to the Policy Owner/s.

A list of the type of agents, contractors and service providers we commonly use is available by calling us. You can also find this list, together with Zurich's privacy policy, on our website, www.zurich.com.au

We may also disclose information about you where we are required or permitted to do so by law.

If you do not provide the information asked for, we may not be able to:

- accept your application for this investment or superannuation plan (or your employer's nomination of you for membership)
- offer insurance cover (or increased insurance cover) or
- administer the investment or superannuation plan.

We may use personal information (but not sensitive information, such as health information) collected about you to notify you of other products and services, or we may pass it to other companies in the Zurich Financial Services Australia Group to allow them to notify you of their products or services. If you do not want your personal information used in this way you should contact us.

In most cases, on request, we will give you access to any personal information we hold about you. We may charge you for reasonable administrative costs associated with providing you with this information.

You may contact us by telephone on 132 687, e-mail us at privacy.officer@zurich.com.au or by writing to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. To help us respond promptly to your enquiry, please provide details of your account/ membership number/s where known



ZURICH

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