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# AIG Life Priority Protection

Product Disclosure Statement – Version 7, Issued 1 December 2008

**AIG**<sup>®</sup>

# Protect the things that really matter.™

## Who issues Priority Protection?

This Product Disclosure Statement describes the main features of five separate financial plans;

- Life Cover Plan,
- Crisis Recovery Stand Alone Plan,
- Disability Income Plan,
- Business Expenses Plan, and
- The Superannuation Life Cover Plan (when acquired by a trustee of a self managed superannuation fund),

which are all issued by American International Assurance Company (Australia) Ltd trading as AIG Life, ABN 79 004 837 861, AFS Licence No. 230043 ('**AIG Life**'). AIG Life is located at 549 St Kilda Road Melbourne Australia 3004; Phone: 1800 333 613.

The Superannuation Life Cover Plan (when issued through the AIA Superannuation Fund, ABN 78 757 377 348 ('**the Fund**'), is owned by CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084, ('**Trustee**') as the trustee of the Fund. The Trustee is the issuer of a risk-only superannuation product with benefits referable solely to the Superannuation Life Cover Plan. The Trustee is located at Level 16, 114 William Street, Melbourne Australia 3000, Phone (03) 9616 8600.

This document should be read before making a decision to acquire any of the above financial plans. It is intended to help you decide whether the plans will meet your needs and to compare them with other products you may be considering.

This Product Disclosure Statement ('PDS') covers both the insurance products issued by AIG Life and, where the Superannuation Life Cover Plan is issued through the AIA Superannuation Fund, the risk-only superannuation product issued by the Trustee. AIG Life and the Trustee each take full responsibility for the entirety of this Product Disclosure Statement.

This PDS, including any changes to the Superannuation Life Cover Plan, may be updated or replaced at any time, and you can obtain a copy of the current version on request, free of charge, by calling AIG Life on 1800 333 613. Changes that are not materially adverse will be updated and made available to you at [www.aiglife.com.au](http://www.aiglife.com.au). You will be advised of material changes or significant events as required by law.

Priority Protection is only available to persons receiving the offer and making an application in Australia. It is not an offer, invitation or recommendation by AIG Life or the Trustee to invest in Priority Protection in any other jurisdiction. Applications from outside Australia will not be accepted. AIG Life is also not bound to accept any application.

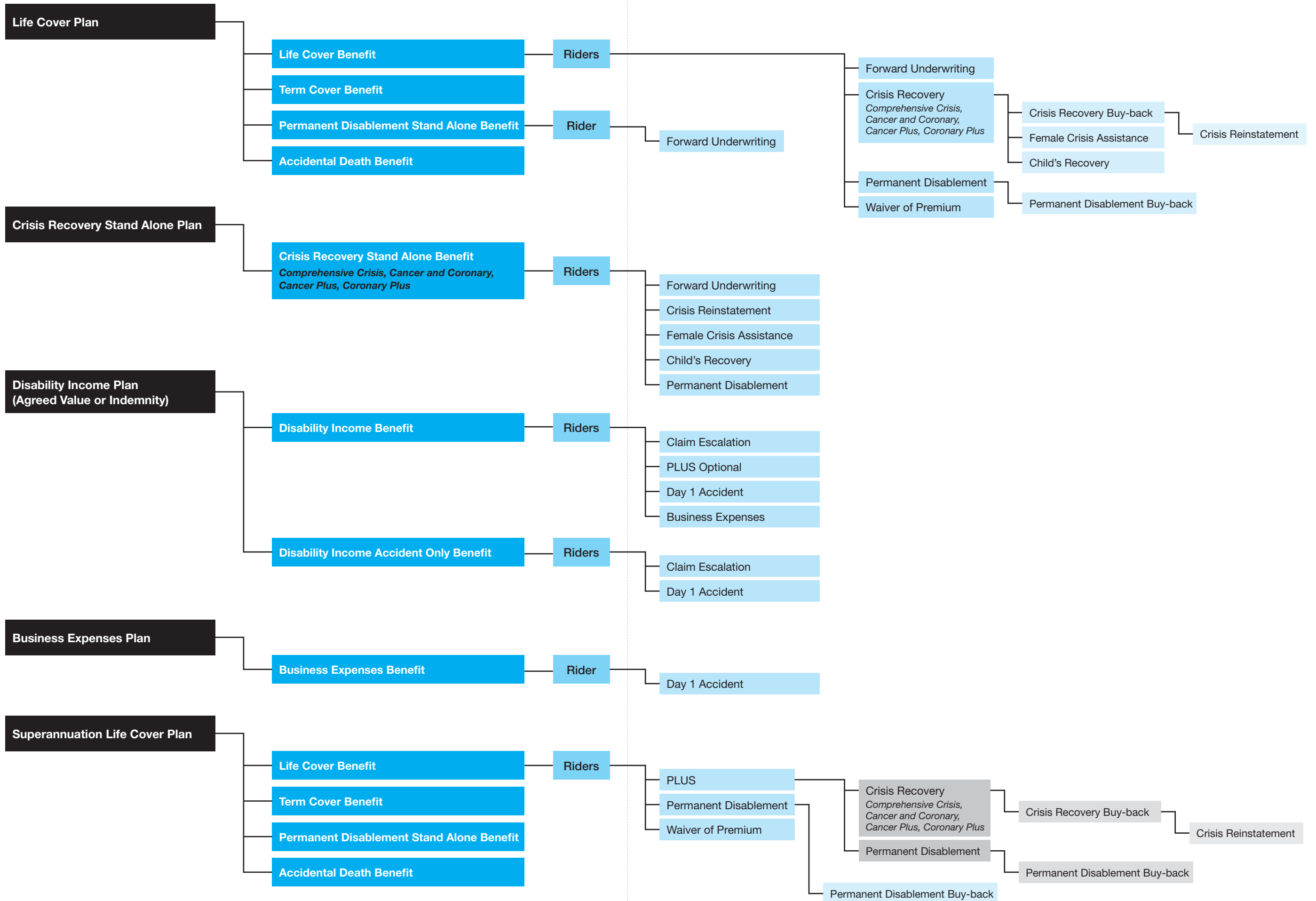
This PDS has been prepared with the intention of providing you with important information about the Priority Protection products. Any financial product advice contained in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making any decision you should consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. If you are deciding whether to acquire one or more of these plans you should read this PDS before making your decision.

Please note: your cooling off rights and the external dispute resolution scheme to deal with any complaints about the product are different, depending on whether the issuer is AIG Life or the Trustee. Further details can be found in the relevant sections of this PDS.

In this PDS (which includes the attached Application Form) any reference to:

- 'we', 'us', 'our' or 'the insurer' means American International Assurance Company (Australia) Limited trading as AIG Life, 'except where reference is specifically made to the Trustee as issuer of the risk-only superannuation product';
- 'you' means any potential customer likely to become the person insured unless otherwise specified;
- 'Priority Protection' means all of the insurance plans referred to in the PDS unless otherwise specified.

# Priority Protection structure



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# Why choose AIG Life?

## AIG Life is committed to helping protect the financial health and welfare of Australians.

Not all life insurance companies are the same. AIG Life's aim is to set industry standards in both products and service, through our experienced and approachable team and by providing comprehensive, flexible personal protection options.

AIG Life is an ultimate subsidiary of American International Group, Inc. (AIG). We combine our extensive international experience with local expertise to offer some of the country's most innovative life cover options.

### Life insurance specialists

AIG Life understands that the needs of every client are different, so AIG Life policies are designed to offer comprehensive life insurance allowing the creation of the most effective level of protection for our clients.

### Our business is about paying legitimate claims

We're here to help everyday Australians when they need us most. We understand that a serious injury, illness or the loss of a loved one can be an extremely traumatic time for you and your family. To help reduce the emotional burden during these difficult times, our team of experienced professionals will support you through the claims process.

Our claims team is committed to maintaining open communication with clients at all times. We make every effort to pay claims promptly and make sure that every claim that should be paid is paid.

### AIG – principal sponsor of Manchester United

There are three things that unite two of the world's most well-known brands – *People, Passion, and Performance*.

These are the values that drive AIG's commitment to setting new standards of excellence in the industry by delivering swift and energetic responses to change.

Together, AIG and Manchester United share a number of key qualities including teamwork, confidence and determination. AIG's support of the global game also reflects our worldwide strength and presence. And while our goals may be a little different, our commitment to performance is equally strong.

Please note that neither AIG nor Manchester United issue, guarantee or underwrite this product.



# Priority Protection Summary

## Life Cover Plan

Life Cover Benefit	Rider Benefits <sup>1</sup>									Term Cover Benefit	Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
	Crisis Recovery	Crisis Recovery Buy-back <sup>2</sup>	Crisis Reinstatement <sup>3</sup>	Female Crisis Assistance <sup>2</sup>	Child's Recovery <sup>2</sup>	Permanent Disablement	Permanent Disablement Buy-back <sup>4</sup>	Waiver of Premium	Forward Underwriting			

### Entry age next birthday (years) between

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	16 and 64	16 and 60	16 and 64	16 and 55	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 75
AAA, AA, A	11 and 75	16 and 64	16 and 60	16 and 60	16 and 60	16 and 60	16 and 64	16 and 60	16 and 64	16 and 55	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 75
B							16 and 64	16 and 60	16 and 64	16 and 55		16 and 64	
C							16 and 55	16 and 55	16 and 55	16 and 55		16 and 55	
D							16 and 55	16 and 55	16 and 55	16 and 55		16 and 55	
E							16 and 50	16 and 50	16 and 50	16 and 50		16 and 50	
Home Duties							16 and 55	16 and 55	16 and 55	16 and 55		16 and 55	

### Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	65	65	65	65	End of chosen benefit term (5 or 10 years)	65	100
AAA, AA, A	100	70	65	65	70	70 (life insured), if earlier	65	65	65	65	End of chosen benefit term (5 or 10 years)	65	100
B							65	65	65	65		65	
C							65	65	65	65		65	
D							65	65	65	65		65	
E							55	55	55	55		55	
Home Duties							65	65	65	65		65	

### Maximum Sum Insured

Occupation Category	AAA, AA, A	B	C	D	E	Home Duties	\$3,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$3,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000
AAA, AA, A	None <sup>5</sup>	None <sup>5</sup>	None <sup>5</sup>	None <sup>5</sup>	None <sup>5</sup>	None <sup>5</sup>	\$3,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$3,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000
B							\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000
C							\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000
D							\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$2,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$2,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000
E							\$1,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$1,000,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000 <sup>11</sup>	\$1,000,000
Home Duties							\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$750,000 <sup>6,11</sup>	\$500,000 <sup>6,11</sup>	\$500,000 <sup>11</sup>	\$500,000 <sup>11</sup>	\$500,000 <sup>11</sup>	\$500,000 <sup>11</sup>	\$500,000 <sup>11</sup>	\$500,000

- Life Cover benefit must be purchased.
- Crisis Recovery benefit must be purchased.
- Crisis Recovery Buy-back benefit must be purchased.
- Permanent Disablement benefit must be purchased.
- Subject to financial underwriting.
- Cannot exceed Life Cover Sum Insured.
- Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
- Applies to the total sums insured for Female Crisis Assistance and other similar benefits with us and other insurers.
- Applies to the total sums insured for Child's Recovery benefit under Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
- Cannot exceed Crisis Recovery Sum Insured.
- Applies to the total sums insured for Permanent Disablement and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.

# Priority Protection Summary (continued)

## Crisis Recovery Stand Alone Plan

## Business Expenses Plan

Crisis Recovery Stand Alone Benefit	Rider Benefits <sup>1</sup>				
	Permanent Disablement	Crisis Reinstatement	Female Crisis Assistance	Child's Recovery	Forward Underwriting

Business Expenses Benefit	Rider Benefit
	Day 1 Accident

### Entry age next birthday (years) between

Occupation Category	AAA, AA, A	16 and 64	16 and 64	16 and 60	16 and 60	16 and 60 (life insured) 2 and 15 (child)	16 and 55
	B		16 and 64				
	C		16 and 55				
	D		16 and 55				
	E		16 and 50				
	Home Duties		16 and 55				

16 and 60	16 and 60
16 and 60	16 and 60
16 and 55	16 and 55
16 and 55	16 and 55
Not available	Not available
Not available	Not available

### Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	70	65	65	70	21 (child) or 70 (life insured), if earlier	65
	B		65				
	C		65				
	D		65				
	E		55				
	Home Duties		65				

65	65
Not available	Not available
Not available	Not available

### Maximum Sum Insured

Occupation Category	AAA, AA, A	\$2,000,000 <sup>2</sup> (age 16–55 next birthday) \$1,500,000 <sup>2</sup> (age 56–64 next birthday)	\$2,000,000 <sup>5</sup> (age 16–55 next birthday); \$1,500,000 <sup>5</sup> (age 56–64 next birthday)	Crisis Recovery Stand Alone Sum Insured	\$25,000 <sup>3</sup> Minimum Sum Insured is \$10,000	\$200,000 <sup>4,5</sup>	\$10,000,000	
	B		\$2,000,000 <sup>2</sup> (age 16–55 next birthday) \$1,500,000 <sup>2</sup> (age 56–64 next birthday)					\$2,000,000 <sup>5</sup> (age 16–55 next birthday); \$1,500,000 <sup>5</sup> (age 56–64 next birthday)
	C							\$2,000,000 <sup>5</sup> (age 16–55 next birthday)
	D							\$2,000,000 <sup>5</sup> (age 16–55 next birthday)
	E							\$1,000,000 <sup>5</sup>
	Home Duties		\$1,500,000 <sup>2</sup> (age up to 40 next birthday) \$1,000,000 <sup>2</sup> (age 41–55 next birthday) \$750,000 <sup>2</sup> (age 56–75 next birthday)					\$750,000 <sup>5</sup> (age up to 40 next birthday) \$500,000 <sup>5</sup> (age 41–64 next birthday)

Refer to Maximum Insured Monthly Benefit table on page 35	Refer to Maximum Insured Monthly Benefit table on page 35
Not available	Not available
Not available	Not available

1. Crisis Recovery Stand Alone benefit must be purchased.
2. Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
3. Applies to the total sums insured for Female Crisis Assistance and other similar benefits with us and other insurers.
4. Applies to the total sums insured for Child's Recovery benefit under Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
5. Cannot exceed Crisis Recovery Stand Alone Sum Insured.

## Disability Income Plan

Disability <sup>1</sup> Income Benefit (Agreed Value or Indemnity)	Disability <sup>1</sup> Income Accident Only Benefit (Agreed Value or Indemnity)	Rider Benefits <sup>2</sup>				2 Year Benefit Period To Age 70 (Indemnity only)
		Claim Escalation	PLUS Optional <sup>3</sup>	Day 1 Accident	Business Expenses <sup>3</sup>	

### Entry age next birthday (years) between

Occupation Category	AAA, AA	16 and 60	16 and 60	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	Same as Disability Income benefit	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	16 and 60	61 and 65
	A	16 and 60	16 and 60				16 and 60	16 and 60
B	16 and 60	16 and 60	16 and 60	16 and 60	Not available			
C	16 and 55	16 and 55	16 and 55	16 and 55	Not available			
D	16 and 55 (Indemnity)	16 and 55 (Indemnity)	16 and 55 (Indemnity)	16 and 55	Not available			
E	16 and 50 (Indemnity)	16 and 50 (Indemnity)	16 and 50 (Indemnity)	Not available	Not available			

### Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA	65	65	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	Same as Disability Income benefit	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	65	70
	A	65	65				65	65
B	65	65	65	65	Not available			
C	65	65	65	65	Not available			
D	65	65	65	65	Not available			
E	55	55	55	Not available	Not available			

### Maximum Sum Insured

Refer to Maximum Insured Monthly Benefit table on page 26	Refer to Maximum Insured Monthly Benefit table on page 26	Disability Income benefit or Disability Income Accident Only benefit chosen	Disability Income benefit	Disability Income benefit or Disability Income Accident Only benefit	Refer to Maximum Insured Monthly Benefit table on page 35	\$10,000
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1. Either the Disability Income or Disability Income Accident Only benefit can be selected (not both).
2. Disability Income benefit or Disability Income Accident Only benefit must be purchased.
3. Disability Income benefit must be purchased.
4. The Insured Monthly Benefit of the Disability Income (Agreed Value or Indemnity) benefit must be \$8,000 or greater.



# Priority Protection Summary (continued)

## Superannuation Life Cover Plan

Life Cover Benefit	Rider Benefits <sup>1</sup>						Term Cover Benefit	Permanent Disablement Stand Alone Benefit	Accidental Death Benefit
	Crisis Recovery	Crisis Recovery Buy-back <sup>2</sup>	Crisis Reinstatement <sup>3</sup>	Permanent Disablement	Permanent Disablement Buy-back <sup>4</sup>	Waiver of Premium			

### Entry age next birthday (years) between

Occupation Category	AAA, AA, A	11 and 74	16 and 64	16 and 60	16 and 60	16 and 64	16 and 60	16 and 64	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64	16 and 74
	B					16 and 64	16 and 60	16 and 64		C	

### Expiry age – policy anniversary prior to age (years)

Occupation Category	AAA, AA, A	75	70	65	65	65	65	65	End of chosen benefit term (5 or 10 years)	65	75
	B					65	65	65		C	

### Maximum Sum Insured

Occupation Category	AAA, AA, A	\$2,000,000 <sup>6,7</sup> (age 16-55 next birthday)	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	\$3,000,000 <sup>6,8</sup>	Permanent Disablement Sum Insured	N/A	None <sup>5</sup>	\$3,000,000 <sup>8</sup>	\$1,000,000
	B,				\$2,000,000 <sup>6,8</sup>				\$2,000,000 <sup>8</sup>	
C	\$1,500,000 <sup>6,7</sup> (age 56-64 next birthday)				\$2,000,000 <sup>6,8</sup>				\$2,000,000 <sup>8</sup>	
D					\$2,000,000 <sup>6,8</sup>				\$2,000,000 <sup>8</sup>	
E					\$1,000,000 <sup>6,8</sup>				\$1,000,000 <sup>8</sup>	
Home Duties	\$1,500,000 (age up to 40 next birthday) \$1,000,000 (age 41-55 next birthday) \$750,000 (age 56-75 next birthday)	\$750,000 <sup>6,7</sup> (age up to 40 next birthday) \$500,000 <sup>6,7</sup> (age 41-64 next birthday)			\$750,000 <sup>6,8</sup> (age up to 40 next birthday) \$500,000 <sup>6,8</sup> (age 41-64 next birthday)				\$500,000 <sup>8</sup>	

- Life Cover benefit must be purchased.
- Crisis Recovery benefit must be purchased.
- Crisis Recovery Buy-back benefit must be purchased.
- Permanent Disablement benefit must be purchased.
- Subject to financial underwriting.
- Cannot exceed Life Cover Sum Insured.
- Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
- Applies to the total sums insured for Permanent Disablement and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.

# Overview and Categories of Risk

## Overview

The Priority Protection product provides you with a selection of plans to cater for your life insurance needs. There are four plans available under the policy:

- Life Cover Plan;
- Crisis Recovery Stand Alone Plan;
- Disability Income Plan (Agreed Value or Indemnity); and
- Business Expenses Plan.

In addition there is a **Superannuation Life Cover Plan**, which is a separate policy that can only be acquired as part of a superannuation arrangement. It can be issued to the trustee of your self-managed superannuation fund or by you becoming a member of the AIA Superannuation Fund.

Each of the Plans offer one or more stand-alone benefits, which can be selected individually or in combination. In addition, some of the stand-alone benefits allow you to select from a range of rider benefits. The tables on pages 3 to 6 summarise the stand-alone benefits and benefits available under each Plan. These are then described in more detail throughout this PDS.

**It is also important to read the Definitions to understand what is or is not covered and the Exclusions that may apply.**

## Categories of risk

Risk needs can be categorised into three broad areas:

- The need for life cover,
- The need to protect your ability to earn an income, and
- The need to make provision for lifestyle adjustments due to illness, injury or impairment.

### What are some of the uses for Life Cover

- It can be used to settle debt, outstanding loans, estate duty and other financial costs in the event of death.
- It can pay out a lump sum that can be used to provide financial security for loved ones when the Life Insured no longer can.
- It allows business partners to continue running the business without added capital strain.

**Preparing for the inevitable is preparing for life!**

### What are some of the uses for Crisis Recovery Cover

- Crisis Events such as heart attacks, strokes and cancer happen without discrimination.
- Physical impairments, such as the loss of use of arms, legs or eyes, could change your lifestyle completely.
- When an unpredictable event happens, there is an immediate need for financial help.

**Making sure that when lifestyle adjustments are made, there is cover.**

### What are some of the uses for Disability Income Cover

- To provide an income when you cannot earn one because you have become disabled or severely ill.
- To ensure that business continuity is catered for even when you, the owner, can no longer run the business.

**Get paid an income – even when you cannot earn one!**

# Life Cover Plan

## Overview

The Life Cover benefit and 5-year and 10-year Term Cover benefits pay a lump sum if you die before the benefit expires and your death is due to illness, injury or you are diagnosed with a terminal illness. The lump sum amount will be paid to the policy owner or your nominated beneficiary/ies.

The Accidental Death benefit will pay a lump sum if you die as a result of an accident only. This lump sum will only be paid if the definition of Accidental Death is met as defined on page 56 in the 'Definitions'. Death must occur within 6 months of the accident taking place.

## Benefit overview

Detail	Life Cover Benefit	5-year Term	10-year Term	Accidental Death
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓
Optimum Premiums	✓	–	–	✓
Available in Superannuation*	✓	✓	✓	✓
<b>Built-in benefits</b>				
Benefit Indexation	✓	✓	✓	✓
Premium Freeze	✓	–	–	✓
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓
Terminal Illness	✓	✓	✓	–
Final Expenses	✓	✓	✓	✓
Financial Planning Reimbursement	✓	✓	✓	✓
Guaranteed Future Insurability	✓	–	–	–
<b>Benefits at an additional cost (Rider Benefits)</b>				
Crisis Recovery	✓	–	–	–
Crisis Recovery Buy-back	✓	–	–	–
Crisis Reinstatement	✓	–	–	–
Female Crisis Assistance	✓	–	–	–
Child's Recovery	✓	–	–	–
Permanent Disablement	✓	–	–	–
Permanent Disablement Buy-back	✓	–	–	–
Waiver of Premium	✓	–	–	–
Forward Underwriting benefit	✓	–	–	–

\*Some of the built-in benefits and additional benefits do not apply to the Superannuation Life Cover Plan.

## Built-in benefits

The following benefits are built in to your Life Cover Plan.

### Premium Freeze

You can freeze your premiums if you are age 35 or older and you are paying your premiums on a stepped premium basis. This is not available on the 5-year and 10-year Term Cover Plans.

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Benefit Indexation

The Sum Insured on your benefit will automatically increase each year by the higher of the CPI increase or 5%. If you don't want your cover to increase, please indicate on the application form. You will need to contact us on the anniversary of your policy instructing us to cancel the increase.

See page 47 in 'Additional information' for a detailed description of this built-in benefit.

### Terminal Illness benefit

If you are diagnosed with a terminal illness before your policy expires, we will pay you 100% of your life cover.

This benefit is not available under the Accidental Death benefit.

For further information, please see page 69 in the 'Definitions'.

### Final Expenses benefit

If you die before your policy expires we will pay your nominated beneficiary or the policy owner 10% of the Sum Insured (up to a maximum of \$10,000) to assist them in dealing with immediate financial expenses. We will need to see a certified copy of the death certificate before we pay this benefit.

Any payments we make under this benefit will be deducted from the Life Cover benefit, 5-year or 10-year Term Cover benefits or Accidental Death benefit. The Final Expenses benefit is only payable in the event of Accidental Death under the Accidental Death benefit.

### Financial Planning Reimbursement benefit

If a claim is paid for death or terminal illness, we will reimburse your nominated beneficiary/ies or the policy owner the cost of obtaining advice from one or more financial planners. This advice must be in relation to how the claim proceeds should be managed or invested. The claim is subject to the following conditions:

- The benefit will be paid in addition to the claim amount;
- Each financial adviser providing and charging for financial planning advice must be a properly authorised representative;
- The financial planning costs must be incurred and paid within the first 6 months following the claim payment;
- The maximum total amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc.; and
- The benefit can be paid more than once (up to a maximum of \$3,000).

### Guaranteed Future Insurability benefit

If you experience a 'personal event' or a 'business event' before the age of 55 you are eligible for the Guaranteed Future Insurability benefit. This benefit allows you to apply for increases in your Life Cover Sum Insured and any Permanent Disablement Sum Insured without supplying further evidence of health or insurability.

A maximum number of increases apply. Please see the policy document for terms and conditions applicable to all such increases.

For 'Personal Events' and 'Business Events' definitions, see Guaranteed Future Insurability definitions on page 62 in the 'Definitions'.

### Complimentary Interim Accidental Death Cover

See page 75 for details.

## Can my Sum Insured be reduced?

Yes – we will reduce the Sum Insured under your Life Cover benefit by any amount we pay for terminal illness, Crisis Recovery benefit, Permanent Disablement benefit, Loss of Independence benefits or Final Expenses benefit.

Your 5-year and 10-year Term Cover sums insured will also be reduced by any amount paid for a Terminal illness or Final Expenses benefit.

Your Accidental Death benefit Sum Insured will be reduced by any amount paid for Final Expenses benefit

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Conditions applicable for Accidental Death

- This benefit is only available to lives insured who are Permanent Residents or Citizens of Australia.
- You must be residing and working permanently in Australia at the time of application.

## Benefits at an additional cost

The following benefits are available at an additional premium cost:

- Crisis Recovery (see page 16)
- Crisis Recovery Buy-back (see page 19)
- Crisis Reinstatement (see page 20)
- Female Crisis Assistance (see page 21)
- Child's Recovery (see page 22)
- Permanent Disablement (see page 10)
- Permanent Disablement Buy-back (see page 13)
- Waiver of Premium (see page 14)
- Forward Underwriting (see page 23)

# Permanent Disablement

## Overview

The Permanent Disablement benefit will pay a lump sum if you become totally and permanently disabled as defined on pages 69 to 71. This benefit will also pay a partial payment if you suffer total and permanent loss of use of one limb or sight in one eye. (This Partial and Permanent Disablement benefit is not available under the Superannuation Life Cover Plan.)

To be eligible for this benefit you must be in full-time employment. For this benefit we classify full-time as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).

## Benefit overview

Detail	Permanent Disablement
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Permanent Disablement Stand Alone	✓
Rider benefit (to Life Cover benefit and Crisis Recovery Stand Alone)	✓
Available in Superannuation*	✓
<b>Built-in benefits</b>	
Total and Permanent Disablement	✓
Partial and Permanent Disablement (not available under Superannuation)	✓
Premium Freeze	✓
Benefit Indexation	✓
Financial Planning Reimbursement	✓
Own Occupation definition	✓
Any Occupation definition	✓
All Duties Occupation definition	✓
Conversion to Loss of Independence at 65	✓
<b>Benefits at an additional cost (Rider Benefits)</b>	
Permanent Disablement Buy-back	✓
Forward Underwriting	✓

\*Some of the built-in benefits do not apply to the Superannuation Life Cover Plan.



## Built-in benefits

The following benefits are built into your Permanent Disablement benefit and Permanent Disablement Stand Alone benefit.

### Total and Permanent Disablement (TPD) – Standard Definition

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties (see page 55 for Occupation Categories).

Total and Permanent Disablement relates to you being 'unlikely to ever' return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Permanent Disablement benefit.

The following table outlines the definitions available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A and B
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see definitions section pages 69 to 71) and on your Occupation Category.

### Partial and Permanent Disablement benefit

We will pay you a partial benefit if you suffer the permanent loss of use of:

- one arm, or
- one leg, or
- the loss of sight in one eye

and you survive for a period of 14 days. This survival condition is only applicable if you select the Permanent Disablement Stand Alone benefit.

We will pay the lesser of:

- 25% of your Sum Insured, and
- \$250,000.

We will only pay this benefit once during the lifetime of your policy.

Your Permanent Disablement benefit Sum Insured will be reduced by any amount paid for a Partial and Permanent Disablement benefit.

### Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

### Financial Planning Reimbursement benefit

This benefit is available if you become totally and permanently disabled. For further information, please see page 9.

### Conversion to Loss of Independence at age 65

This benefit applies to:

- Permanent Disablement benefit under the Life Cover benefit, and
- Permanent Disablement Stand Alone benefit under the Life Cover Plan.

It does not apply to the Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit or if you have an Occupation Category E.

Your Permanent Disablement benefit will cease when you reach the age of 65. Instead of the benefit expiring, we will convert the benefit to a 'Loss of Independence' benefit. This will enable you to keep your benefit until you reach the age of 100.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Permanent Disablement benefit will be the lesser of:

- Permanent Disablement Sum Insured at the time the Permanent Disablement benefit ceases; and
- \$1,000,000.

For further details on Loss of Independence see page 64 in the 'Definitions'.

## Can my Sum Insured be reduced?

Yes, the Permanent Disablement Sum Insured will be reduced by any amount payable under the Life Cover benefit in respect of a terminal illness or payable under the Crisis Recovery benefit. The Permanent Disablement Sum Insured will be reduced by any amount payable under the Partial and Permanent Disablement benefit.

Yes, the Loss of Independence Sum Insured, issued on conversion from the Permanent Disablement benefit, will be reduced by any amount payable under the Life Cover benefit in respect of a terminal illness or payable under the Crisis Recovery benefit.

No, the Permanent Disablement Stand Alone Sum Insured will not be reduced by any amount payable under another benefit under this policy other than by any amount payable under the Partial and Permanent Disablement benefit. The benefit will cease on the death of the life insured.

Permanent Disablement benefit (under Crisis Recovery Stand Alone benefit)

- The Crisis Recovery Stand Alone benefit will be reduced by the amount paid under this benefit.

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Benefits at an additional cost

The following benefits are available at an additional premium cost:

- Permanent Disablement Buy-back (see page 13)
- Forward Underwriting (see page 23)

# Permanent Disablement Buy-back

## Overview

The Permanent Disablement Buy-back benefit is a rider benefit available under the Permanent Disablement benefit under the Life Cover benefit. It does not apply to the Permanent Disablement Stand Alone benefit or to the Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.

After a claim has been paid under your Permanent Disablement benefit, the Permanent Disablement Buy-back benefit enables you to repurchase the life cover that was reduced when the Permanent Disablement claim was paid. The buy-back option can only be exercised within 30 days from the first anniversary of the date of the claim payment.

## Benefit overview

Detail	Permanent Disablement
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
Rider benefit (to the Permanent Disablement benefit under the Life Cover benefit)	✓
Available in Superannuation	✓
<b>Built-in benefits</b>	
Benefit Indexation	✓
Premium Freeze	✓

### Built-in benefits

The following benefits are built into the Permanent Disablement Buy-back benefit.

#### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

#### Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Can my Sum Insured be reduced?

This is not applicable.

### When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

### Benefits at an additional cost

There are no additional benefits available under this benefit.

# Waiver of Premium

## Overview

The Waiver of Premium benefit will waive your premiums for specified benefits up to the age of 65 if you become totally and permanently disabled. To be eligible for this benefit you must be in paid full-time employment or on full-time 'home duties'.

For this benefit we classify full-time as working at least 20 hours per week, for 48 weeks per year (excluding public holidays).

## Benefit overview

Detail	Waiver of Premium
Level Premiums	✓
Stepped Premiums	✓
Rider benefit under the Life Cover benefit	✓
Available in Superannuation	✓
<b>Built-in benefits</b>	
Total and Permanent Disablement	✓
Any Occupation definition	✓
Own Occupation definition	✓
All Duties Occupation definition	✓

## Built-in benefits

The following benefits are built into the Waiver of Premium benefit.

### Total and Permanent Disablement (TPD) – Standard Definition

This definition applies to Occupation Categories AAA, AA, A, B, C, D and Home Duties.

Total and Permanent Disablement relates to you being 'unlikely ever to' return to work in your own occupation or any other occupation for which you are reasonably suited to by reason of education, training or experience.

If you are able to return to work and perform any other reasonable occupation but your earnings are less than 25% of your previous 12 months earnings, we will still pay your Waiver of Premium benefit.

The following table outlines the definition available to the various Occupation Categories:

Disablement Definition	Occupation Category
Own Occupation	AAA, AA, A and B
Any Occupation	AAA, AA, A, B, C, D and Home Duties
All Duties	E

Your premium amount is dependent on the Total and Permanent Disablement definition you select (see definitions section pages 69 to 71) and on your Occupation Category.

The definition of Total and Permanent Disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for any Permanent Disablement benefit.

## Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Benefits at an additional cost

There are no additional benefits available under this benefit.

### If you become totally and permanently disabled we will waive your premiums under the following:

- Life Cover benefit;
- Other rider benefits under the Life Cover benefit;
- Term Cover benefits;
- Crisis Recovery Stand Alone benefit;
- Rider benefits under the Crisis Recovery Stand Alone benefit.

The waiver also applies to any benefit indexation increases but not to certain voluntary increases. Please refer to the terms and conditions in the policy document for further information.

Each definition of Total and Permanent Disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months). During this qualifying period you must be absent from employment solely as a result of Injury or Sickness in order to be eligible to claim under the benefit.

The premiums due on the policy must still be paid by the policy owner/life insured during the qualifying period.

Upon acceptance of your Waiver of Premium claim, any premiums that you have paid will not be refunded.



# Crisis Recovery

## Overview

The Crisis Recovery benefit will pay a lump sum if you are diagnosed with one or more of the serious illnesses listed in the crisis groups of Cancer, Coronary and Other Serious Crisis Events.

The Crisis Recovery benefits are structured into four modules so that your individual needs can be easily catered for. The four modules are structured as follows:

### Comprehensive Crisis

Provides comprehensive cover for:

- Cancer events
- Coronary events
- Other Serious Crisis Events

### Cancer and Coronary

Provides cover for:

- Cancer events
- Coronary Events

### Cancer Plus

Provides cover for:

- Cancer events
- Other Serious Crisis Events

### Coronary Plus

Provides cover for:

- Coronary events
- Other Serious Crisis Events

## Benefit overview

Detail	Comprehensive Crisis	Cancer and Coronary	Cancer Plus	Coronary Plus
Crisis Recovery Stand Alone	✓	✓	✓	✓
Rider benefit (to Life Cover benefit)	✓	✓	✓	✓
Level Premiums	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓
Optimum Premiums	✓	✓	✓	✓
<b>Built-in benefits</b>				
Premium Freeze	✓	✓	✓	✓
Benefit Indexation	✓	✓	✓	✓
Financial Planning Reimbursement	✓	✓	✓	✓
Death Cover (Crisis Recovery Stand Alone only)	✓	✓	✓	✓
Cancer Events Cover	✓	✓	✓	–
Coronary Events Cover	✓	✓	–	✓
Other Serious Crisis Events Cover	✓	–	✓	✓
Conversion to Loss of Independence at age 70 (not available under stand alone version)	✓	✓	✓	✓
<b>Benefits at an additional cost (Rider Benefits)</b>				
Forward Underwriting (Crisis Recovery Stand Alone only)	✓	–	–	–
Crisis Recovery Buy-back (not available under Crisis Recovery Stand Alone)	✓	✓	✓	✓
Crisis Reinstatement	✓	✓	✓	✓
Female Crisis Assistance	✓	✓	✓	✓
Child's Recovery	✓	✓	✓	✓

You can purchase Crisis Recovery as a:

- stand alone benefit, or
- rider benefit under your Life Cover benefit.

If you choose the rider benefit, the Sum Insured must not be more than the Sum Insured of your Life Cover benefit. Additionally, any claim payment made under the Crisis Recovery rider benefit will reduce the Sum Insured under your Life Cover benefit.

*For example:*

*Joe purchases \$1,000,000 of Life Cover benefit and \$600,000 as a Crisis Recovery rider benefit. If Joe makes a claim under his Crisis Recovery benefit, after paying Joe his Crisis Recovery claim of \$600,000, his Life Cover Sum Insured will reduce by \$600,000 leaving him with \$400,000 of Life Cover.*

## Built-in benefits

The following benefits are built in to the Crisis Recovery and Crisis Recovery Stand Alone benefits.

### Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

### Death Cover

If you choose the Crisis Recovery Stand Alone benefit, we will pay your nominated beneficiary/ies or policy owner up to \$5,000 if you die.

### Chronic Diagnosis Advancement benefit

If we are able to confirm the diagnosis of certain Crisis Events (see below), we will pay an advance payment of your Crisis Recovery or Crisis Recovery Stand Alone benefit.

An appropriate specialist Medical Practitioner acceptable to us must confirm that you:

- have suffered or been medically diagnosed with one of the following Crisis Events:
  - Motor Neurone Disease;
  - Multiple Sclerosis;
  - Muscular Dystrophy; or
  - Parkinson's Disease,but have not yet met the definition of that Crisis Event (please refer to pages 65 to 66 for full definitions); or
- have been placed on a waiting list to receive a major organ transplant of the kind described for the Major Organ Transplant crisis event (please refer to page 65 for full definitions) and that the procedure is unrelated to any previous procedure or surgery undergone by the life insured.

The payment is 25% of the Crisis Recovery or Crisis Recovery Stand Alone Sum Insured (up to a maximum of \$25,000).

If we pay you the Chronic Diagnosis Advancement benefit, the Sum Insured under the Crisis Recovery, Life Cover and any Permanent Disablement benefit under the Life Cover benefit will be reduced by the amount paid.

If the Chronic Diagnosis Advancement benefit is paid under the Crisis Recovery Stand Alone benefit, the Sum Insured under the Crisis Recovery Stand Alone and any Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit will be reduced by the amount paid.

If you sustain another crisis event, we will pay the reduced Crisis Recovery benefit or Crisis Recovery Stand Alone benefit.

We can only pay one Chronic Diagnosis Advancement benefit payment.

### Conversion to Loss of Independence at age 70

Your Crisis Recovery benefit will cease when you reach the age of 70. Instead of the benefit expiring, we will convert the benefit to a 'Loss of Independence' benefit.

This will enable you to remain covered under the policy until you reach the age of 100.

This benefit applies to the Crisis Recovery benefit under the Life Cover benefit only. It does not apply to the Crisis Recovery Stand Alone benefit.

The Sum Insured for the Loss of Independence benefit issued on conversion from the Crisis Recovery benefit will be the lesser of:

- Crisis Recovery Sum Insured at age 70, and
- \$1,000,000.

For further details on Loss of Independence see page 64 in the 'Definitions'.

### Financial Planning Reimbursement benefit

Refer to description of benefit on page 9 under Life Cover Plan.

The following table lists the Crisis Events covered by the Crisis Recovery and Crisis Recovery Stand Alone benefit.

Cancer events	Other Serious Crisis Events
<ul style="list-style-type: none"> <li>• Carcinoma in Situ of the Breast*</li> <li>• Hodgkin's Disease*</li> <li>• Invasive Cancer*</li> <li>• Leukaemia*</li> <li>• Malignant Bone Marrow Disorder*</li> <li>• Skin Cancer*</li> </ul>	<ul style="list-style-type: none"> <li>• Accidental HIV Infection*</li> <li>• Alzheimer's Disease</li> <li>• Aplastic Anaemia</li> <li>• Bacterial Meningitis</li> <li>• Benign Brain Tumour*</li> <li>• Blindness</li> <li>• Chronic Liver Disease</li> <li>• Chronic Lung Disease</li> <li>• Coma</li> <li>• Dementia</li> <li>• Diplegia</li> <li>• Hemiplegia</li> <li>• Kidney Failure</li> <li>• Loss of Hearing</li> <li>• Loss of Independence</li> <li>• Loss of Limbs and Sight of One Eye</li> <li>• Loss of Speech</li> <li>• Major Burns</li> <li>• Major Head Trauma</li> <li>• Major Organ Transplant*</li> <li>• Motor Neurone Disease</li> <li>• Multiple Sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Paraplegia</li> <li>• Parkinson's Disease</li> <li>• Pneumonectomy</li> <li>• Quadriplegia</li> <li>• Rheumatoid Arthritis</li> <li>• Terminal Illness* (Stand Alone only)</li> <li>• Viral Encephalitis</li> </ul>
Coronary events	
<ul style="list-style-type: none"> <li>• Cardiomyopathy</li> <li>• Coronary Artery Angioplasty*</li> <li>• Coronary Artery By-pass Surgery*</li> <li>• Heart Attack*</li> <li>• Heart Valve Surgery*</li> <li>• Other Serious Coronary Artery Disease*</li> <li>• Pulmonary Artery Hypertension (Primary)*</li> <li>• Stroke*</li> <li>• Surgery to the Aorta*</li> </ul>	
<p><b>*Qualifying Period</b> The Crisis Recovery and Crisis Recovery Stand Alone benefits are not payable if you suffer a crisis event within three months of the benefit being activated. We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.</p> <p><b>Survival Period</b> If you select the Crisis Recovery Stand Alone benefit we will pay the benefit when you have survived for 14 days from diagnosis of the crisis event.</p>	

## Can my Sum Insured be reduced?

The Crisis Recovery Sum Insured will be reduced by any payments (partial or total) made for the following

- Cancer or Coronary Artery Angioplasty under this benefit;
- Chronic Diagnosis Advancement benefit under this benefit;
- Terminal illness under the Life Cover benefit; and
- Total and Permanent Disablement under the Permanent Disablement or Loss of Independence benefit under the Life Cover benefit.

Once total payments under the Crisis Recovery benefit reach the Crisis Recovery Sum Insured, the Crisis Recovery benefit will cease.

The Crisis Recovery Stand Alone Sum Insured will be reduced by any payments (partial or total) made for the following:

- Cancer or Coronary Artery Angioplasty under this benefit;
- Chronic Diagnosis Advancement benefit;
- Total and Permanent Disablement under the Permanent Disablement optional benefit under the Crisis Recovery Stand Alone benefit.

Once total payments under the Crisis Recovery Stand Alone benefit reach the Crisis Recovery Stand Alone Sum Insured, the Crisis Recovery Stand Alone benefit will cease.

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Pre-existing medical condition

If you have consulted a Medical Practitioner or undergone an investigation in relation to a Crisis Event (please refer to pages 56 to 73 for full definitions) before the benefit commencement date and have not disclosed full details to us, the Crisis Recovery and/or Crisis Recovery Stand Alone benefit will not be paid in respect of that Crisis Event or any associated Crisis Events.

Please also refer to 'Your duty of disclosure' on page 53.

## Benefits at an additional cost

The following benefits are available at an additional premium cost.

- Forward Underwriting (Crisis Recovery Stand Alone only – see page 23)
- Crisis Recovery Buy-back (not available under Crisis Recovery Stand Alone – see page 19)
- Crisis Reinstatement (see page 20)
- Female Crisis Assistance (see page 21)
- Child's Recovery (see page 22)

## Overview

The Crisis Recovery Buy-back benefit is only available if you select the Crisis Recovery benefit as a rider to your Life Cover benefit.

After a claim has been paid under your Crisis Recovery benefit, the Crisis Recovery Buy-back benefit enables you to repurchase the Sum Insured under the Life Cover benefit that was reduced when the Crisis Recovery claim was paid. The buy-back option can only be exercised within 30 days from the first anniversary of the date of the claim payment.

## Benefit overview

Detail	Crisis Recovery Buy-back
Stand Alone	—
Rider benefit (to Crisis Recovery benefit under the Life Cover benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
<b>Built-in benefits</b>	
Benefit Indexation	✓
Premium Freeze	✓

### Built-in benefits

The following benefits are built into your Crisis Recovery Buy-back benefit.

#### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

#### Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

### When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

### Benefits at an additional cost

There are no additional benefits available under this benefit.

# Crisis Recovery Reinstatement

## Overview

This benefit will allow you to repurchase your Crisis Recovery Sum Insured after you make a Crisis Recovery claim for the full Sum Insured.

### Built-in benefits

The following benefits are built into your Crisis Recovery Reinstatement benefit.

#### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

#### Premium Freeze

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

### When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

### Benefits at an additional cost

There are no additional benefits available under this benefit.

## Benefit overview

Detail	Crisis Recovery Reinstatement
Stand Alone	–
Rider benefit (to Crisis Recovery benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
<b>Built-in benefits</b>	
Benefit Indexation	✓
Premium Freeze	✓

### How the benefit works

You may only repurchase your Crisis Recovery Sum Insured if you notify us in writing within 30 days from the first anniversary of the date that your claim was paid.

If you have selected Crisis Recovery as a rider benefit under the Life Cover benefit, the Crisis Recovery Buy-back option will also have to be exercised at the same time as the Crisis Recovery Reinstatement option.

If you choose to reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit, you will be covered for the following Crisis Events:

Module chosen	Crisis Events group claimed from	Module or group reinstated
Comprehensive Crisis	Cancer	Coronary Plus Module*
Comprehensive Crisis	Coronary	Cancer Plus Module*
Comprehensive Crisis	Other Serious Crisis Events	Comprehensive Crisis Module#
Cancer and Coronary	Cancer	Coronary Group
Cancer and Coronary	Coronary	Cancer Group
Cancer Plus	Cancer	Other Serious Crisis Events Group*
Cancer Plus	Other Serious Crisis Events	Cancer Plus Module#
Coronary Plus	Coronary	Other Serious Crisis Events Group*
Coronary Plus	Other Serious Crisis Events	Coronary Plus Module#

\*If you make a claim under your Crisis Recovery or Crisis Recovery Stand Alone benefit we will reinstate your crisis cover excluding the group from which you made a claim. For example, if you have Comprehensive Crisis and make a claim under the 'Cancer' group, we will reinstate your crisis cover for the 'Coronary' and 'Other Serious Crisis Events'. So, you will be covered for all Crisis Events within the reinstated groups other than the Loss of Independence crisis event.

# Where a benefit has been paid for a crisis event in the Other Serious Crisis Events group and the crisis cover has been reinstated, going forward you will be covered for all Crisis Events within the Other Serious Crisis Events group excluding the crisis event for which we made a claim payment and the Loss of Independence crisis event.

If you choose to reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit, your premiums will be based on the Crisis Recovery module in force prior to the payment of your claim.

Please note that you can only reinstate your Crisis Recovery benefit or Crisis Recovery Stand Alone benefit once.



## Overview

The Female Crisis Assistance benefit will pay a lump sum of up to \$25,000 per crisis event as listed below.

## Benefit overview

Detail	Female Crisis Assistance
Rider benefit (to Crisis Recovery benefit or Life Cover benefit)	✓
Stepped Premiums	✓
<b>Built-in benefits</b>	
Benefit Indexation	✓
Female Cancers	✓
Complications of Pregnancy	✓
Congenital Abnormalities of Child	✓
Reconstructive Cosmetic Surgery	✓
Other Illnesses	✓

## Built-in benefits

The following benefits are built into the Female Crisis Assistance benefit.

Crisis Event	Medical conditions covered
Female Cancers	<ul style="list-style-type: none"> <li>• Carcinoma-in-Situ:                             <ul style="list-style-type: none"> <li>– Breast</li> <li>– Cervix</li> <li>– Uterus</li> <li>– Ovary</li> <li>– Vagina</li> <li>– Vulva</li> <li>– Fallopian Tube</li> </ul> </li> </ul>
Complications of Pregnancy	<ul style="list-style-type: none"> <li>• Pre-eclampsia of Pregnancy</li> <li>• Disseminated Intravascular Coagulation</li> <li>• Ectopic Pregnancy</li> <li>• Hydatidiform Mole</li> <li>• Still Birth</li> </ul>
Congenital Abnormalities of Child	<ul style="list-style-type: none"> <li>• Down's Syndrome</li> <li>• Spina Bifida Myelomeningocele</li> <li>• Tetralogy of Fallot</li> <li>• Transposition of Great Vessels</li> <li>• Congenital Blindness</li> <li>• Congenital Deafness</li> </ul>
Reconstructive Cosmetic Surgery	<ul style="list-style-type: none"> <li>• Reconstructive Cosmetic Surgery or Skin Grafting due to accident – (100% of Sum Insured under the Female Crisis Assistance benefit for medically necessary reconstructive cosmetic surgery or skin grafting due to an accident).</li> <li>• Reconstructive Cosmetic Surgery or Skin Grafting due to Crisis Event Covered – (50% of Sum Insured under the Female Crisis Assistance benefit for medically necessary reconstructive cosmetic surgery or skin grafting due to crisis event covered).</li> </ul>
Other Illnesses	<ul style="list-style-type: none"> <li>• Osteoporosis</li> <li>• Rheumatoid Arthritis</li> <li>• Systemic Lupus Erythematosus</li> </ul>

## Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Benefits at an additional cost

There are no additional benefits available under this benefit.

For further information, please see pages 58 to 69 in the 'Definitions'.

## Overview

The Child's Recovery benefit pays you, the parent, a lump sum if your child suffers one of the listed Crisis Events up to the full Child's Recovery Sum Insured.

You can insure a maximum of 10 children under the one benefit.

### Built-in benefits

The following table lists the Crisis Events included in the Child's Recovery benefit.

<ul style="list-style-type: none"> <li>• Death</li> </ul>
<ul style="list-style-type: none"> <li>• Terminal Illness</li> </ul>
<ul style="list-style-type: none"> <li>• Cancer cover (excluding Carcinoma in Situ of the Breast)                             <ul style="list-style-type: none"> <li>– Invasive Cancer*</li> <li>– Hodgkin's Disease*</li> <li>– Leukaemia*</li> <li>– Malignant Bone Marrow Disorder*</li> <li>– Skin Cancer*</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Coronary Cover                             <ul style="list-style-type: none"> <li>– Cardiomyopathy</li> <li>– Stroke*</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Other Illness Cover                             <ul style="list-style-type: none"> <li>– Accidental HIV infection*</li> <li>– Aplastic Anaemia</li> <li>– Bacterial Meningitis</li> <li>– Blindness</li> <li>– Coma</li> <li>– Kidney Failure</li> <li>– Loss of Hearing</li> <li>– Loss of Limbs or sight of one eye</li> <li>– Loss of Speech</li> <li>– Major Burns</li> <li>– Major Head Trauma</li> <li>– Major Organ Transplant*</li> <li>– Paralysis                                     <ul style="list-style-type: none"> <li>- Diplegia</li> <li>- Hemiplegia</li> <li>- Paraplegia</li> <li>- Quadriplegia</li> </ul> </li> <li>– Viral Encephalitis</li> </ul> </li> </ul>
<p><b>* Qualifying Period:</b></p> <p>The Child's Recovery benefit is not payable if your child suffers a crisis event within three months of the benefit being activated.</p> <p>We will waive this three-month qualifying period if your policy replaces another policy from a previous insurer for the same Sum Insured or lower where the full qualifying period was already served.</p>

For further details see pages 57 to 73 in the 'Definitions'.

## Benefit overview

Detail	Child's Recovery
Rider benefit (to Crisis Recovery)	✓
Level Premiums	✓
Stepped Premiums	✓
<b>Built-in benefits</b>	
Cancer Cover	✓
Coronary Cover	✓
Other Illness Cover	✓
Conversion Option	✓

### Conversion Option

We guarantee that your insured child/children will be able to purchase a Crisis Recovery benefit in their own name, with no additional medical underwriting, when they reach the age of 21 provided there has not been a claim on the Child's Recovery benefit prior to conversion.

The amount of cover that your child/children will be able to purchase may be equal to or less than the cover that was in place under the Child's Recovery benefit at the time of conversion.

### Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

### When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

### Pre-existing medical condition

If the child insured has consulted a Medical Practitioner or undergone an investigation in relation to an event(s) before the benefit commencement date and this has not been disclosed to us by the proposer, the Child's Recovery benefit will not be paid in respect of that event(s) and any associated event(s).

Please also refer to 'Your duty of disclosure' on page 53.

### Benefits at an additional cost

There are no additional benefits available under this benefit.

## Overview

The Forward Underwriting benefit allows you to use your current state of health to secure the option to buy cover in the future, with no medical underwriting, for the following benefits:

- Life Cover benefit;
- Permanent Disablement benefit; and
- Crisis Recovery benefits.

You can select any amount of Forward Underwriting Cover between \$100,000 and \$10 million (Permanent Disablement and Crisis Recovery are capped at \$3 million and \$2 million respectively). You are eligible to exercise the option to buy cover without further evidence of health when a 'business event', 'personal event' or 'other event' has occurred. The amount of Forward Underwriting Cover that you can exercise is dependent on the type of event that you have experienced.

## Benefit overview

Detail	Forward Underwriting
Level Premiums	✓
Stepped Premiums	✓
Optimum Premiums	✓
<b>Built-in benefits</b>	
Personal Event options	✓
Business Event options	✓
Other Event	✓
<b>Optional benefit available under:</b>	
Life Cover benefit	✓
Permanent Disablement Stand Alone benefit	✓
Crisis Recovery Stand Alone benefit	✓

## Built-in benefits

The following events are built into the Forward Underwriting benefit to provide the option to obtain new or additional cover.

Built-in Options	The percentage of forward underwriting cover that can be exercised
<b>Business Event options</b>	
Increase in personal liability	The lesser of 50% and the amount of increase in your monetary liabilities, shareholder value or value to business as a result of the business activity.
Increase in shareholder value	
Increase in your value to the business	
<b>Personal Event options</b>	
Marriage	Up to 25%
Permanent separation	Up to 25%
Mortgage	The lesser of 50% and the value of the mortgage.
New child dependant	Up to 25%
Child dependant's education cost	The lesser of 25% <b>and</b> the number of years of future attendance at an institution, multiplied by the first year's tuition fees, PLUS the number of years of future attendance at an institution, multiplied by the first year's fees for accommodation provided by the institution.
Child born with Spina Bifida	Up to 25%
Child born with Cerebral Palsy	Up to 25%
<b>Other Event option</b>	
Every 3rd benefit anniversary	Up to 25%

Please refer to the section on 'Forward Underwriting Benefit' in the 'Definitions' section on page 61 for further explanation of each of the Business and Personal Events.

## Forward Underwriting Cover Amount:

- The Forward Underwriting Cover Amount is the amount that can be used to apply for a new Life Cover benefit, Permanent Disablement benefit or Crisis Recovery benefit, subject to the maximum amounts as detailed above.
- The sum of all options exercised over the term of the policy may not exceed the Forward Underwriting Cover Amount.

## Option Percentage:

- The Option Percentage is the percentage of the Forward Underwriting Cover Amount that may be utilised to purchase cover when an option is available.
- The Option Percentage will differ, depending on the type of option.
- A combination of any lump sum benefits may be purchased when exercising an option, up to a maximum of the Option Percentage for that option.

## Conditions applicable to the Forward Underwriting benefit:

- You can select any amount of Forward Underwriting Cover between \$100,000 and \$10 million (Permanent Disablement and Crisis Recovery are capped at \$3 million and \$2 million respectively).
- If you exercise an option, the minimum level of cover that can be selected is \$10,000.
- If you exercise an option, all existing benefits with AIG Life will be taken into consideration.
- If you have purchased the maximum amount of Crisis Recovery and Permanent Disablement cover with AIG Life or any other insurer, you will not be able to exercise an option.
- If you suffer a Crisis Event and make a claim under the Crisis benefit that was purchased via a Forward Underwriting option, then you will not be able to purchase the Crisis benefit from which the benefit was paid.
- Payment for a crisis event will only be made if the diagnosis of that crisis event occurred after you exercised an option.
- Should you suffer a permanent disablement or are eligible to make a claim on any life insurance policy for permanent disablement, then when exercising an option, you will not be able to purchase the Permanent Disablement benefit.
- At the time when you exercise an option, the minimum contractual premium must be adhered to.
- When exercising an option and you are increasing or adding a new benefit to your existing policy, then the life insured and policy owner must be the same. When exercising an option and you are purchasing a new policy, then only the life insured needs to be the same.

- When an option event occurs, you have 60 days to apply for cover.
- The Forward Underwriting benefit is not available to you, if at the initial underwriting stage, you are subjected to:
  - any health loadings, exclusions, or
  - any occupation loadings, exclusions, or
  - any other loadings, exclusions or restrictions, whether temporary or permanent.
- Only one option may be exercised in each policy year.
- All events exercised under this option are subject to financial underwriting.

## Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

## When will my cover end?

See the ‘When will my cover end?’ table on page 50 for details.

## Benefits at an additional cost

There are no additional benefits available under this benefit.

## Overview

The Disability Income benefit (including the PLUS Optional benefit) will provide you with a monthly income if you become disabled due to Injury or Sickness. The Disability Income Accident Only benefit will provide you with a monthly income if you become disabled as a result of an Accidental Injury only.

## Benefit overview\*

Detail	Disability Income	PLUS Optional	Disability Income Accident Only
Level Premiums	✓	✓	✓
Stepped Premiums	✓	✓	✓
Optimum Premiums	✓	✓	✓
<b>Built-in benefits</b>			
Agreed Value	✓	✓	✓
Indemnity Value	✓	✓	✓
Benefit Indexation	✓	–	✓
AIDS Cover	✓	–	✓
Total Disablement (Duties Based Definition)	✓	–	✓
Partial Disablement (Duties Based Definition)	✓	–	✓
Waiver of Premium	✓	–	✓
Rehabilitation Expenses	✓	–	✓
Recurrent Disablement	✓	–	✓
Death benefit	✓	–	✓
Worldwide Protection	✓	–	✓
Complimentary Interim Accidental Death Cover	✓	–	✓
Complimentary Interim Accidental Disability Income Cover	✓	–	✓
Dual Definition for Total Disablement	–	✓	–
Dual Definition for Partial Disablement	–	✓	–
Specified Injury benefit	–	✓	–
Crisis Recovery benefit	–	✓	–
Bed Confinement benefit	–	✓	–
Cosmetic or Elective Surgery benefit	–	✓	–
Accommodation benefit	–	✓	–
Family Care benefit	–	✓	–
Home Care benefit	–	✓	–
No Claim Bonus	–	✓	–
Relocation Benefit	–	✓	–
Rehabilitation Incentive benefit	–	✓	–
Guaranteed Future Insurability benefit	–	✓	–
<b>Benefits at an additional cost (Optional Benefits)</b>			
Day 1 Accident benefit	✓	–	✓
Claim Escalation benefit	✓	–	✓
Business Expenses benefit	✓	–	–

\*Note: Special conditions apply to 2-year benefit period to age 70.

# Disability Income Plan (continued)

## When will a benefit be paid?

Benefits only commence to be paid from the expiry of a waiting period until the end of a benefit period.

The following tables show the waiting periods and benefit limits available under the disability income benefits:

### Waiting Periods

Occupation Categories	Disability Income with PLUS Optional	Disability Income	Disability Income Accident Only
<b>AAA, AA, A, B and C</b> (Agreed Value and Indemnity)	14, 30, 60, 90 days 1 and 2 years	14, 30, 60, 90 days 1 and 2 years	14, 30, 60, 90 days 1 and 2 years
<b>D and E</b> (Indemnity only)	30, 60, 90 days 1 and 2 years	30, 60, 90 days 1 and 2 years	30, 60, 90 days 1 and 2 years

### Benefit Periods

Occupation Categories	Disability Income with PLUS Optional	Disability Income	Disability Income Accident Only
<b>AAA, AA, A, B and C</b> (Agreed Value and Indemnity)	2 years 5 years To age 65	2 years 5 years To age 65	2 years 5 years To age 65
<b>AAA and AA</b> (Indemnity only)	Not Available	2 year Benefit Period to age 70	Not available
<b>D</b> (Indemnity only)	2 years 5 years	2 years 5 years	2 years 5 years
<b>E</b> (Indemnity only)	Not available	2 years	2 years

For Occupation Categories please see page 55.

## 2-year Benefit Period to age 70

The maximum Insured Monthly Benefit is \$10,000.

- If you are between 60 and 64 years of age, you are eligible for this benefit.
- Stepped premiums only – not available on level or optimum premium basis.
- If you are being paid a government age pension, this payment will not be offset against any claim payments made under this benefit.
- Benefit Indexation will apply.
- Premium Freeze will not apply.
- Expiry date is the latest policy anniversary prior to your 70th birthday. Any claim under this benefit, in course of payment at the benefit expiry date will cease at that date.

### Maximum Insured Monthly Benefit

Occupation Categories	Maximum Monthly Sum Insured
<b>AAA and AA</b>	\$30,000
<b>A, B and C</b>	\$22,500
<b>D</b>	\$15,000
<b>E</b>	\$10,000

## Built-in benefits

The following built-in benefits apply to the Disability Income benefits available.

### Agreed Value

Agreed Value means your monthly benefit is agreed with you at the time of application and is based on your income at that time.

Your monthly benefit is guaranteed subject to you providing us with satisfactory financial evidence in relation to your application.

If you do not provide financial evidence in relation to your application at the time of application, please note that if you make a claim, that evidence must be provided before we make any claim payments.

Claim offsets for other sources of income may apply.

See page 67 in the 'Definitions' for a definition of pre-disablement income (agreed value).

### Indemnity

If you become totally disabled, we will pay you a monthly benefit. The monthly benefit payment is the lesser of:

- your Insured Monthly Benefit under your income protection benefit; and
- your calculated monthly income as set out in the table below.

Percentage of income	Your monthly income prior to becoming totally disabled
75%	First \$26,667
Plus 50%	Next \$20,000

See page 67 in the 'Definitions' for a definition of pre-disablement income (indemnity).

### For example:

Joe earns \$380,000 per annum (monthly income = \$31,666).

The following table illustrates how to calculate his monthly benefit.

Percentage of income	Your monthly income prior to becoming totally disabled	Calculation
75%	First \$26,667	$\$26,667 \times 75\% = \$20,000$
Plus 50%	Next \$5,000	$\$5,000 \times 50\% = \$2,500$
		$\$20,000 + 2,500 = \$22,500$ per month

### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

## **AIDS Cover**

All Disability Income benefits cover you if you become disabled directly or indirectly due to the Human Immunodeficiency Virus (HIV) or the Acquired Immune Deficiency Syndrome (AIDS),

## **Total Disablement benefit**

This is applicable to all Occupation Categories.

If you are totally disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain totally disabled.

The claim payment will be calculated on a daily basis and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation.

Please refer to the section on 'Claim Offsets' on page 31 for further information.

## **Partial Disablement benefit**

This is applicable to Occupation Categories B, C, D and E.

To be eligible for this benefit, you must be totally disabled for at least 7 consecutive days from the start of your waiting period, then partially disabled throughout and beyond your waiting period. This benefit will not be payable during your waiting period. Claim offsets may apply (see page 31 for further information).

If you are partially disabled longer than your selected waiting period, we will pay you a monthly benefit from the end of the waiting period until the end of the benefit period as long as you remain partially disabled.

The claim payment will be calculated (as defined in the Partial Disablement – Disability Income Capability Clause definition on page 67) and we will pay this to you at the end of every month. If you have other sources of income, your claim payment may be reduced according to your occupation.

We will pay your total disablement benefit amount if you are earning less than 25% of your pre-disablement income during any of the first three months of your partial disablement (following the conclusion of your waiting period).

Claim Offsets may apply (see page 31 for further information).

## **Partial Disablement (Waiting Period requirements)**

Available to Occupation Categories AAA, AA and A only.

We will pay a claim payment if:

- you have been continuously disabled for the waiting period;
- you have been continuously disabled since the end of the waiting period; and
- you are partially disabled.

This benefit will be a proportion of your Insured Monthly Benefit. We will start paying your claim from the first day you are partially disabled following the end of your waiting period.

Claim Offsets may apply (see page 31 for further information).

## **Waiver of Premium**

If you become totally disabled for longer than the waiting period, we will waive your premiums from the end of the waiting period until the end of the benefit period, or until the date total disablement ceases, whichever occurs first.

## **Rehabilitation Expenses benefit**

We will pay the cost of a rehabilitation program, however, we will need to approve the program in advance. The rehabilitation program must be necessary as part of a structured return to work program.

This benefit does not cover additional expenses such as wheelchairs, artificial limbs, home and car modifications, travelling and education expenses. The maximum claim amount paid under this benefit is 12 times your Insured Monthly Benefit and is payable in addition to any other claim payments.

## **Recurrent Disablement**

If you have returned to work on a full-time basis following payment of a disablement benefit and the same or related disablement recurs within 12 months of returning to work, we will waive the waiting period.

We will treat the claim as a continuation of your most recent claim. We will continue to pay your claim up to the end of your benefit period.

## **Death Benefit**

If you die before the expiry date of your benefit, we will pay your nominated beneficiary or the policy owner six times your Insured Monthly Benefit up to a maximum of \$60,000 independent of whether you have made a claim.

## **Worldwide Protection**

If you travel overseas, full cover is provided 24 hours a day, 7 days a week, anywhere in the world.

## **Complimentary Interim Accidental Death and Disability Income Cover**

Each Disability Income benefit will provide Complimentary Interim Accidental Death and Disability Income Cover (see page 75).



## PLUS Optional built-in benefits

### Total Disablement – Dual Definition

This benefit is available to Occupation Categories AAA, AA and A only. If you become totally disabled you will be assessed under the following definitions for total disablement.

- a) If you have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be totally disabled if, solely due to Injury or Sickness you are:
- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
  - not working more than 10 hours per week in your usual occupation or any gainful occupation; and
  - under the regular care of, and following the advice of a Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, we will consider you to be totally disabled if, solely due to Injury or Sickness you are:

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working for more than 10 hours per week in any gainful occupation; and
- under the regular care of, and following the advice of a Medical Practitioner.

Or,

- b) We will consider you to be totally disabled if solely due to Injury or Sickness, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
  - under the regular care of, and following the advice of a Medical Practitioner; and
  - not working (whether paid or unpaid).

However, if you have been unemployed or on maternity or paternity leave for more than 12 months immediately before your disablement started, then Total Disablement will mean that due to Injury or Sickness, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of, and following the advice of a Medical Practitioner; and
- not working (whether paid or unpaid).

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

This dual definition will be applicable to the Business Expenses benefit when taken together with the PLUS Optional benefit under the Disability Income benefit.

### Partial Disablement – Dual Definition

This benefit is available to Occupation Categories AAA, AA and A only, if you become partially disabled you will be assessed under the following definitions for partial disablement.

If you have been unemployed or on maternity or paternity leave for 12 months or less immediately before your disablement started, we will consider you to be partially disabled if, solely due to Injury or Sickness:

- you are working for more than 10 hours per week in your usual occupation; and
- your monthly income is less than your pre-disablement income; and
- you are not totally disabled; and
- you are under the regular care of, and following the advice of a Medical Practitioner.

If you have been unemployed for more than 12 consecutive months immediately before your disablement started, we will treat your usual occupation as being '*any occupation for which you are reasonably suited by education, training or experience*'.

This dual definition will be applicable to the Business Expenses benefit when taken together with the PLUS Optional benefit under the Disability Income benefit.

### Specified Injury benefit

This is available to Occupation Categories AAA, AA and A under the PLUS Optional benefit.

If you suffer a listed event (see page 29) as a result of an Injury, we will pay you a monthly benefit for the payment period shown even if you are working.

Payments will begin from the date of the Injury, regardless of the waiting period. This benefit will be paid instead of any of the following benefits:

- Total or Partial Disablement benefit;
- Bed Confinement benefit; or
- Day 1 Accident benefit.

If you are still disabled at the end of the payment period, any other disablement payments will be determined in accordance with the terms of the Plan.

If you suffer another listed event during the payment period, we will:

- continue to pay the balance of the original payment period; or
- commence paying your benefit according to the new payment period; whichever is the longer period.

If you are eligible to claim a Crisis Recovery benefit (see page 29) at the same time as a Specified Injury benefit, we will pay the benefit with the longest payment period.

Listed Event	Payment Period (in months)
Paralysis	60*
Loss of:	
• both feet or both hands or sight in both eyes	24*
• any two of a foot, a hand and sight in one eye	24*
• one leg or one arm	18
• one foot or one hand	12
• sight in one eye	12
• the thumb and index finger of one hand	6
Fracture of the:	
• thigh (femur)	3
• pelvis	3
• leg (below the knee and above the ankle – tibia and fibula)	2
• knee cap (patella)	2
• upper arm (humerus)	2
• shoulder bone (scapula)	2
• jaw (maxilla and mandible)	2
• forearm (above the wrist – radius and ulna)	1.5
• collarbone (clavicle)	1.5
• heel (calcaneous)	1
or the balance of the benefit period if less	

\*If you have selected a 2 year benefit period, claim payments will cease at the end of the benefit period.

'Loss' means the total and permanent loss of:

- the use of the hand from the wrist or the foot from the ankle joint; or
- the use of the arm from the elbow or the leg from the knee joint; or
- the use of the thumb and index finger from the first phalange joint; or
- the sight (to the extent of 6/60 or less) in the eye.

'Fracture' means any bone fracture requiring the application of a plaster cast or an immobilising device.

The Specified Injury benefit starts from the date you suffer the event as a result of an Injury and will be paid monthly in advance. We will stop paying your benefit at the earliest of the following to occur:

- the payment period ends, or
- the benefit period expires, or
- the Plan expires, or
- you die.

## Crisis Recovery benefit

If a Medical Practitioner diagnoses you with one of 39 Crisis Events, we will pay a lump sum benefit, equal to six times your Insured Monthly Benefit. You can also choose to receive the payment in monthly instalments.

The lump sum payment is in effect the payment of the first six monthly benefit payments under the Disability Income benefit which otherwise may have become payable as a result of the life insured's disablement.

In addition to the Crisis Events covered under the Crisis Recovery Plan (see page 18), the PLUS Optional benefit also includes crisis cover for Occupationally Acquired Hepatitis B or Hepatitis C Infection. Refer to the definitions section on pages 56 to 73 for detailed description of these Crisis Events.

Please note that the following partial payments will not be made under the Crisis Recovery benefit under the Disability Income benefit:

- Carcinoma in situ of the breast
- Total and permanent loss of use of:
  - one foot,
  - one hand, or
  - sight in one eye.
- Any partial payments under the provision of 'Angioplasty'.

If you are eligible to claim a Specified Injury benefit at the same time as a Crisis Recovery benefit, we will pay the benefit with the longest payment period.

The Crisis Recovery benefit will be paid instead of the Total or Partial Disablement benefit or the Bed Confinement benefit under the Plan.

The Crisis Recovery benefit is payable once only during the term of the Disability Income PLUS Optional benefit.

Payment of the remainder of the total or partial disablement benefit will commence six months after the end of the Waiting Period under the policy provided you are then totally or partially disabled.

We must receive written confirmation from a Medical Practitioner and/or a legally qualified pathologist to enable us to pay your claim under the crisis event.

Your Medical Practitioner and/or pathologist will need to base their diagnosis on the definition of the particular crisis event. Any such diagnosis must be accepted by us.

## Survival period

Any benefit payable under the Crisis Recovery benefit will only be paid when you have survived fourteen days from the date of diagnosis.

## Qualifying Period

The Crisis Recovery benefit is not payable if you suffer one of the following Crisis Events within three months of the benefit being activated, or after any increases or reinstatement.

- Accidental HIV Infection
- Benign Brain Tumour
- Cancer
- Coronary Artery By-pass Surgery
- Heart Attack
- Heart Valve Surgery
- Major Organ Transplant
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Other Serious Coronary Artery Disease
- Pulmonary Arterial Hypertension (primary)
- Stroke
- Surgery to the Aorta

We will waive this three-month qualifying period if your policy is a replacement policy from a previous insurer for the same Sum Insured or lower and the full qualifying period under that policy has been served.

## Bed Confinement benefit

We will pay this benefit if you become totally disabled and are confined to bed for more than three days during your selected waiting period. We will need written confirmation from your Medical Practitioner stating that you require full-time care of a registered nurse.

We will pay 1/30 of your Insured Monthly Benefit for each complete day you are confined to bed. Claim payments will be made up to a maximum of 90 days or until the end of the waiting period, whichever occurs first.

For terms and conditions, please refer to the Policy Document.

## Cosmetic or Elective Surgery benefit

We will pay your Total Disablement benefit if you become totally disabled as a result of:

- cosmetic surgery, or
- other elective surgery, or
- as a result of surgery to transplant an organ from you into the body of another person.

The benefit will be payable subject to your surgery taking place more than 6 months after the commencement date of your benefit or date of any increase or reinstatement.

## Accommodation benefit

We will pay this benefit if you become totally disabled and are more than 100 kilometres from your home or, on the advice of your practitioner, you need to travel to a place more than 100 kilometres from your home.

The Accommodation benefit will assist an immediate family member to pay for accommodation to be nearer to you, provided you are confined to bed. We will pay \$250 a day, up to 30 days in any 12 month period, for each day your immediate family member has to stay away from home.

## Family Care benefit

We will pay this benefit if, as a result of you becoming totally disabled you are totally dependent on an immediate family member for your essential everyday needs.

We will pay the lesser of:

- the amount by which your immediate family member's pre-tax monthly income is reduced as a result of looking after you; and
  - 50% of your Insured Monthly Benefit;
- for a maximum of 3 months, starting from the end of your selected waiting period.

## Home Care benefit

We will pay this benefit if, after your waiting period, you are:

- totally disabled,
- confined to or in the near vicinity of a bed, other than in a hospital or a similar institution that provides nursing care, and
- totally dependent upon a paid professional home carer.

We will reimburse the lesser of \$150 a day or 100% of your Insured Monthly Benefit for up to six months to help cover the cost. This payment is subject to you remaining totally dependent upon the professional home carer. You are not eligible for this benefit if you are already receiving the Family Care benefit or Accommodation benefit.

## No-Claim Bonus

If you don't make a claim for at least 3 years after purchasing your PLUS Optional benefit, you will be rewarded in the form of an increased monthly insured benefit, at no additional cost to you.

The following table outlines the increase to your Insured Monthly Benefit according to the number of claim-free years.

Claim-free years	Bonus
3	5%
4	10%
5	15%

The increased benefit will be paid for up to 12 months while claim payments are being made. We will only pay this benefit once during the life of your policy.

## Relocation benefit

If, while you are travelling or residing outside of Australia, you become totally disabled for over 3 months, we will reimburse you the lesser of:

- the cost of a single standard economy airfare to Australia (you will need to select the most direct route available); or
- three times your Insured Monthly Benefit.

The amount of this benefit will be reduced by any other reimbursements which you are entitled to in relation to transportation (such as benefits provided by private medical and health insurance and travel insurance).

### Rehabilitation Incentive benefit

We will pay this once-off benefit if you return to full-time paid employment for 6 consecutive months after attending a rehabilitation program. The program will need to be approved by us. The benefit is equal to 3 times your Insured Monthly Benefit.

### Guaranteed Future Insurability benefit

This benefit enables you to increase your Insured Monthly Benefit under the Disability Income benefit, without medical underwriting, whenever your salary package increases. The maximum amount that you can increase your Insured Monthly Benefit is the lesser of:

- 10% of your Insured Monthly Benefit, including benefit indexation increases since the commencement of your Disability Income benefit; and
- \$1,500.

For terms and conditions, please refer to the Policy Document.

## Claim Offsets (applicable to all Disability Income benefits)

### Occupation Categories AAA and AA (see page 55)

In the event of a claim for a Total Disablement or Partial Disablement benefit we may reduce your benefit amount by amounts received from other sources or amounts that you are entitled to receive.

Amounts that can be offset include regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover.

If the above payments are in the form of a lump sum, we will convert them to a monthly payment, equivalent to 1/60 of the lump sum. Total and Permanent Disablement benefit payments will not be offset against any Disability Income benefit payments.

### Occupation Categories A, B, C, D and E (see page 55)

If you make a claim under your Total Disablement or Partial Disablement benefit we will reduce the amount of your benefit by amounts received from other sources for loss of income in respect of the life insured's Injury or Sickness.

Amounts that can be offset include:

- (i) regular payments made under:
  - a workers' compensation; or
  - motor accident claim; or
  - a claim made under any similar state or federal legislation; and
- (ii) regular payments made from another insurance policy or from a superannuation/pension plan that you didn't disclose when you applied for your policy, or when you applied for an increase in cover.

If the above payments are in the form of a lump sum, we will convert them to a monthly payment, equivalent to 1/60 of the lump sum. Total and Permanent Disablement benefit payments will not be offset against any Disability Income benefit payments.

### All Occupation Categories

If you make a claim under your Total Disablement benefit or Partial Disablement benefit the amount payable will be reduced such that:

- your Total Disablement benefit and any other payments made (as previously detailed according to your Occupation Category) do not exceed your monthly pre-disablement income (this can be calculated using the table below):

Percentage of income	Your monthly income prior to becoming totally disabled
75%	First \$26,667
Plus 50%	Next \$20,000

- the Partial Disablement benefit, the balance of your usual monthly income and any other payments made (as previously detailed according to your Occupation Category) do not exceed 100% of your monthly pre-disablement income (which can be calculated using the table above).

## Termination of benefits

### Disability Income (Agreed Value or Indemnity), Disability Income Accident Only (Agreed Value or Indemnity), Claim Escalation, PLUS Optional and Day 1 Accident

Benefits in the course of payment will stop on the earliest to occur of the:

- death of the life insured;
- life insured's ceasing to be disabled;
- end of the benefit period; and
- expiry date of the benefit.

## Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Pre-existing medical condition

If the life insured has consulted a Medical Practitioner or undergone an investigation in relation to a Crisis Event before the commencement date of the benefit and has not disclosed full details to us, the Crisis Recovery benefit under this plan will not be paid in respect of that Crisis Event and any associated Crisis Events.

Please also refer to 'Your duty of disclosure' on page 53.

## Benefits at an additional cost

### **Claim Escalation benefit**

If we pay your claim payments for more than 12 consecutive months, your claim amount will automatically increase each year by the greater of 5% or the Consumer Price Index (CPI) increase. This will continue to increase until the earlier to occur of:

- the end of your benefit period; or
- when your disablement ends.

### **Day 1 Accident benefit**

If you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay one lump sum per claim. Your claim payment will be equal to your Insured Monthly Benefit less any payments made under the Bed Confinement benefit, Specified Injury benefit or Crisis Recovery benefit.

This benefit is not available where the Disability Income benefit or Disability Income Accident Only benefit has a waiting period of 14 days.

### **Business Expenses benefit**

The Business Expenses benefit is specifically designed for self-employed individuals who need to ensure that the fixed expenses of their business or practice will still be paid even if they cannot work due to injury or sickness. The benefit covers business expenses less any amounts reimbursed from elsewhere.

To be eligible for this benefit, your occupation must be acceptable to us as a self-employed practitioner; whether alone, in partnership with others, or a working director.

You can purchase this benefit on its own as the Business Expenses Plan, or together with the Disability Income benefit. You are not able to purchase this benefit in combination with the Disability Income Accident Only benefit.

For an explanation of the Business Expenses benefit see page 33.

## Overview

The Business Expenses benefit is specifically designed for self-employed individuals (employed full-time) who need to ensure that the fixed expenses of their business or practice will still be paid even if they cannot work due to Injury or Sickness. The benefit covers business expenses less any amounts reimbursed from elsewhere.

To be eligible for this benefit, your occupation must be acceptable to us as a self-employed practitioner; whether alone, in partnership with others, or a working director.

You can purchase this benefit on its own as the Business Expenses Plan, or together with the Disability Income benefit. You are not able to purchase this benefit in combination with the Disability Income Accident Only benefit.

## Benefit overview

Detail	Business Expenses
Business Expenses Stand Alone	✓
Rider benefit (to Disability Income benefit)	✓
Stepped Premiums	✓
Level Premiums	✓
Optimum Premiums	✓
Benefit Period of 12 months	✓
Indemnity	✓
<b>Built-in benefits</b>	
Total Disablement	✓
Partial Disablement	✓
Waiver of Premium	✓
Benefit Indexation	✓
<b>Benefit at an additional cost</b>	
Day 1 Accident benefit	✓

## Waiting Periods

Occupation Categories	Waiting Periods
AAA, AA, A, B and C	14 and 30 days
D	30 days
E	Not available



# Business Expenses (continued)

## Built-in benefits

The following benefits are included in the Business Expenses benefit.

### Total Disablement benefit

We will pay a monthly benefit if you become Totally Disabled (Business Expenses) for longer than the waiting period you select. Claim offsets may apply (see page 35).

The dual definition for Total Disablement is applicable to the Business Expenses benefit when it is selected together with the PLUS Optional benefit under the Disability Income benefit. This dual definition is available to Occupation Categories AAA, AA and A only. For further details, see page 73 in the 'Definitions'.

### Extension of Benefit Period

If you remain totally disabled (Business Expenses) at the end of your benefit period, and the total benefit paid is less than 12 times the Insured Monthly Benefit, we will continue to pay your benefit until the earliest to occur of the following:

- payment of 12 times the Insured Monthly Benefit;
- expiry of a further 12 months;
- end of the Total Disablement (Business Expenses); or
- expiry date of the benefit.

### Partial Disablement benefit

To be eligible for this benefit, you must be totally disabled (Business Expenses) for at least 7 consecutive days from the start of your waiting period, then disabled throughout and beyond your waiting period. This benefit will not be payable during your waiting period. Claim offsets may apply (see page 35).

The dual definition for Partial Disablement is applicable to the Business Expenses benefit when it is selected together with the PLUS Optional benefit under the Disability Income benefit. This dual definition is available to Occupation Categories AAA, AA and A only. For further details, see page 67 in the 'Definitions'.

### Partial Disablement (Waiting Period requirements)

Available to Occupation Categories AAA, AA and A only.

We will pay a benefit if, while covered under this policy:

- you have been continuously disabled for the waiting period;
- you have been continuously disabled since the end of the waiting period; and
- you are partially disabled.

This benefit will be a proportion of your Insured Monthly Benefit and will be payable from the first day you are partially disabled beyond the waiting period.

### Waiver of Premium

If you become totally disabled for longer than the waiting period, we will waive your premiums from the end of the waiting period until the end of the benefit period, or until the date total disablement ceases, whichever occurs first.

### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

Business Expenses covered	Business Expenses not covered:
<p>These are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Accounting and audit fees.</li> <li>• Regular advertising costs, postage, printing and stationery.</li> <li>• Electricity, gas, heating, water, telephone and cleaning costs.</li> <li>• Security costs.</li> <li>• Rent, property rates and taxes.</li> <li>• Membership fees, publications and subscriptions to professional bodies.</li> <li>• Leasing costs of plant and equipment.</li> <li>• Bank charges, interest on business loans.</li> <li>• Business related insurance premiums but not including premiums for this policy.</li> <li>• Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business.</li> <li>• Net costs associated with employing a locum.</li> </ul> <p>Please see policy terms and conditions for further details as contained in the policy document.</p>	<p>Business Expenses not covered under this benefit include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for yourself and income generating employees of the business other than a locum.</li> <li>• Salaries and other related costs for any of your relatives or the policy owner unless that person was employed for at least 60 consecutive days prior to your disablement.</li> <li>• Commissions or bonuses payable to yourself.</li> <li>• Repayments of principal of any loan or other finance agreement.</li> <li>• Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock.</li> <li>• Depreciation on real estate.</li> <li>• Losses on investments.</li> <li>• Taxes, other than in respect of related costs for non income generating employees as above.</li> <li>• Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.</li> </ul>



## Claim Offsets:

When you make a claim under your Business Expenses benefit, the amount payable will be reduced by the sum of:

- your portion of the net income of the business derived from trading during that period; and
- any amount received from any other insurance policy for reimbursement of business expenses that was not disclosed to us when the level of cover was applied for. The amount will only be reduced to the extent the combined payments do not exceed 100% of the Business Expenses Insured Monthly Benefit.

## Maximum Insured Monthly Benefit

Occupation Categories	Maximum amounts insured per month
AAA, AA, A and B	\$25,000
C and D	\$15,000

The maximum combined Insured Monthly Benefit for Disability Income and Business Expenses for each Occupation Category is listed as follows:

Occupation Categories	Maximum amounts insured per month
AAA and AA	\$50,000
A and B	\$40,000
C and D	\$25,000

## Can my Sum Insured be reduced?

No – your Sum Insured will not be reduced by any payable benefit.

## When will my cover end?

See the 'When will my cover end?' table on page 50 for details.

## Benefit at an additional cost

### Day 1 Accident benefit

If you are totally disabled for at least 30 consecutive days from the date the Accidental Injury occurred, we will pay one lump sum per claim. Your claim payment will be equal to your Insured Monthly Benefit less any payments made under the Bed Confinement benefit, Specified Injury benefit or Crisis Recovery benefit under this Plan.

This benefit is only available with a waiting period of 30 days.

# Superannuation Life Cover Plan

## Overview

The Superannuation Life Cover benefit, 5-year and 10-year Term Cover benefits pay a lump sum if you die or are diagnosed with a terminal illness before the policy expires. The lump sum amount will be paid to the trustee of your superannuation arrangement. If you have included the Permanent Disablement benefit we will pay a lump sum payment to the trustee should you become totally and permanently disabled. The Permanent Disablement Buy-back benefit can also be added as a rider to the Permanent Disablement benefit, where the Permanent Disablement benefit is added as a rider benefit to the Life Cover benefit.

The Superannuation Accidental Death benefit will pay a lump sum benefit if you die as a result of an accident only, to the trustee of your superannuation arrangement.

The Superannuation PLUS benefit will provide you with a Superannuation Life Cover benefit within your superannuation arrangement, which will pay a lump sum if you die or are diagnosed with a terminal illness, to the trustee, linked with a Permanent Disablement benefit and Crisis Recovery benefit, both of which will be issued in your name and which are structured outside of the superannuation environment. This means that if you become permanently disabled or suffer a listed crisis event, we will pay the lump sum claim amount to you directly, and subsequently reduce the Life Cover benefit Sum Insured by the same claim amount. This facility allows you to retain the flexibility of retaining ownership of the Permanent Disablement benefit and the Crisis Recovery benefit whilst paying a reduced premium for these two rider benefits.

## Benefit overview

Detail	Superannuation PLUS	Superannuation Life Cover	Superannuation 5-year Term Cover	Superannuation 10-year Term Cover	Superannuation Accidental Death
Level Premiums	✓	✓	✓	✓	✓
Stepped Premiums	✓	✓	✓	✓	✓
Optimum Premiums	✓	✓	–	–	✓
<b>Built-in benefits</b>					
Benefit Indexation	✓	✓	✓	✓	✓
Premium Freeze	✓	✓	–	–	✓
Complimentary Interim Accidental Death Cover	✓	✓	✓	✓	✓
Terminal Illness	✓	✓	✓	✓	–
Guaranteed Future Insurability	✓	✓	–	–	–
<b>Benefits at an additional cost (Rider Benefits)</b>					
Crisis Recovery (outside of super)	✓	–	–	–	–
Crisis Recovery Buy-back (outside of super)	✓	–	–	–	–
Crisis Reinstatement (outside of super)	✓	–	–	–	–
Permanent Disablement	✓	✓	–	–	–
Permanent Disablement Buy-back	✓	✓	–	–	–
Waiver of Premium	✓	✓	–	–	–

# Insurance benefits under the Superannuation Life Cover Plan

**Important:** the insurance benefits described in this section are specific to the Superannuation Life Cover Plan and have different terms and conditions from those benefits available under the non-superannuation plans. A number of the optional benefits available under the non-superannuation plans are not available under the Superannuation Life Cover Plan.

For more information about benefits under the Superannuation Life Cover Plan see page 42.

## Who can apply?

The Superannuation Life Cover Plan can only be purchased as part of a superannuation arrangement:

1. The trustee of your private/self-managed superannuation fund (**SMSF**) can purchase the Plan; or
2. If you do not have a SMSF, you can obtain the benefits by becoming a member of the AIA Superannuation Fund ABN 78 757 377 348 (**the Fund**).

**Important:** The owner of the policy will be either the trustee of your SMSF or the Trustee of the Fund. You (the life insured) will have no direct relationship with AIG Life except under Superannuation PLUS where you will own the Permanent Disablement and Crisis Recovery benefits.

## How do the superannuation arrangements work?

### Purchase by your Self-Managed Superannuation Fund

If you want to purchase a policy under Superannuation Life Cover Plan and you are a member of a SMSF, the trustee of your SMSF can purchase the policy from us on your behalf. The trustee of your SMSF will be the policy owner. Any insurance benefit due under the policy will therefore be paid to the trustee of your SMSF. The trustee of your SMSF can only pay the benefit from the SMSF to you (or your beneficiaries) if it is permitted to do so under the SMSF trust deed and the superannuation law.

**Important:** The owner of the policy will be either the trustee of your SMSF or the Trustee of the Fund. You (the life insured) will have no direct relationship with AIG Life except under Superannuation PLUS where you will own the Permanent Disablement and Crisis Recovery benefits whereby the benefit will be paid to the policy owner.

### Who issues the Plan?

AIG Life is the issuer of the Superannuation Life Cover Plan when it is acquired by the trustee of your SMSF after we accept an application from the trustee of your SMSF. Insurance cover will not commence until AIG Life accepts the risk and issues the policy.

This PDS does not cover your SMSF so you need to refer all of your queries about the trust deed and other rules governing your SMSF to the trustee of your SMSF.

### Membership of AIA Superannuation Fund

If you do not have a SMSF and want to obtain insurance benefits under the Superannuation Life Cover Plan, you can become a risk-only member of the Fund. The Trustee of the Fund will be the policy owner of the Plan for the purposes of providing access to the Plan's insurance benefits. Any insurance benefit due under the Plan must be paid to the Trustee of the Fund. The Trustee can only pay the benefit from the Fund to you (or your beneficiaries) if it is permitted to do so under the Fund Trust Deed and the superannuation law.

### Important:

As a risk-only member of the Fund, your only benefit in the Fund will be any insurance benefits payable under the Superannuation Life Cover Plan. The contributions paid by you or on your behalf to the Trustee of the Fund will be used solely for the purpose of paying the premiums for your insurance benefits under the Plan. Contributions will not be invested on your behalf and will not earn investment returns. The Trustee does not guarantee payment of any benefit.

### Who issues the Fund?

C CSL Limited (ABN 51 104 967 964, AFS Licence No. 287084) is the trustee of the Fund and the issuer of a risk-only superannuation product.

The Fund complies with the requirements of the *Superannuation Industry (Supervision) Act 1993* and other relevant laws. You can obtain further information about the Fund (such as a copy of the Trust Deed or the Trustee's latest annual report) free of charge by phoning the Fund's administrator. Contact details of the Fund's administrator are on page 79.

# Superannuation Life Cover Plan (continued)

## How to apply for Fund membership

If you want to be covered under a Superannuation Life Cover Plan and you are not a member of a SMSF, you must first apply for and be accepted for membership of the Fund as a risk-only member.

Some special conditions apply in order to obtain insurance cover via the Fund:

- You must meet (and continue to meet) eligibility requirements under the Trust Deed and superannuation law.
- AIG Life may ask for medical and other information about you. This evidence is required for AIG Life to assess your application for insurance cover. AIG Life will keep this information confidential.

Insurance cover will not commence until AIG Life accepts the risk and issues the policy to the Trustee.

While your application is being assessed, your initial premium (or instalment premium) will be held in a trust account administered by the Trustee until the policy is issued. The Trustee will retain any interest earned on the money held in trust.

## What are the eligibility requirements?

In order to make contributions to the Fund so that the Trustee can pay your premiums for the Plan you must be:

- under age 65; or
- age 65 or over and under age 75 and gainfully employed for at least 40 hours in a period of 30 consecutive days in the financial year in which the contributions are made.

## Making contributions

As long as you meet the eligibility requirements under superannuation legislation, the Fund can accept contributions from you personally or from your employer on your behalf.

Your employer can make contributions from the time you become a member of the Fund or it can start paying later. You must tell the Trustee when your employer takes over paying contributions or when it stops paying.

- All contributions go towards the payment of insurance premiums under the Plan – the Fund is not an investment vehicle.
- Under superannuation law you can't withdraw contributions once they are paid – superannuation contributions are 'preserved' until you meet a 'condition of release' (see 'Payment of benefits' on page 38).
- Under superannuation law the Fund cannot accept certain types of contributions unless the Trustee holds your Tax File Number (TFN). If the Trustee inadvertently receives a contribution that it cannot accept, it must refund the amount after deducting any permissible charges.

## Can I transfer money from other superannuation arrangements?

Since the Fund is not an investment vehicle the Trustee will only accept transfers from other complying superannuation arrangements if the transferred amount equals the yearly premium for your insurance cover under the Plan. There is a standard form with proof of identity requirements that must be completed for transfers between complying superannuation funds.

## Does the Fund accept co-contributions from the Government?

The Fund does not accept co-contributions from the Government. If you are eligible for a co-contribution payment, you will need to nominate another superannuation arrangement to the Australian Taxation Office so that it can pay your entitlement.

## Payment of benefits

Superannuation funds can only pay benefits if a condition of release is met. The most relevant conditions of release for the Fund are:

- death;
- permanent incapacity;
- terminal illness.

Superannuation benefits can be transferred to another complying superannuation fund at any time.

You may have to provide proof of identity documents before your benefit is paid or transferred to another fund.

For example, if a Permanent Disablement benefit becomes payable under the policy, it must be preserved in the Fund. Before the Trustee can pay you the benefit, you must demonstrate to the Trustee that you meet the definition of permanent incapacity under superannuation law.

If you cannot satisfy the Trustee that you meet the permanent incapacity definition, the insurance benefit will be retained in the Fund until:

- you transfer the benefit to another complying superannuation fund; or
- the Trustee is satisfied that you have met the permanent incapacity definition or the terminal illness definition;
- you die; or
- you reach age 65 years; or
- you reach your preservation age and retire.

Your preservation age depends on your date of birth:

Date of birth	Preservation age
Before 1 July 1960	55
From 1 July 1960 to 30 June 1961	56
From 1 July 1961 to 30 June 1962	57
From 1 July 1962 to 30 June 1963	58
From 1 July 1963 to 30 June 1964	59
After 30 June 1964	60

There are other circumstances that may allow part payment of the benefit, such as financial hardship or compassionate grounds, but conditions apply. For more information, phone the Administrator. Contact details on page 79.

### What is the definition of permanent incapacity under superannuation law?

To meet this definition, a Medical Practitioner must certify that you are unlikely to engage in gainful employment for which you are reasonably qualified by education, training or experience because of ill health.

### What is the definition of terminal illness under superannuation law?

To meet this definition, two Medical Practitioners (one of whom must be a specialist in your condition) must certify that you have suffered an illness or have incurred an injury that is likely to result in your death within 12 months of the date of the certificate.

### Who receives the benefit if I die?

You can nominate the beneficiaries to receive your death benefit by completing Step 4 (Nomination of Beneficiary) in Section W of the Application Form. You may only nominate beneficiaries who are your *dependants*, in an *interdependent relationship* with you or your *legal personal representative* because these are the only people who are eligible to receive superannuation death benefits under superannuation law. These terms are explained under 'Binding Nomination' and 'Non-binding Nomination' on pages 39 and 40. The Trustee may request information or evidence to establish eligibility before making a death benefit payment from the Fund.

### How do I nominate my beneficiaries?

The nomination you make may be either a:

- Binding nomination, or a
- Non-binding nomination.

If you do not give a nomination to the Trustee, your benefit will be paid to your legal personal representative or dependants or relatives according to the Trustee's discretion.

## Binding Nomination

If you provide a valid binding nomination to the Trustee, the Trustee must pay the death benefit in accordance with your nomination as long as the person that you nominate to receive the benefit (or a share of the benefit) is eligible to receive it at the date of your death and the nomination is valid and current.

If anyone you nominate is not entitled to receive a share of your benefit, the Trustee may distribute that person's share between the other persons you have nominated.

Some conditions apply to binding nominations. They are:

- To be a valid binding nomination it must be signed by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth.  
**Each witness must be over 18 years of age and must not be one of your nominated beneficiaries;**
- A nomination is effective only when it is received by the Trustee;
- A binding nomination is valid for three years from the day after it was first signed by you, or last confirmed or amended by you;
- A valid binding nomination will become a non-binding nomination after three years unless you complete and sign a new binding nomination;
- The Trustee may notify you in writing before the end of the three-year period that the binding nomination is about to lapse and may provide you with the opportunity to lodge a replacement binding nomination;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time;
- An invalid binding nomination will be treated as a non-binding nomination by the Trustee but will not revoke or replace an existing, valid binding nomination; and
- The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination.

### What benefit is payable if I die?

If you die, AIG Life will pay a lump sum equal to the insured amount under the Life Cover, Term Cover and/or Accidental Death benefits to the trustee of your SMSF or the Trustee of the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

## Non-binding Nomination

If you provide a non-binding nomination to the Trustee, the Trustee will take your wishes into account, along with all other available information, but has complete discretion in deciding who will receive the benefit payable from the Fund on your death. The Trustee may pay the death benefit to one or more of your dependants or a person who is in an interdependency relationship with you in whatever shares the Trustee decides or may pay it to your legal personal representative to be distributed as part of your deceased estate.

Some conditions apply to non-binding nominations. They are:

- A non-binding nomination does not need to be witnessed to be a valid nomination;
- A nomination is effective only when it is received by the Trustee;
- A non-binding nomination is valid for the whole time that you are a member of the Fund, unless you lodge another valid nomination with the Trustee;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from non-binding to binding at any time.

Eligible beneficiaries	
<b>Dependants</b>	<ul style="list-style-type: none"> <li>• Your spouse, de facto spouse or child.</li> <li>• Another person who is financially dependent on you.</li> </ul>
<b>Legal Personal Representative</b>	<p>The person acting as executor or administrator of your deceased estate.</p> <p>If paid to your legal personal representative, a death benefit will form part of your deceased estate and be distributed according to your Will (or the laws of intestacy if you don't have a valid Will).</p>
<b>People in an Interdependent relationship</b>	<p>An interdependent relationship will exist if you and other person:</p> <ul style="list-style-type: none"> <li>• have a close personal relationship;</li> <li>• live together; and</li> <li>• one (or both) of you provides the other with financial support, domestic support and personal care.</li> </ul> <p>This may include same-sex couples, live-in adult carers of elderly parents and siblings with common finances.</p> <p><b>Note:</b> Where you have a close personal relationship and either or both of you suffer from a physical, intellectual or psychiatric disability, the other requirements for an interdependent relationship do not apply.</p>

## When will interest be paid on insurance benefits?

If AIG Life has paid a death or disablement benefit to the Trustee of the Fund and the benefit remains in the Fund for more than 90 days before it is paid, interest will be added to the benefit up to the date the benefit is eventually released. The amount of interest will be determined by the Trustee, and will be based on the net rate of interest earned by the Trustee on the benefit while held within the Fund.

## Transfers to an eligible rollover fund

Money held for you in the Fund can be transferred to an eligible rollover fund (**ERF**) in some circumstances. These circumstances include:

- if the Superannuation Life Cover Plan policy is cancelled and the Trustee is holding contributions that have not yet been applied towards payment of premiums or
- the Trustee is unable to pay your benefit to you because you do not meet a condition of release.

The Trustee will transfer your money in the Fund to an ERF (after giving you prior written notice of its intention to do so) if you do not inform the Trustee of an alternative superannuation arrangement within the time frame set out in the notice.

The Trustee has selected Super Money Eligible Rollover Fund (SMERF) as the ERF to which it will make these transfers. Contact details are on page 79.

The Trustee may review and alter this arrangement in future.

If your money in the Fund is transferred to an ERF:

- You will stop being a Fund member and become a member of the ERF, so your money will be governed by the ERF's rules, including the ERF's fee structure.
- In an ERF, administration charges cannot usually exceed investment earnings. However, Government charges, such as taxes, may be deducted.
- The ERF may not be able to accept any ongoing contributions from you or your employer, but rollovers from other superannuation funds may be permitted.
- An ERF does not offer insurance benefits. Any insurance cover you had as part of the Fund will lapse on transfer to an ERF.

## What fees and charges are payable for Fund membership?

The Trustee does not currently charge any fees for Fund membership. You will be notified in advance of any fee changes.

## **Privacy – Fund information**

The Trustee is committed to safeguarding your privacy and the confidentiality of your personal information held by the Fund.

### **What personal information does the Fund hold?**

In order to provide risk-only superannuation benefits and to properly manage the Fund, the Trustee must collect and hold personal information about you. This information identifies you as a Fund member and typically includes your name, address, date of birth, gender, occupation, tax file number and any other information required for your insurance cover under the Plan.

The Trustee generally collects this information from you or, in some cases, your employer.

### **How is personal information disclosed?**

Your personal information may be disclosed to the Fund's administrator and professional advisers, insurers, government bodies, your employer and others as required or permitted by law, including the trustee of any other superannuation arrangement you may transfer to.

By becoming a member of the Fund, you agree to this handling of your personal information.

If you do not provide the Trustee with your personal information, the Trustee may not be able to provide all or some of your benefits and communicate with you about the Fund.

### **Can members gain access to personal information?**

A member can access his or her own personal information by contacting the Trustee's Privacy Officer. Certain information must be made available on request under superannuation law and there will be no charge for access to this information. The Privacy Officer will inform you of any charges (such as photocopying costs) before providing the requested information.

If the information held by the Trustee is inaccurate, incomplete or not up to date, a member may request the Trustee to correct the information.

There are some circumstances in which the Trustee is entitled to deny access to information. These include where the information is used in a confidential or commercially sensitive decision-making process, where the privacy of others may be breached if the information is accessed or where the law requires or authorises access to be denied. The Trustee's Privacy Officer will advise if any of these circumstances apply.

The Trustee has adopted a Privacy Policy detailing the way it handles personal information. If you would like a copy of the Trustee's Privacy Policy please contact the Trustee's Privacy Officer. Contact details on page 79.

## **Inquiries and complaints about the Fund**

If you are a member of the Fund and have any questions about the Fund, please contact the Administrator. If you have a complaint, please ask to speak to the Fund Complaints Officer who will investigate your complaint and, if necessary, refer it to the Trustee. The Trustee will respond to any questions or complaints as soon as possible. In any event, complaints will be handled within 90 days as required under superannuation law. In special circumstances, we may take longer.

If you are not satisfied with the Trustee's response to a complaint, you may refer your complaint to the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Federal Government to help resolve superannuation complaints. The SCT can only accept complaints after you have made use of the Trustee's complaint handling process. Contact details are on page 79.

## **Trustee indemnity insurance**

The Trustee has trustee indemnity insurance in place to cover claims against it.



## Superannuation Life Cover Plan

The Superannuation Life Cover and Term Cover benefits provide:

- a lump sum amount if you die before the cover expires. Life Cover expires on the last policy anniversary date before your 75th birthday and Term Cover expires on the 5th or 10th policy anniversary date (as applicable).
- 100% of the Sum Insured if you are diagnosed with a terminal illness (as defined in the policy).

The Superannuation Accidental Death benefit will provide:

- a lump sum amount if you die as a result of an accident before the cover expires.

## Superannuation PLUS

The Superannuation PLUS benefits provide:

- a lump sum amount if you die before the cover expires. Life Cover expires on the last policy anniversary date before your 75th birthday.
- 100% of the Sum Insured if you are diagnosed with a terminal illness (as defined in the policy).
- a lump sum equal to the Crisis Recovery Sum Insured on the diagnosis of a crisis event via an insurance policy issued in your name outside of the superannuation fund. See page 16 for more information on this benefit.
- a lump sum equal to the Permanent Disablement Sum Insured if you become totally and permanently disabled before the cover expires via an insurance policy issued in your name outside of the superannuation fund. See page 10 for more information on this benefit.

## Built-in benefits

The following benefits are built in to the Superannuation Life Cover Plan.

### Premium Freeze

Premium Freeze is only available under the Superannuation PLUS benefit, Superannuation Accidental Death benefit, Permanent Disablement Stand Alone benefit and Superannuation Life Cover benefit, not under the 5-year and 10-year Term Cover benefits.

See page 47 in the 'Additional Information' for a detailed description of this built-in benefit.

### Benefit Indexation

See page 47 in the 'Additional information' for a detailed description of this built-in benefit.

### Terminal Illness

If you are diagnosed with a terminal illness before your policy expires, we will pay 100% of your life cover.

This benefit is not available under the Accidental Death benefit.

For further information, please see page 69 in the 'Definitions'.

### Guaranteed Future Insurability

Guaranteed Future Insurability is only available under the Superannuation PLUS benefit and Superannuation Life Cover benefit, not under the 5-year and 10-year Term Cover benefits or Accidental Death benefits.

See page 62 in the 'Definitions' for a detailed description of this built-in benefit.

### Complimentary Interim Accidental Death Cover

See page 75 for information on this benefit.

## Benefits at an additional cost

The following benefits are available to be owned (outside of your superannuation arrangement) by the life insured at an additional premium cost under the Superannuation PLUS benefit:

- Crisis Recovery benefit (see page 16).
- Crisis Recovery Buy-back benefit (see page 19).
- Crisis Recovery Reinstatement benefit (see page 20).
- Permanent Disablement (see page 10).
- Permanent Disablement Buy-back benefit (see page 13).

The following benefits are available at an additional premium cost under the Superannuation Life Cover benefit:

- Permanent Disablement benefit (see page 10);
- Permanent Disablement Buy-back benefit (see page 13);
- Waiver of Premium (see page 14).

The Permanent Disablement and Waiver of Premium benefits are payable if you become Totally and Permanently Disabled (as defined in the policy) before the last policy anniversary before your 65th birthday (or your 55th birthday if you are in Occupation Category E).

If you would like to continue your life cover under the Superannuation Life Cover benefit or Superannuation PLUS benefit after the latest policy anniversary prior to age 75 or after you retire, you may transfer to a non-superannuation plan, then on offer by AIG Life without providing any medical evidence.

### Permanent Disablement cover

Under the Superannuation Life Cover Plan, you can purchase Permanent Disablement Stand Alone cover (i.e. without the Life Cover benefit) or you can purchase Permanent Disablement cover as an additional benefit (i.e. with the Life Cover benefit).

Permanent Disablement cover provides:

- a lump sum amount if you become Totally and Permanently Disabled before the cover expires. Permanent Disablement cover expires on the last policy anniversary date before your 65th birthday (or your 55th birthday if you are in Occupation Category E).
- a choice of three different definitions of 'Total and Permanent Disablement'. The definitions you can choose from depend on your Occupation Category (see page 55).

Other features	Permanent Disablement Stand Alone	Permanent Disablement	More information
Premium freeze (if age 35 or older)	Yes	Yes	Page 47
Discounted premiums for non-smokers	Yes	Yes	—

### What benefit is payable if I become totally and permanently disabled?

If you become Totally and Permanently Disabled according to the definition you have chosen, AIG Life will pay a lump sum equal to the insured amount under your Permanent Disablement cover to the trustee of your SMSF or the Trustee of the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

### Permanent Disablement Buy-back benefit

See page 13 for a detailed description of this benefit.

### Waiver of Premium benefit

This benefit only applies where you have both Permanent Disablement cover and Life Cover benefit in your Superannuation Life Cover Plan. If selected, the definition of Total and Permanent Disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for your Permanent Disablement cover.

If you become totally and permanently disabled before the last policy anniversary date before your 65th birthday (or your 55th birthday if you are in Occupation Category E), AIG Life will waive the premiums under the:

- Life Cover benefit
- Term Cover; and
- Permanent Disablement Buy-back benefit up to the last policy anniversary before your 65th birthday.

Once you turn 65, any premium payments for Life Cover benefit will then resume.

**Important:** Each definition of the Total and Permanent Disablement under the policy contains a qualifying period (either three or six months) during which you must be 'absent from employment solely as a result of Injury or Sickness' in order to be eligible to claim under the benefit. You must pay premiums during this qualifying period and they will not be refunded if and when we accept the Waiver of Premium claim.

Conditions apply to Permanent Disablement cover and Waiver of Premium benefits:

- Cover is not available for certain occupations or if you are not working full-time in an occupation acceptable to AIG Life. The definition of 'full-time' is working a minimum of 20 hours per week and 48 weeks per year, excluding public holidays.
- The standard definition of Total and Permanent Disablement applicable for most occupations (Categories AAA, AA, A, B, C and D) except heavy blue collar occupations (Category E) relates to your inability to perform 'any occupation'. If you are in a professional occupation or white collar occupation (Category AAA, AA, A and B) you can elect to be covered by a definition that relates to your inability to perform your 'own occupation'. If you are working in a heavy blue collar occupation (Category E) you can only select the 'all duties' definition.
- The premium that will be charged for each cover depends on the definition of Total and Permanent Disablement you select.

(See pages 69 to 71 for the definitions of Total and Permanent Disablement and page 55 for the Occupation Categories.)

# Superannuation Life Cover Plan (continued)

## When will my cover end?

Life Cover benefit, 5-year and 10-year Term Cover, Accidental Death benefit, Permanent Disablement benefit (rider or Stand Alone) and Waiver of Premium benefits under the Superannuation Life Cover Plan will stop on the earliest of:

- your death;
- payment of the full insured amount for the relevant benefit;
- expiry date of the benefit;
- cancellation of the benefit;
- your ceasing to be eligible to contribute to the Fund under the SIS Act;
- lapse or cancellation of the policy; or
- your ceasing to be a member of the Fund or the SMSF that holds the policy.

If you are a member of the Fund, your risk-only membership of the Fund will cease when cover stops (unless an insurance benefit is payable). If cover stops, any contributions that have not been applied towards premium payments may be transferred to an ERF.

## How do I make a claim?

If you wish to claim an insurance benefit under the Superannuation Life Cover Plan, AIG Life must receive written notice of the claim, with full particulars of the circumstances, as soon as possible. Claim forms can be obtained from the Claims Department at AIG Life. If you are a member of the Fund, your claim must be submitted via the Trustee.

## Can my Sum Insured be reduced?

Yes – as set out in this table:

Benefit	Reduced by terminal illness payment	Reduced by optional Permanent Disablement benefit	Reduced by Permanent Disablement Stand Alone benefit	Reduced by Superannuation PLUS Crisis Recovery – Rider	Reduced by Superannuation PLUS Permanent Disablement – Rider
Life Cover	Yes	Yes	No	Yes	Yes
Term Cover	Yes	No	No	No	No
Permanent Disablement – Rider	Yes	Yes	No	Yes	Yes
Permanent Disablement Stand Alone	No	No	Yes	No	No
Accidental Death benefit	No	No	No	No	No
Superannuation PLUS Crisis Recovery – Rider	Yes	Yes	No	Yes	Yes
Superannuation PLUS Permanent Disablement – Rider	Yes	Yes	No	Yes	Yes

## What about tax?

Taxation laws can change from time to time. How they may affect you depends on your individual circumstances so you should obtain advice about your own taxation situation.

This general information about taxation of superannuation is based on tax laws effective as at the date of preparation of this PDS. Further information is available at [www.ato.gov.au](http://www.ato.gov.au)

### Is tax payable on a death benefit?

Superannuation lump sum death benefits paid to a dependant of the deceased will be tax-free.

Superannuation lump sum death benefits paid to non-dependants (for tax purposes) will be taxed at up to 15% plus Medicare levy (if paid from a taxed source) and up to 30% plus Medicare levy (if paid from an untaxed source). A non-dependant for tax purposes includes an adult child aged 18 years or older.

Where a death benefit is paid to the legal personal representative of a deceased estate, tax is payable according to who is intended to benefit from the estate. It may be tax-free if the benefit is payable from the estate to dependants of the deceased. Otherwise it will be taxed as a benefit paid to non-dependants.

### Is tax payable on a permanent disablement benefit?

Lump sum benefits received from a superannuation fund are divided into two components – a tax-free component and a taxable component. The tax-free component is always tax free. The taxable component is taxed at concessional rates, depending on the person's age. In the case of a permanent disablement benefit, the tax-free component may be increased to include the portion of the benefit attributable to period from the date of ceasing employment due to disablement until the member 65th birthday. This usually means that a permanent disablement insurance benefit will be tax-free when paid from a superannuation fund.

### Is tax payable on a terminal illness benefit?

Lump sum benefits paid from a superannuation fund to a person with a terminal medical condition are tax free.

### What taxes are payable by the AIA Superannuation Fund?

Contributions to superannuation funds can be taxed at up to 15%. However, since the Trustee may be able to claim a tax deduction for premiums paid under the Superannuation Life Cover Plan, there is generally no tax payable by the Fund on your contributions.

The Trustee will do whatever is necessary to ensure compliance with relevant taxation law (including withholding tax on benefits if required).

### Is there a tax deduction for superannuation contributions?

Yes, it may be possible, in limited circumstances, for an individual to claim a tax deduction on personal contributions paid to a superannuation fund. To be eligible, the person must be younger than 75 and less than 10% of the person's total income (assessable income plus reportable fringe benefits) must be derived from employment as an employee.

If eligible, a notice of the person's intention to claim a tax deduction (called a section 290-170 notice) must be submitted to the superannuation fund by the earlier of:

- the time of lodgement of the person's tax return, or
- the end of the financial year following the year the contribution was made,

and the fund must acknowledge a Deduction Notice in certain circumstances.

All employer contributions are tax deductible (when made for employees up to age 75 years).

### Are there any contribution limits?

Under recent tax changes, contributions to superannuation funds are classified as 'concessional' or 'non-concessional'. Concessional contributions include deductible employer and self-employed contributions. Non-concessional contributions include personal (after tax) contributions.

#### Concessional contributions

A concessional tax rate of 15% will generally apply to concessional contributions up to \$50,000 per person per year for the 2008/2009 financial year (subject to indexation in future years). This tax is payable by the superannuation fund (after subtracting any allowable deductions).

Transitional arrangements will apply, from 2007 to 2012, for those aged 50 or over at any time during this period to allow concessional contributions of up to \$100,000 per person per year.

Concessional contributions in excess of these limits will incur additional tax of 31.5% payable directly by the individual. (A member may withdraw an amount to pay the additional tax from a superannuation fund upon presentation of a release authority issued by the Tax Office). Any excess concessional contributions will also count towards the member's non-concessional contributions limit.

#### Non-concessional contributions

Non-concessional contributions will be limited to \$150,000 per person per year (for the 2008/2009 financial year). People under age 65 can bring forward two years of future non-concessional limits, giving them a cap of \$450,000 over a three-year period. The \$150,000 cap will be indexed in future years so it is always three times the cap on concessional contributions.

Non-concessional contributions in excess of these limits will incur tax at the top marginal tax rate (plus Medicare levy) payable directly by the individual. (An amount to pay the tax must be released by a superannuation fund upon presentation of a release authority issued by the Tax Office).

## Collection of Tax File Numbers (TFN)

Superannuation trustees are authorised under superannuation law to collect your Tax File Number (TFN) for superannuation purposes. By law, you do not have to provide your TFN to the trustee but you should be aware of the following information before deciding whether or not to provide it:

- The trustee can only use the TFN lawfully, to help identify your superannuation benefits, to help calculate any tax on those benefits, and to report it to the Australian Taxation Office for calculation of any excess contributions tax.
- If you transfer benefits to another complying superannuation fund or Retirement Savings Account, the trustee can disclose your TFN to the trustee of that fund, unless you tell it in writing not to. The trustee cannot disclose it to anyone else except the Australian Taxation Office.
- If you do not give your TFN to the trustee, or you give it an incorrect TFN, then
  - The trustee may have to deduct more tax from your benefits than it would otherwise would (this tax may be reclaimed through the income tax assessment process);
  - The trustee may not be able to locate all your benefits;
  - You may have to pay extra tax (which may not have been payable had you provided your TFN to the trustee) on your contributions.

The way in which the trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

**IMPORTANT – The Fund will not accept contributions and a risk-only interest under the Fund will not be issued if an applicant has not supplied his or her Tax File Number to the Trustee of the Fund.**

## What is the cooling-off period?

A cooling-off period is a time period during which you can elect to cancel your insurance benefits under the Superannuation Life Cover Plan and if the policy is acquired by the trustee of the Fund, the risk-only superannuation interest in the Fund.

For more information about the cooling-off period please refer to page 51.

## Cancellation of Fund membership

You can cancel your membership of the Fund within 28 days of the day the trustee confirms acceptance of your membership or the 5th day (if earlier) after the date your membership is accepted. You lose your right to cancel your membership if you exercise any rights or powers under the trust deed during the cooling off period.

If you are a member of the Fund, any premium you paid is a superannuation contribution and must be preserved and cannot be refunded to you directly. If you cancel the policy you must provide details of another complying superannuation fund so that the Trustee can transfer the preserved money into that fund. Otherwise the Trustee will transfer the preserved money to an ERF.

## What you need to know about your premium

### Premiums

The premiums you pay may depend on your age, sex, smoking status, occupation category and state of health.

If you are purchasing the Child's Recovery benefit, your premiums will depend your child's age.

### Premium patterns

When applying for cover you can select from one of three premium patterns. Your adviser can provide you with a personalised premium quotation for each option.

<b>Stepped</b>	Your premiums will increase at each policy anniversary in line with your age until the benefit expiry date.
<b>Level</b>	Your premiums will remain constant each year up to your 65th birthday. After this time, your premiums will continue on a stepped premium basis until the benefit expiry date.
<b>Optimum</b>	Your premiums will commence on a stepped pattern and automatically convert to the level pattern once the stepped premium is greater than the level premium. Level premiums will remain constant each year up to your 65th birthday. This option is available only when the life insured is age 35 or older. A loading according to your age at inception of your optimum premium cover will be charged up until your 65th birthday.

All benefits under your policy must be on the same premium pattern unless a benefit is solely offered as stepped or level.

### Can I alter my premium type?

You will not be able to switch from Optimum to either a stepped or level premium structure once your policy has commenced.

You can switch between stepped and level premiums at any time unless otherwise specified.

### Benefit indexation increases

You can increase your Sum Insured each policy year by that policy year's percentage increase in the Consumer Price Index (CPI) increase or by 5% whichever is the greater.

Your benefit indexation will cease at the last policy anniversary prior to your 70th birthday or at the expiry date of the benefit whichever occurs first.

Unless you advise us, we will assume that you require benefit indexation to apply to your policy.

Your premium will be adjusted to allow for the higher Sum Insured and/or the higher Insured Monthly Benefit and the age of the life insured at the time. If you pay level premiums, your age at the time of the increase will be used to calculate the premium payable.

### Minimum premium

The minimum premium is \$300 per year per policy inclusive of the policy fee and stamp duty.

### Premium guarantee

The premium rates for your policy are guaranteed for a minimum of one year.

Premium rates under all plans may be varied from time to time. We will notify you in writing of either an increase or decrease and will not apply the change until your next policy anniversary.

### Premium Freeze

Provided the life insured is 35 years of age or older at the anniversary of the policy, you may select to pay in a policy year and in all subsequent policy years, the same premium as you paid for the previous policy year.

The Sum Insured for each benefit will decrease on the policy anniversary. This process will be repeated each year on the policy anniversary and any such advice to us must be in writing.

You must notify our office each year before the policy anniversary if you wish to continue with the Premium Freeze option. If our office is not notified in writing, your premium will increase in accordance with your age next birthday.

When the Premium Freeze option has been exercised, any indexation of benefit will cease and you will be unable to exercise any of the Guaranteed Future Insurability options. If you wish to unfreeze your premium, you will need to advise us in writing.

### What happens if I stop paying premiums?

If you do not pay premiums in full within 30 days from the date your premium is due, your policy will lapse and cover will cease.

### Premium payment methods

You can pay your premium by MasterCard, Visa Card, Diners Card and American Express or via Direct Debit from your financial institution. BPAY and POSTbillpay is available for future half-yearly and yearly premium payment patterns only.

The deposit premium must be paid in advance and submitted together with the application form.



## Premium discounts

### Initial selection discount

All benefits purchased on a stepped premium pattern will receive a discount for the first 2 years of the policy.

Year	Discount
Year 1	3%
Year 2	3%
Year 3 onwards	0%

### Large Sum Insured discount

You may be eligible for a premium discount at the time you take out your policy.

If you add a new benefit at a later stage, and are eligible for a large Sum Insured discount, the discount will only apply to the new benefit.

Please note that a large Sum Insured discount does not apply to the policy fee, stamp duty or other charges

To find out if you are eligible, please refer to the tables below.

### Life Cover and Term Cover benefit

The below discounts apply to the Life Cover and Term Cover benefits only.

Sum Insured	Large Sum Insured discount for all ages
\$0 to \$249,999	0%
\$250,000 to \$499,999	10%
\$500,000 to \$999,999	20%
\$1,000,000 or greater	30%

Please note that the large Sum Insured discount is not available for Accidental Life Cover.

### Permanent Disablement benefit (Rider)

Sum Insured	Large Sum Insured discount for all ages
Up to \$999,999	0%
\$1,000,000 or greater	5%

### Permanent Disablement Stand Alone benefit

Sum Insured	Large Sum Insured discount for all ages
Up to \$249,999	0%
\$250,000 to \$499,999	0%
\$500,000 to \$999,999	5%
\$1,000,000 to \$1,999,999	10%
\$2,000,000 or greater	10%

### Crisis Recovery Stand Alone benefit

Sum Insured	Large Sum Insured discount for all ages
Up to \$299,999	0%
\$300,000 to \$499,999	3%
\$500,000 or greater	5%

### Disability Income and Business Expenses Plan

Sum Insured	Large Sum Insured discount for all ages
Up to \$2,999	0%
\$3,000 to \$4,999	5%
\$5,000 to \$9,999	10%
\$10,000 or greater	15%

The same premium rate discounts will apply to the Claim Escalation benefit, PLUS Optional benefit and Day 1 Accident benefit when selected.

### Multi-plan discount

If you have purchased multiple plans and at least 2 of these plans have premiums of \$500 or more per year, you will be eligible to receive a multi-plan discount as outlined in the table below:

Number of plans with premiums \$500 or more per year.	Premium discount
3 or more plans	10%
2 plans	5%
1 plan	Nil

This discount excludes any stamp duty and fees or charges that apply to your policy.

If you qualify for a multi-plan discount, the discount will apply to all plans under the policy, including plans with premiums of less than \$500 per year.



# What are the fees and charges?

## Policy fee

The policy fee is currently \$72 per year per life insured regardless of the number of plans, benefits or policies purchased.

This fee is charged in addition to the premiums applicable per benefit and any other fees and charges that apply to your policy.

## Premium frequency charge

Premiums can be paid monthly, half-yearly or yearly. Premium payments (including policy fee) made more frequently than yearly are subject to a premium frequency charge.

Premium payment frequency	Charge as a percentage of yearly premium
Yearly	0%
Half-yearly	5%
Monthly	8%

## Do I pay stamp duty on my policy?

Stamp duty may be payable on your policy in accordance with the stamp duty rates applicable in the State or Territory in which you live. These rates currently vary between 0% and 11% depending on your State or Territory.

## Do I pay GST on my policy?

The premium applicable to your policy is input taxed for the purposes of the Goods & Services Tax (GST). This means there is no GST payable by you when you purchase a policy.

## Changes to fees and charges

We retain the right to vary any fees and charges, at our discretion, with the exception of the premium rate guarantee. Future Government charges may also vary which may affect your premium. Any change, except changes to Government charges, will be advised to you in writing 30 days prior to the change taking effect. Your policy will not be singled out for an increase in fees or charges.

## Commissions

We may pay commission payments to your adviser and these have been included in your premium. You will not incur any additional costs for commission.

## Additional information about your policy

### When will my cover end?

<b>All Plans:</b> (on the earliest to occur)	<ul style="list-style-type: none"> <li>• Death of the life insured.</li> <li>• Expiry date of the benefit.</li> <li>• Cancellation of the benefit.</li> <li>• Lapse of the benefit (non-payment of premiums).</li> </ul>
<b>Life Cover benefit, Term Cover benefits, Accidental Death benefit, Crisis Recovery benefit, Child's Recovery benefit, Crisis Recovery Stand Alone benefit, Female Crisis Assistance benefit, Permanent Disablement benefit, Permanent Disablement Stand Alone benefit, Superannuation Life Cover benefit</b>	<ul style="list-style-type: none"> <li>• Payment of the full benefit.</li> </ul>
<b>Crisis Recovery Buy-back, Crisis Reinstatement, Permanent Disablement Buy-back</b>	<ul style="list-style-type: none"> <li>• 30 days after first anniversary of Crisis Recovery or Permanent Disablement claim payment date.</li> <li>• Date that the option is exercised.</li> </ul>
<b>All Disability Income Protection and Business Expenses Plans:</b> (on the earliest to occur)	<ul style="list-style-type: none"> <li>• Permanent retirement from the workforce except as a direct result of disablement.</li> </ul>
<b>Superannuation Life Cover Plan:</b> (on the earlier to occur)	<ul style="list-style-type: none"> <li>• Ceasing to be eligible to contribute to the Fund under the SIS Act.</li> <li>• Ceasing to be a member of your superannuation arrangement.</li> </ul>
<b>Forward Underwriting benefit</b>	<ul style="list-style-type: none"> <li>• Full utilisation of the Forward Underwriting Benefit Cover Amount (maximum \$10,000,000).</li> </ul>

### What you need to know about your Sum Insured

#### Can I change my Sum Insured?

You may request your Sum Insured to be increased at any time subject to underwriting, maximum Sum Insured limits and benefit rules.

#### Decrease in Sum Insured and/or Insured Monthly Benefit

You can decrease the Sum Insured and/or the Insured Monthly Benefit at any time your premium is due providing the reduced amount is not below the minimums in force at the time of the decrease.

### Policy upgrades

When we improve the benefits under a policy and there is no increase in premium rates, we will upgrade your policy with the improved benefits automatically and advise you of the enhancements.

These benefit improvements will be effective from the first date on which a Priority Protection policy containing the benefit improvements could have been purchased from us.

If a situation arises where you are disadvantaged in any way as a result of the upgrade, the previous policy wording will apply.

The upgraded terms will only apply to future claims – not past or current claims or claims resulting from health conditions or events which began or took place before the effective date of the upgraded terms.

### Guaranteed renewable

We guarantee to renew your benefits each year until the expiry date of the benefit as long as you pay the required premium. This will apply regardless of changes in your health, occupation or pastimes or if you have made a claim under the Disability Income or Business Expenses Plan.

### Nomination of beneficiary

You are entitled to nominate a beneficiary to receive all death claim proceeds arising from the non-superannuation plans under this policy.

Where you select a benefit within your superannuation arrangement under the Superannuation Life Cover Plan, you can nominate beneficiaries direct to the trustee of your superannuation arrangement (see pages 39 and 40).

### Policy reinstatement

You can apply for your policy to be reinstated within 6 months of your policy lapsing; however, you may be required to provide evidence of continued good health and eligibility prior to reinstatement of your policy.

### Changes in ownership (assignment)

At any time, you may request a transfer of ownership of the policy to another person or a company or in the case of the Superannuation Life Cover Plan from the trustee of the AIA Superannuation Fund to the trustee of a SMSF. By assigning the policy to the person, the company or the trustee of the SMSF you will revoke any previous nomination of beneficiary. You also relinquish all rights to benefits payable under the policy and it may give rise to tax implications.

## Cancelling your policy

You are allowed to cancel your policy at any time. Where premiums have been paid in advance from the date of cancellation, or where the cancellation of your policy or a policy benefit is a result of a claim being paid, we may refund you the unexpired portion of the premium less any cancellation fees and charges. Any voluntary request to cancel your policy must be made in writing to our office, signed by the Policy Owner.

If Superannuation Life Cover Plan was obtained, as a member of the Fund, you will need to provide the Trustee with the details of another complying superannuation fund to enable the Trustee to transfer the preserved money.

## Lost or destroyed policy documentation

We will replace your lost or destroyed policy documents. You may be charged a fee up to \$100 to cover the cost of reissuing the lost document, including advertising the loss – a statutory requirement in some circumstances. We may also require you to sign a statutory declaration to the effect that the policy document has been lost or destroyed.

## Statutory fund

Your Priority Protection policy will be written in the AIA Statutory Fund No. 1.

## How to apply

Priority Protection is sold only through advisers who are qualified to provide advice on AIG Life products.

Your adviser will provide you with a quotation detailing the benefits you wish to purchase and assist you with the application process.

## Health and other information required

We will ask for medical and other information about the person to be insured such as health, income, occupation, residency, travel details, lifestyle and pastimes. We will treat this information as confidential. This information will enable us to assess:

- your eligibility for the type of cover you have selected,
- any exclusions or special conditions that may apply to your policy,
- the correct premium of your policy.

In some cases we may request additional information including further medical evidence depending on your personal situation or the amount of cover you are applying for.

## Information on your policy

When your application has been approved for cover by us, we will mail or deliver to you a policy document and your policy schedule free of charge.

Our contract with you includes this PDS, the policy document and your policy schedule. Please read these documents carefully and contact your adviser or us directly if you have any concerns.

Where the policy is to be owned by the trustee of a SMSF, the policy document and policy schedule will be sent to the trustee of the SMSF.

Where the policy is to be owned by the Trustee of the AIA Superannuation Fund, the policy document and policy schedule will be sent to the life insured/member of the Fund.

## What is the cooling-off period?

The cooling-off period commences from when you received the policy document from us or from the end of the 5th day after the day on which we sent the policy document to you, whichever occurred first.

From this date you will have a 28 day 'cooling off period' to check that the policy and benefits meet your needs. Within these 28 days you may cancel the policy and receive a full refund of all premiums paid.

During the cooling-off period you should ensure that the policy meets your expectations and needs, in consultation with your adviser.

If you need to return your policy within the cooling-off period, please send us the policy document and your request to cancel the policy either by letter, fax or email.

If the Superannuation Life Cover Plan was obtained as a member of the Fund, please send the Trustee the policy document and your request to cancel the policy either by letter, fax or email.

You will lose the right to return your policy within the cooling-off period if beforehand you exercise any other right or power available to you under the policy other than the right to return your policy.

## Making a claim

Written notice with full details of any claim should be provided to us as soon as possible.

Payment of claims is subject to us confirming the diagnosis.

Once we receive written notice of a claim, we will send you the appropriate form(s) to enable proof of positive diagnosis to be filed with us. You may need to be medically examined by our Medical Practitioner.

## Your questions or concerns

If you have any questions or concerns about your policy please contact your adviser first or us direct on 1800 333 613. We will promptly investigate your enquiry. If necessary we will refer you to our Internal Dispute Resolution Committee.

Internal complaints are normally resolved within 45 days. In special circumstances we may take longer. If this is the case we will advise you.

Should you not be satisfied with our response to your concerns after they have been ruled upon by the Committee, then you may take the matter up with the independent Financial Ombudsman Service (FOS) (formerly known as the Financial Industry Complaints Service Ltd). Details as follows:

Financial Ombudsman Service (FOS)  
GPO Box 3  
MELBOURNE VIC 3001  
Telephone: 1300 78 08 08  
Facsimile: (03) 9613 6399  
Email: info@fos.org.au

# Privacy Statement

American International Assurance Company (Australia) Limited trading as AIG Life (ABN 79 004 837 861) follows the National Privacy Principles developed under the Privacy Amendment (Private Sector) Act 2000.

You can read about our privacy policies and procedures at [www.aiglife.com.au](http://www.aiglife.com.au)

If you are purchasing the Superannuation Life Cover Plan by becoming a member of the AIA Superannuation Fund, the Fund's administrator can give you a copy of the Trustee's policies and procedures. There is more information about the Trustee's privacy policies on page 41.

We will collect personal information about you to:

- a) process your application(s);
- b) administer and manage your policy including claims;
- c) facilitate our business operations; and
- d) market promotional material about services that we believe you may be interested in. (The Privacy Declaration contained in your Application allows you to elect whether you wish to receive direct marketing material from us.)

## Why we need information about you

The information we collect about you is used in processing your application and later in the management of your policy and any claims. We may also use the information in marketing services that may be of interest to you. If you do not wish to receive marketing material please indicate this on the application form.

If you are unwilling to provide us with the information we need then we may not be able to provide you with insurance cover.

## Access to your information

If you would like to have access to your personal information held by us please write to:

Policy Services Manager  
AIG Life  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

You can also ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

There may be some situations when we are unable to provide you with access to your personal information for legal reasons. If this is the case we will provide you with a written explanation.

For members of the Fund see page 41.

## Disclosure of information

We may disclose your personal information to:

- a) another member of the AIG group of companies (whether in Australia or overseas);
- b) your adviser;
- c) our contractors and third party service providers, e.g. Medical Practitioners and reinsurers;
- d) your employer (for employee superannuation products);
- e) financial institutions you nominate;
- f) mail houses and archive companies; and
- g) the Trustee and all parties relevant to administer the Superannuation Life Cover Plan.

We will only disclose your personal information to these parties for the main purpose for which it was collected. There are some circumstances when we are entitled to disclose your personal information to third parties without your authorisation, for example to law enforcement agencies or government authorities to protect our interests or to report illegal activities.

## Any questions or concerns about privacy

*(For members of the AIA Superannuation Fund – see page 41.)*

If you have any questions or concerns about your personal information, please write to:

Compliance Manager  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

Our internal dispute resolution process deals with customer complaints about our compliance with the National Privacy Principles. The process aims to handle complaints fairly and quickly and is free for users.

If you have a privacy complaint you should write to our Compliance Manager. You will receive a letter from us within five days which explains our complaints handling process. Your complaint is then referred to our Internal Disputes Resolution Committee which aims to resolve your complaint within forty-five days of receipt.

If you are not satisfied with the outcome of the process you can take your complaint to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner  
GPO Box 5218  
Sydney, NSW 2001

or call the Privacy Hotline on 1300 363 992.

There are some significant risks associated with life insurance:

## Insurer fails

Your insurer may become insolvent and therefore may not pay your claims. Life insurers are supervised by the Australian Prudential Regulation Authority and are regulated under the Life Insurance Act 1995. As at the date of this PDS, the reserves in our Statutory Fund No. 1, which back this product, are in excess of the solvency and capital adequacy requirements that apply to life insurers.

## Selection of wrong product

You may choose an insurance product that does not meet your needs. You should read the PDS and policy document for an insurance product carefully to prevent this. You may wish to consult an adviser for assistance.

## Inadequate amount of insurance

You may select the correct insurance product for your needs, but you might not choose enough cover. This might cause you to suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this does not occur. Again, an adviser may be able to help you.

## Inability to obtain an increase in cover

You may not be able to obtain an increase in cover because of your particular health or circumstances, now or in the future. You should therefore ensure you do not allow your existing cover to lapse or to be cancelled until new insurance cover is firmly in place.

## Premium rates

Notwithstanding the premium rates guarantee, your premiums may be varied from time to time. (See page 47 for more information about premiums and the premium rates guarantee.)

## Late payment of premiums

If you do not pay your premiums within 30 days of the premium due date, your policy will lapse. Although you can apply for reinstatement of the policy upon payment of the unpaid premium with compound interest, AIG Life may require evidence of continued good health and eligibility before reinstating the policy and you will not be covered for any symptoms that were apparent before the reinstatement.

## Electing to freeze premiums

If you elect to freeze premiums, your Sum Insured will reduce on each policy anniversary date. This may not suit your insurance needs and you should consider consulting an adviser before making this choice.

## Your duty of disclosure

Before you enter into a contract of 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 this contract of insurance.

Where applicable your duty of disclosure also extends to the Trustee under the terms of the Superannuation Life Cover Plan based on your membership in the Fund. This ensures that the Trustee is able to meet its disclosure obligations.

## 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 three years of entering into it. If your non-disclosure is fraudulent, the insurer may elect to avoid the contract at any time from its inception. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

The consequences outlined above also apply if you elect the Superannuation Life Cover Plan.

# Benefit Exclusions

Exclusions	Lump Sum Benefits									
	Life Cover	Term Cover	Accidental Death	Permanent Disablement Stand Alone/ Rider	Waiver of Premium	Female Crisis Assistance	Child's Recovery	Crisis Recovery	Crisis Recovery Stand Alone	Loss of Independence
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓					✓		✓	
Any crisis event or disablement, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by the life insured.				✓	✓	✓	✓	✓	✓	✓
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the life insured.			✓	✓	✓	✓		✓	✓	✓
Complications of pregnancy as a result of abortion.						✓				
An event directly or indirectly caused by intentional self-inflicted injury or any attempt by the insured child.							✓			
An event caused by a congenital condition until the 10th birthday of the insured child.							✓			
An event intentionally caused by the insured child's parent, guardian or relative or someone who lives with or supervises the insured child.							✓			
Death occurring more than 6 months after the accident.			✓							
The direct or indirect effects of alcohol and/or drug abuse.			✓							
<ul style="list-style-type: none"> <li>• War (whether formally declared or not), hostilities, civil commotion or insurrection.</li> <li>• Non permanent residents of Australia.</li> <li>• Any form of aviation activity other than as a fare-paying passenger on a scheduled airline.</li> <li>• Participation in or training for professional sports or speed contests.</li> <li>• Engaging in any unlawful acts.</li> <li>• Suicide.</li> </ul>			✓							

Exclusions	Income Benefits					
	Disability Income	Disability Income Accident Only	Claim Escalation	PLUS Optional	Day 1 Accident	Business Expenses
*Death from suicide in the first 13 months from commencement or re-instatement of the benefit.	✓	✓				
Disablement due to intentional self-inflicted injury or any such attempt by the life insured.	✓	✓	✓	✓	✓	✓
Disablement due to the life insured engaging in or taking part in service in the armed forces of any country.	✓	✓	✓	✓	✓	✓
Normal pregnancy, uncomplicated childbirth or miscarriage.	✓	✓	✓	✓	✓	✓

\*This condition will be waived in respect of any death cover under the Policy provided the Policy is replacing death cover from a previous insurer and the full suicide exclusion period under the in force policy to be replaced has elapsed. This waiver applies only to the same amount of any death cover being replaced under the Policy.

# Occupation Categories

Occupation Category	Characteristics of Occupation Category
AAA	<ul style="list-style-type: none"> <li>Professional white collar workers, other than those in medical and allied occupations, who must have tertiary qualifications, and</li> <li>other successful high income white collar workers, who have long-standing experience in their field of business.</li> </ul>
AA	<ul style="list-style-type: none"> <li>Professionals, who must have tertiary qualifications in the medical and allied occupations.</li> <li>e.g. doctors, dentists, optometrists, physiotherapists.</li> </ul>
A	<ul style="list-style-type: none"> <li>Other white collar occupations, that involve clerical and administrative work only.</li> <li>These workers are generally office bound.</li> <li>The working environment must present minimal Injury or Sickness risk.</li> </ul>
B	<ul style="list-style-type: none"> <li>Occupations not classified as white collar, involving some light manual work, including supervisors of manual workers and persons in a totally administrative job within an industrial environment.</li> <li>The working environment may present slight Injury or Sickness risk.</li> </ul>
C	<ul style="list-style-type: none"> <li>Fully qualified skilled tradespersons of various occupations, who perform light to medium manual work.</li> <li>e.g. qualified electricians, chefs and mechanics.</li> <li>The working environment may present a moderate Injury or Sickness risk.</li> </ul>
D	<ul style="list-style-type: none"> <li>Unqualified tradespersons, who perform light to medium manual work.</li> <li>e.g. cleaners, drivers, fencing contractors.</li> <li>The working environment may present a significant Injury or Sickness risk.</li> </ul>
E	<ul style="list-style-type: none"> <li>Unqualified tradespersons, who perform heavy manual work.</li> <li>e.g. concreters, earth-moving workers, carpet layers.</li> <li>The working environment may present a significant Injury or Sickness risk.</li> </ul>
Home Duties	For a definition of the Home Duties occupation please contact your Adviser.



# Definitions

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<b>Accidental Death</b>	<p>‘ACCIDENTAL DEATH’ means that death is a result of a physical injury which is caused solely and directly by violent, external and unexpected means that is not traceable, even indirectly, to the life insured’s state of mental or physical health before the event.</p>
<b>Accidental HIV Infection</b>	<p>‘ACCIDENTAL HIV INFECTION’ means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured’s normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy.</p> <p>Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require. We retain the right to take further independent blood tests or other medically accepted HIV tests.</p>
<b>Accidental Injury</b>	<p>‘ACCIDENTAL INJURY’ means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a pre-existing condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an ‘Accidental Injury’.</p>
<b>Agreed Value</b>	<p>‘AGREED VALUE’ means</p> <ul style="list-style-type: none"><li>• The Insured Monthly Benefit is agreed with you at the time of application and is based on the life insured’s income at that time.</li><li>• The Insured Monthly Benefit is guaranteed subject to receipt by us of financial evidence in relation to your application. That evidence must be satisfactory to us. If financial evidence in relation to your application is not provided to us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply; and</li><li>• Cover on an agreed value basis is available only to Occupation Categories AAA, AA, A, B and C.</li></ul>
<b>Alzheimer’s Disease</b>	<p>‘ALZHEIMER’S DISEASE’ means the diagnosis of Alzheimer’s disease as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment.</p> <p>Significant cognitive impairment means deterioration in the life insured’s mini-mental state examination, or equivalent thereof, scores to 20 or less.</p>
<b>Aplastic Anaemia</b>	<p>‘APLASTIC ANAEMIA’ means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:</p> <ul style="list-style-type: none"><li>• blood product transfusion</li><li>• marrow stimulating agents</li><li>• immunosuppressive agents</li><li>• bone marrow transplantation.</li></ul>
<b>Bacterial Meningitis</b>	<p>‘BACTERIAL MENINGITIS’ means the diagnosis of the life insured with bacterial meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. ‘Significant’ shall mean at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association. Diagnosis must be confirmed by a consultant neurologist. Bacterial meningitis in the presence of HIV is excluded. All other forms of meningitis including viral, are excluded.</p>
<b>Benefit Period</b>	<p>‘BENEFIT PERIOD’ is the maximum period during which the monthly income benefit is payable.</p>

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## Benign Brain Tumour

'BENIGN BRAIN TUMOUR' means a non-cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association, or
- (b) the life insured being totally and permanently unable to perform any one of the following 'Activities of Daily Living':
  - (i) bathing,
  - (ii) dressing,
  - (iii) eating,
  - (iv) toileting,
  - (v) transferring.

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

Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

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## Blindness

'BLINDNESS' means that as a result of disease or accident and certified by an ophthalmologist, the:

- (a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the
  - (b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the
  - (c) combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.
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## Cancer

'CANCER' means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does **not** include the following:

- tumours which are histologically described as pre-malignant or showing the changes of 'carcinoma in situ';
  - 'carcinoma in situ of the breast' is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate specialist acceptable to us. (For carcinoma in situ of the breast, the benefit payable will be limited to 25% of the Sum Insured, subject to a maximum payment of \$25,000 under all policies we have issued covering the life insured.)
- melanomas of less than 1.5mm thickness, without ulceration as determined by histological examination;
- all hyperkeratoses or basal cell carcinomas of the skin;
- cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5cm in greatest diameter.
- T1N0M0 papillary carcinoma of the thyroid less than 1cm in diameter;
- Polycythemia Rubra Vera requiring treatment by venesection alone, and
- tumours treated by endoscopic procedures alone.

Skin cancer – where diagnosed by an appropriate specialist acceptable to us, we will pay:

- 100% of the Sum Insured for melanomas where the tumour is with ulceration or is diagnosed as 1.5mm or greater in Breslow's depth of invasion; and
- 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed stage T3N0M0 under the TNM Classification system; and
- 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed at greater than T3N0M0 or any T N1, 2 or 3 or metastases are present.

After any payment for cancer the Sum Insured will be reduced by the payment made.

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<b>Carcinoma In Situ</b>	<p>‘CARCINOMA IN SITU’ refers to a primary uncontrolled growth of cells that remains in the original location and has not invaded or destroyed neighbouring tissues nor penetrated the basement membrane. Carcinoma in situ covered by this policy must be confirmed by histopathology.</p> <p>Staging of carcinoma in situ is based on: Stage 0, FIGO (International Federation of Gynecologists and Obstetricians) classification and TIS, TNM classification.</p>
<b>Carcinoma In Situ of Female Organs</b>	<p>‘CARCINOMA IN SITU OF FEMALE ORGANS’ means a histologically proven, localised pre invasive lesion where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. ‘Invade’ means to infiltrate and/or actively destroy tissue or surrounding tissue. The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites:</p> <ul style="list-style-type: none"><li>• Breast where the tumour is classified as TNM stage TIS.</li><li>• Cervix, Uterus at or above CIN III Grading.</li><li>• Ovary, where the tumour must be classified as TIS according to the TNM Staging method or FIGO* Stage 0.</li><li>• Vagina or Vulva, where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0.</li></ul> <p><i>*FIGO refers to the staging method of the Federation Internationale de Gynecologie et d’Obstetrique.</i></p>
<b>Cardiomyopathy</b>	<p>‘CARDIOMYOPATHY’ means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.</p> <p>The New York Heart Association classifications are: Class I – no limitation of physical activity, no symptoms with ordinary physical activity. Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity. Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity. Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.</p>
<b>Child</b>	<p>‘CHILD’ means the natural child, the stepchild or the adopted child of the policy owner or the life insured.</p>
<b>Chronic Liver Disease</b>	<p>‘CHRONIC LIVER DISEASE’ means end stage liver failure, together with two of the following conditions:</p> <ul style="list-style-type: none"><li>• permanent jaundice,</li><li>• ascites, or</li><li>• hepatic encephalopathy.</li></ul> <p>Such disease directly related to alcohol or drug abuse is excluded.</p>
<b>Chronic Lung Disease</b>	<p>‘CHRONIC LUNG DISEASE’ means end stage respiratory failure requiring permanent oxygen therapy with FEV 1 test results consistently showing less than one litre.</p>
<b>Coma</b>	<p>‘COMA’ means total failure of cerebral function characterised by total unarousable, unresponsiveness to external stimuli, persisting continually with the use of a life support system for a period of at least 96 hours. It must result in significant permanent loss of cerebral function as determined by a recognised consultant neurologist acceptable to us.</p> <p>For the purposes of this definition, ‘significant’ shall mean at least a 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association.</p> <p>Excluded from this definition is coma induced medically or resulting from alcohol or drug abuse.</p>
<b>Common Law Marriage</b>	<p>‘COMMON LAW MARRIAGE’ means a marriage recognised at common law as valid even though performed contrary to the law of the place where the marriage is celebrated. Regardless of its form, such a marriage must be based on the expressed agreement of the parties to take one another as husband and wife and be celebrated in circumstances where compliance with the forms of the local law is impossible or excused.</p>

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## Complications of Pregnancy

'COMPLICATIONS OF PREGNANCY' means one of the following:

### 1. Disseminated Intravascular Coagulation

Disseminated Intravascular Coagulation (DIC) where the following conditions are met:

- There is a pregnancy related cause of the DIC; and
- Excessive fibrin formation and fibrinolysis has caused the depletion of coagulation proteins and platelets; and
- There is life-threatening haemorrhage from multiple sites.

### 2. Ectopic Pregnancy

Pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity.

The ectopic pregnancy must be terminated by laparotomy or laparoscopic surgery.

The diagnosis of ectopic pregnancy must be confirmed by a medical specialist.

### 3. Hydatidiform Mole

The development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in the death of the embryo. The diagnosis of Hydatidiform mole must be confirmed by a medical specialist.

### 4. Pre-eclampsia of Pregnancy

Pre-eclampsia is defined as:

- Maternal hypertension with diastolic blood pressure greater than 100mmHg consistently for a 24-hour period;
- Proteinuria equal to or greater than 3g (or 3000mg) per 24 hours urine collection; and
- Requires admission of the life insured to hospital.

Diagnosis must be confirmed by a consultant obstetrician/gynaecologist.

### 5. Stillbirth

Foetal death in utero after 28 weeks of pregnancy.

Elective termination of pregnancy and abortion are specifically excluded.

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## Congenital Abnormalities of Child

'CONGENITAL ABNORMALITIES OF CHILD' means one of the following:

### 1. Down's Syndrome

A specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

### 2. Spina Bifida Myelomeningocele

Defective closure of the spinal column due to a neural tube deficit with a resultant meningomyelocele or meningocele and associated neurological deficit. The diagnosis must be confirmed by a medical specialist.

### 3. Tetralogy of Fallot

An anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a medical specialist and supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

### 4. Transposition of Great Vessels

A congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

### 5. Congenital Blindness

Complete absence of the sense of sight from birth. The diagnosis must be confirmed by a medical specialist.

### 6. Congenital Deafness

Complete absence of the sense of hearing from birth. The diagnosis must be confirmed by a medical specialist.

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**Consumer Price Index**

'CONSUMER PRICE INDEX' (CPI increase) means the percentage increase in the average CPI for the 6 state capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date of the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI as defined above, such other index as we shall consider appropriate shall be adopted for the purposes of the policy.

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**Coronary Artery Angioplasty**

'CORONARY ARTERY ANGIOPLASTY' means the actual undergoing of either:

- balloon angioplasty;
- insertion of a stent;
- atherectomy; or
- laser therapy

to correct a narrowing or blockage of coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of the coronary arteries is required to confirm the need for this procedure. The procedure must be considered necessary by a cardiologist to correct or treat coronary artery disease.

25% of the Sum Insured, with a maximum of \$25,000 will be payable where one coronary artery is obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or the insertion of up to two stents.

50% of the Sum Insured, with a maximum of \$50,000 will be payable where two coronary arteries are obstructed and corrected with the use of either angioplasty, atherectomy or laser therapy, or, the insertion of more than two stents (regardless of the number of coronary arteries involved).

100% of the Sum Insured will be payable where three or more coronary arteries are obstructed and corrected with the use of angioplasty, atherectomy, laser therapy or stents.

After any payment for coronary artery angioplasty the Sum Insured will be reduced by the payment made.

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**Coronary Artery By-pass Surgery**

'CORONARY ARTERY BY-PASS SURGERY' means the actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease. The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

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**De Facto Relationship**

'DE FACTO RELATIONSHIP' means a relationship between two adult persons not of the same sex who live together as a couple and are not legally married or related by family.

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**Dementia**

'DEMENTIA' means the diagnosis of dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the life insured's mini-mental state examination or equivalent thereof, scores to 20 or less.

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

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**Diplegia**

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

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## Forward Underwriting Benefit

The Forward Underwriting Benefit allows you the option to secure insurance cover for the future when one of the following business or personal events has occurred.

### Marriage

- A marriage or customary union as recognised in terms of the laws of Australia.
- A union recognised as a marriage in accordance with the tenets of any religion.
- Two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least 2 years.
- An option under the marriage event can only be exercised once. The event must not have occurred within 6 months of a permanent separation.
- The life insured must be a party to the marriage/union.

### Permanent Separation

- A permanent separation of two parties to a marriage as defined above.
- An option under the Permanent Separation event can only be exercised once. The event must not have occurred within 6 months of the marriage event, as defined above.
- The life insured must be a party to the permanent separation.
- Permanent Separation to be evidenced by an order of divorce or a statutory declaration signed by both parties.

### Mortgage

- The registration of a mortgage in respect of property owned by the life insured.

### New Child Dependant

- The birth or legal adoption of a child.
- The life insured must be a parent of the child.
- Adoption of a child can be by same sex or heterosexual couples.

### Child Dependant's Education Costs

- A child is registered for study at a private school or tertiary education institution.
  - This includes a University degree.

### Child born with Spina Bifida

- The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column.
- The life insured must be a parent of the child.

### Child born with Cerebral Palsy

- The diagnosis of Cerebral Palsy by a neurologist or paediatrician.
- The life insured must be a parent of the child.

### Increase in personal liability and increase in shareholder value

- The life insured incurs additional monetary liability as a result of the following business activity:
  - Life insured starts a new business.
  - Life insured increases his/her personal liability for business debts.
  - Life insured's shareholding/value in the business/value to the business increases.

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## Full-time Employment

FULL-TIME EMPLOYMENT means, for the Permanent Disablement and Permanent Disablement Stand Alone benefits and the Waiver of Premium benefit under the Life Cover benefit, working a minimum of 20 hours per week, 48 weeks per year excluding public holidays.

For the Disability Income and Business Expenses Plans, 'full-time employment' means working a minimum of 25 hours per week, 48 weeks per year excluding public holidays.

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## Guaranteed Future Insurability

### 'GUARANTEED FUTURE INSURABILITY'

The Guaranteed Future Insurability benefit allows you to apply for increases in the Life Cover and any Permanent Disablement Sum Insured on the occurrence of certain 'personal events' and 'business events' before age 55 without supplying further evidence of health or insurability. A maximum number of increases applies. Please see the policy document for terms and conditions applicable to all such increases.

#### **Personal Events** covered are:

- Marriage;
- Divorce;
- Birth or adoption of a child; and
- Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home. (The mortgage must be on the life insured's principal place of residence with a mortgage provider.)

For 'marriage', 'divorce' and 'birth or adoption of a child' events, the Life Cover/Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 25% of the original Life Cover/Permanent Disablement Sum Insured; and
- \$200,000.

For the 'effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage' event, the Life Cover/Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 50% of the original Life Cover/Permanent Disablement Sum Insured;
- amount of the first mortgage;
- amount of the increase of the first mortgage; and
- \$200,000.

#### **Business Events** covered are:

- Where the life insured is a key person in a business (e.g. working partner or director, significant shareholder) and the value of their financial interest, including loan guarantees in the business, averaged over the last three years, increases;
- Where the life insured is a key person in a business, and the life insured's value to the business, averaged over the last three years, increases;
- Where the policy forms part of a written buy/sell, share purchase or business succession agreement and the life insured is a partner, shareholder or unit holder in the business, and the value of the life insured's financial interest in the business, averaged over the last three years, increases;
- Where the policy forms part of a loan guarantee from the life insured.

For a business event, the Life Cover/Permanent Disablement Sum Insured may be increased under this option by the lesser of:

- 25% of the original Life Cover/Permanent Disablement Sum Insured;
- the increase in the value of the life insured's financial interest in the business or of the life insured's value to the business, whichever is appropriate, averaged over the last three years; and
- \$500,000.

A Life Cover or Life Cover/Permanent Disablement Sum Insured increase under this option will be approved upon satisfactory proof being received by us of the occurrence and the date of the 'personal event' or the 'business event' respectively.

During the first 6 months after an increase in the Life Cover Sum Insured the cover for the increase will be death by accident only.

A suicide exclusion will apply to the increase in the Life Cover Sum Insured in the first 13 months following the increase.

The maximum increase from all circumstances over a 5-year period will be the lesser of:

- twice the original Sum Insured, and
- \$1,000,000.



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**Heart Attack**

'HEART ATTACK' (myocardial infarction) means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by:

- typical rise and fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit **PLUS**
  - acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain)
- OR**
- new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB).

Other acute coronary syndromes including but not limited to angina pectoris are excluded.

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**Heart Valve Surgery**

'HEART VALVE SURGERY' means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or last reinstatement date of the policy. Valvotomy is specifically excluded.

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**Hemiplegia**

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

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**Income  
(Employed Persons)**

'INCOME' in the case of an employed person is the pre-tax remuneration paid by an employer, including salary, fees and fringe benefits for the last financial year. This will include any statutory superannuation contributions and any other superannuation contributions made by an employer including those that are part of a salary sacrifice arrangement between the employed person and the employer. Where commissions and bonuses form over 40% of the pre-tax remuneration for the last financial year, we will take them into account. Where the employed person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees, fringe benefits and superannuation contributions made by an employer, for the last financial year.

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**Income  
(Self-employed Persons)**

'INCOME' in the case of a self-employed person, a working director or partner in a partnership, is the income generated by the business or practice due to his or her personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last financial year.

Income does not include other unearned income such as dividends, interest, rental income or proceeds from the sale of assets, or ongoing commission or royalties.

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**Indemnity**

'INDEMNITY'

- The monthly benefit payable in the event of total disablement is the lower of the Insured Monthly Benefit under the income protection benefit and 75% of the first \$26,666 of the life insured's monthly pre-disablement income (indemnity) at the start of the total disablement plus 50% of the next \$20,000 of the life insured's monthly pre-disablement income (indemnity). See page 67 for the definition of pre-disablement income (indemnity);
  - The Insured Monthly Benefit is not guaranteed;
  - Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see page 31); and
  - Cover on an indemnity basis is available to Occupation Categories AAA, AA, A, B, C, D and E.
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**Injury**

'INJURY' means a physical injury which occurs whilst the policy is in force and which results solely and directly and independently of a pre-existing condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

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**Insured Monthly Benefit**

'INSURED MONTHLY BENEFIT'

The Insured Monthly Benefit is stated on the policy schedule and may be adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.

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**Kidney Failure**

'KIDNEY FAILURE' means end stage renal failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

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**Loss of Hearing**

'LOSS OF HEARING' means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Injury or Sickness, as certified by an appropriate medical specialist.

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**Loss of Independence**

'LOSS OF INDEPENDENCE' means:

- (a) A condition as a result of Injury or Sickness, where the life insured is totally and irreversibly unable to perform at least two of the following five 'Activities of Daily Living'. The condition should be confirmed by a consultant physician.

**Bathing**

Means the ability of the life insured to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The life insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.

**Dressing**

Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The life insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

**Eating**

Means the ability to get nourishment into the body by any means once it has been prepared and made available to the life insured without the standby assistance of another person.

**Toileting**

Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The life insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the life insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.

**Transferring**

Means the ability to move in and out of a chair or bed without the standby assistance of another person. The life insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used;

or

- (b) Cognitive impairment, meaning a deterioration or loss in the life insured's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- short or long term memory;
- orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
- deductive or abstract reasoning.

The life insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six-month period, the life insured must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person;

or

- (c) Loss of limbs and sight of one eye (see page 65 for definitions).
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<b>Loss of Use of Limbs and Sight of One Eye</b>	<p>'LOSS OF USE OF LIMBS AND SIGHT OF ONE EYE' means the total and irrecoverable loss by the life insured of any of the:</p> <ul style="list-style-type: none"> <li>• use of both hands</li> <li>• use of both feet</li> <li>• use of one hand and one foot</li> <li>• use of one hand and the sight of one eye</li> <li>• use of one foot and the sight of one eye.</li> </ul> <p>We will pay a one-time partial benefit in the event of the total and permanent loss of use of:</p> <ul style="list-style-type: none"> <li>• one hand</li> <li>• one foot or</li> <li>• sight in one eye (to the extent of 6/60 or less).</li> </ul> <p>The amount payable will be the greater of \$10,000 and 25% of the Sum Insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit. The amount of the payment cannot exceed the Sum Insured.</p> <p>The Sum Insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit will be reduced by the payment of this benefit and premiums will be adjusted accordingly.</p>
<b>Loss of Speech</b>	<p>'LOSS OF SPEECH' means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.</p>
<b>Major Burns</b>	<p>'MAJOR BURNS' means the life insured has suffered third degree burns to:</p> <ul style="list-style-type: none"> <li>• at least 20% of the body surface;</li> <li>• whole of both hands, requiring surgical debridement and/or grafting; or</li> <li>• whole of the head requiring surgical debridement and/or grafting.</li> </ul>
<b>Major Head Trauma</b>	<p>'MAJOR HEAD TRAUMA' means an accidental head injury resulting in neurological deficit, as certified by a consultant neurologist acceptable to us, causing at least a permanent 25% impairment of whole person function as defined in <i>Guides to the Evaluation of Permanent Impairment 5th edition</i>, American Medical Association.</p>
<b>Major Organ Transplant</b>	<p>'MAJOR ORGAN TRANSPLANT' means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.</p>
<b>Manifests</b>	<p>'MANIFESTS' means that symptoms exist which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a Medical Practitioner.</p>
<b>Marriage</b>	<p>'MARRIAGE' means the union of a man and a woman to the exclusion of all others, voluntarily entered into for life (s.5 Marriage Act (Cth) 1961).</p>
<b>Medical Practitioner</b>	<p>'MEDICAL PRACTITIONER' means a legally qualified and registered Medical Practitioner other than the policy owner or the life insured, or a family member, business partner, employee or employer of either the policy owner or the life insured.</p>
<b>Motor Neurone Disease</b>	<p>'MOTOR NEURONE DISEASE' means the unequivocal diagnosis of Motor Neurone Disease confirmed by a consultant neurologist.</p>
<b>Multiple Sclerosis</b>	<p>'MULTIPLE SCLEROSIS' means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist, evidenced by:</p> <ol style="list-style-type: none"> <li>(a) More than one episode of well defined neurological deficit, and</li> <li>(b) Residual neurological impairment persisting for a continuous period of at least 6 months.</li> </ol>
<b>Muscular Dystrophy</b>	<p>'MUSCULAR DYSTROPHY' means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.</p>

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**Non Smoker**

'NON-SMOKER' means that, at a point in time, not having smoked tobacco or any other substance for a continuous period of 12 months ending at that point in time.

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**Occupationally Acquired Hepatitis B or Hepatitis C Infection**

'OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION' means the life insured is infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst the life insured is performing the usual duties of his or her normal occupation and involves contact with a body substance which puts the life insured at risk of transmission of the infections.

This benefit will only be paid if all the following conditions for payment are satisfied. We require that:

- the life insured reports the accident to us within 48 hours after it happens;
  - the life insured is tested for infections within 48 hours after the accident and the results are negative;
  - a Medical Practitioner diagnoses the life insured to be:
    - positive to Hepatitis C within 180 days after the accident; or
    - positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis;
  - the life insured complies with all infection control precautions that apply;
  - the life insured is vaccinated or immunised for the infections as required by us; and
  - all tests be carried out according to the procedures we specify.
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**Osteoporosis**

'OSTEOPOROSIS' means, where the bone mineral density measured in at least two sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe osteoporosis with:

- (a) at least two vertebral body fractures occurring before the age of sixty-five (65); or
  - (b) fracture of the neck of the femur.
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**Other Serious Coronary Artery Disease**

'OTHER SERIOUS CORONARY ARTERY DISEASE' means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

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**Paraplegia**

'PARAPLEGIA' means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

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**Parkinson's Disease**

'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist and requiring treatment. All other types of Parkinsonism are excluded.

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**Partial Disablement (Disability Income)**

'PARTIAL DISABLEMENT' means that solely due to Injury or Sickness, the life insured is:

- unable to work in his or her own occupation at full capacity but working in a reduced capacity in any occupation;
- earning a monthly income which is less than his or her pre-disablement income; and
- under the regular care of and following the advice of a registered Medical Practitioner.

Where the life insured is capable of working in a reduced capacity in any occupation but is not working, we may deem the life insured to be entitled to the Partial Disablement benefit.

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**Partial Disablement (Disability Income Accident Only)**

'PARTIAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY)' means that solely due to Accidental Injury, the life insured is:

- unable to work in his or her own occupation at full capacity but working in a reduced capacity in any occupation; and
- earning a monthly income which is less than his or her pre-disablement income; and
- under the regular care of and following the advice of a registered Medical Practitioner.

Where the life insured is capable of working in a reduced capacity in any occupation but is not working, we may deem the life insured to be entitled to the Partial Disablement benefit.

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**Partial Disablement – Disability Income Capability Clause**

**‘PARTIAL DISABLEMENT – DISABILITY INCOME CAPABILITY CLAUSE’**

Partial Disablement Benefit Amount (Agreed Value and Indemnity)

The initial benefit payable will be:  $(A - B)/A \times$  Insured Monthly Benefit, where A = life insured’s monthly Pre-disablement Income (Agreed Value), and B = life insured’s income from all sources for the month in which the partial disablement benefit is being paid.

When the life insured is partially disabled but not working to their optimum capability, ‘B’ will be calculated on the monthly income it would be reasonable for the life insured to earn if working to the extent of his/her optimum capability. In determining what the life insured could reasonably be expected to earn if the life insured were working to the extent of his/her optimum capability, the following will be taken into account:

- All available medical evidence from the life insured.
- All available medical evidence from the life insured’s registered Medical Practitioner.
- Any additional information that directly relates to the life insured’s medical condition.

The amount of benefit payable will be adjusted for any claim offsets. (Refer to the Claim Offsets section on page 31.)

If the life insured is earning 25% or less of Pre-disablement Income during any of the first three months immediately after the end of the Waiting Period, we will pay the total disablement benefit for that month.

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**Partial Disablement – Dual Definition PLUS Optional benefit**

**‘PARTIAL DISABLEMENT’ – Dual Definition PLUS Optional benefit**  
(Available to Occupation Categories AAA, AA and A only)

Unless you have been unemployed or on maternity or paternity leave for 12 months or more immediately before your disability started, we will consider you to be partially disabled if, solely due to Injury or Sickness:

- you are working for more than 10 hours per week in your usual occupation, or a gainful occupation or you are able to work in your usual occupation or a gainful occupation;
- your monthly income is less than your pre-disablement income;
- you are not totally disabled; and
- you are under the regular care of and following the advice of a registered Medical Practitioner.

If you have been unemployed for 12 consecutive months or more immediately before your disablement started, we will treat your usual occupation as being ‘any occupation for which you are reasonably suited by education training or experience’.

Note: This Partial Disablement – Dual Definition will be applicable to Business Expenses when taken as an optional benefit under Disability Income Plus and as a stand alone benefit.

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**Pneumonectomy**

‘PNEUMONECTOMY’ means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

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**Pre-disablement Income (Agreed Value)**

‘PRE-DISABLEMENT INCOME (AGREED VALUE)’ is the life insured’s highest average monthly income for any financial year since the date two years before the commencement date of the Disability Income benefit up until the commencement of disablement.

During disablement the Pre-disablement Income (Agreed Value) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index (CPI) Increase (whichever is the greater).

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**Pre-disablement Income (Indemnity)**

‘PRE-DISABLEMENT INCOME (INDEMNITY)’ is the life insured’s average monthly income for the latest financial year preceding the commencement of disablement.

During disablement the Pre-disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index (CPI) increase (whichever is the greater).

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## Premium Pattern

'PREMIUM PATTERN'

Level premium rates remain constant until the latest policy anniversary prior to the life insured's 65th birthday or the expiry date of the benefit, if earlier, whereas stepped premium rates generally increase as the life insured's age increases.

In addition, stepped or level premiums will change if:

- you request a change in your Sum Insured;
- you choose to have your Sum Insured or Insured Monthly Benefit automatically increased to keep pace with inflation; or
- premium rates are reviewed (see Premium guarantee on page 47).

You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.

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## Pulmonary Arterial Hypertension (Primary)

'PULMONARY ARTERIAL HYPERTENSION (PRIMARY)' means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

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## Quadriplegia

'QUADRIPLEGIA' means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

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## Reconstructive Cosmetic Surgery

'RECONSTRUCTIVE COSMETIC SURGERY' means one of the following:

**1. Reconstructive cosmetic surgery or skin grafting due to accident.**

The actual undergoing of plastic or reconstructive surgery which is deemed medically necessary for the treatment of disfigurement as a direct result of an accident requiring inpatient hospital treatment of the life insured.

**2. Reconstructive cosmetic surgery or skin grafting due to crisis event covered.**

The actual undergoing of plastic or reconstructive surgery which is deemed medically necessary for the treatment of disfigurement as a direct result of a crisis event covered under the Crisis Recovery benefit under the Life Cover Plan, the PLUS Optional benefit under the Disability Income Plan and the Crisis Recovery benefit.

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## Rheumatoid Arthritis

'RHEUMATOID ARTHRITIS' means widespread joint destruction with major deformity of three or more of the following joint areas:

Hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition must result in the permanent inability to perform any three of the following Activities of Daily Living:

- Bathing
  - Dressing
  - Eating
  - Toileting
  - Transferring
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## Sickness

'SICKNESS' means illness or disease which Manifests itself after the policy is in force and which results in Total or Partial Disablement.

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## Spina Bifida (Child Born With)

'SPINA BIFIDA' (Child Born With)

- The protrusion of a sac containing tissue, cerebrospinal fluid, nerves and part of the spinal cord through an opening in one or more of the vertebrae of the spinal column.
  - The life insured must be a parent of the child.
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<b>Spouse</b>	<p>‘SPOUSE’ means the opposite sex partner of the life insured in a traditional ‘marriage’, ‘common law marriage’ or in a ‘de facto relationship’.</p>
<b>Stroke</b>	<p>‘STROKE’ means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:</p> <ul style="list-style-type: none"> <li>• There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and</li> <li>• Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.</li> </ul> <p>Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient Ischaemic attack, vasculitis or an inflammatory disease is excluded.</p>
<b>Sum Insured</b>	<p>‘SUM INSURED’ means the Sum Insured for that benefit stated on the policy schedule adjusted by any benefit alterations the policy owner has effected, or which have been imposed by us and notified to the policy owner.</p>
<b>Surgery to the Aorta</b>	<p>‘SURGERY TO THE AORTA’ means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.</p>
<b>Systemic Lupus Erythematosus</b>	<p>‘SYSTEMIC LUPUS ERYTHEMATOSUS’</p> <p>Diagnosis must be confirmed by a consultant immunologist or rheumatologist and such diagnosis must be based on the current diagnostic criteria established by the American Rheumatism Association. Pathological evidence of such diagnosis must be provided. There must also be evidence-based involvement of one of the following systems:</p> <ul style="list-style-type: none"> <li>(a) cardiac</li> <li>(b) pulmonary</li> <li>(c) nervous system, or</li> <li>(d) renal involvement.</li> </ul> <p>All evidence must be satisfactory to us.</p>
<b>Terminal Illness</b>	<p>‘TERMINAL ILLNESS’ means the diagnosis of the life insured with an illness which in the opinion of an appropriate specialist physician approved by us, is likely to result in the death of the life insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.</p>
<b>Total and Permanent Disablement (All Duties)</b>	<p>‘TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)’ means that:</p> <ul style="list-style-type: none"> <li>(a) the life insured has suffered the total and irrecoverable loss of the: <ul style="list-style-type: none"> <li>– sight of both eyes;</li> <li>– use of two limbs; or</li> <li>– sight of one eye and use of one limb;</li> </ul> <p>or</p> </li> <li>(b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the Injury or Sickness causing disablement: <ul style="list-style-type: none"> <li>– has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least six consecutive months; and</li> <li>– is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and</li> <li>– at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unable to perform all of the tasks of his/or her occupation or any other occupation.</li> </ul> </li> </ul> <p>The life insured is ‘Totally and Permanently Disabled (All Duties)’ if the life insured satisfies the definition of Total and Permanent Disablement (All Duties).</p>



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## **Total and Permanent Disablement (Any Occupation)**

'TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
  - use of two limbs; or
  - sight of one eye and use of one limb;
- or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than six months immediately prior to the Injury or Sickness causing disablement:
- has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
  - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
  - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience.
- or
- (c) the life insured has suffered Loss of Independence.

If the life insured was not engaged in any business, profession or occupation or was on leave without pay for more than six months immediately prior to the time of the Injury or Sickness causing disablement then the Total and Permanent Disablement (Any Occupation) definition will continue to apply.

The life insured is 'Totally and Permanently Disabled (Any Occupation)' if the life insured satisfies the definition of Total and Permanent Disablement (Any Occupation).

If the life insured is a home-maker at time of Disablement claim then the life insured will be assessed against the definition of 'Total and Permanent Disablement (Home Duties)'.

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## **Total and Permanent Disablement (Home Duties)**

'TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
  - use of two limbs; or
  - sight of one eye and use of one limb;
- or
- (b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:
- has been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least six consecutive months solely as a result of Injury or Sickness; and
  - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
  - at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment.
- or
- (c) the life insured has suffered Loss of Independence.

The life insured is 'Totally and Permanently Disabled (Home Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (Home Duties).

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**Total and Permanent  
Disablement  
(Own Occupation)**

'TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
- sight of both eyes;
  - use of two limbs; or
  - sight of one eye and use of one limb;
- or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than twelve months immediately prior to the Injury or Sickness causing disablement:
- has been absent from employment solely as a result of Injury or Sickness for an uninterrupted period of at least three consecutive months; and
  - is attending a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the Injury or Sickness; and
  - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her unlikely ever to engage in his or her own occupation.
- or
- (c) the life insured has suffered Loss of Independence.

If the life insured was not engaged in any business, profession or occupation or was on leave without pay for more than twelve months immediately prior to the time of the Injury or Sickness causing disablement, then the Total and Permanent Disablement (Any Occupation) definition will apply.

The life insured is 'Totally and Permanently Disabled (Own Occupation)' if the life insured satisfies the definition of Total and Permanent Disablement (Own Occupation).

---

**Total Disablement  
(Business Expenses)**

'TOTAL DISABLEMENT (BUSINESS EXPENSES)' means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is 'Totally Disabled (Business Expenses)' if the life insured satisfies the definition of Total Disablement (Business Expenses).

---

**Total Disablement  
(Disability Income)**

'TOTAL DISABLEMENT (DISABILITY INCOME)' means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income) means that, **due to Injury or Sickness**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

The life insured is 'Totally Disabled (Disability Income)' if the life insured satisfies the definition of Total Disablement (Disability Income).

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## Total Disablement (Disability Income Accident Only)

‘TOTAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY)’ means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income Accident Only) means that, **due to Accidental Injury**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

The life insured is ‘Totally Disabled (Disability Income Accident Only)’ if the life insured satisfies the definition of Total Disablement (Disability Income Accident Only).

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## Total Disablement (Disability Income Accident Only – Occupation E)

‘TOTAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY – OCCUPATION E)’ means that, **solely due to Accidental Injury**, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income Accident Only – Occupation E) means that, **due to Accidental Injury**, the life insured is:

- unable to perform any occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is ‘Totally Disabled (Disability Income Accident Only – Occupation E)’ if the life insured satisfies the definition of Total Disablement (Disability Income Accident Only – Occupation E).

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## Total Disablement (Disability Income – Occupation E)

‘TOTAL DISABLEMENT (DISABILITY INCOME – OCCUPATION E)’ means that, **solely due to Injury or Sickness**, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income – Occupation E) means that, **due to Injury or Sickness**, the life insured is:

- unable to perform any occupation;
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

The life insured is ‘Totally Disabled (Disability Income – Occupation E)’ if the life insured satisfies the definition of Total Disablement (Disability Income – Occupation E).

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**Total Disablement  
– Dual Definition  
PLUS Optional benefit**

‘TOTAL DISABLEMENT’ – Dual Definition PLUS Optional benefit  
(Available to Occupation Categories AAA, AA and A only)

Should the life insured fall into the occupation categories of AAA, AA or A and becomes totally disabled, he/she will be assessed under the following definitions for total disablement;

- (a) Unless you have been unemployed or on maternity or paternity leave for 12 months or more immediately before your disablement started, we will consider you to be totally disabled if, solely **due to Injury or Sickness** you are:
- unable to perform the important income producing duties of your usual occupation for more than 10 hours per week; and
  - not working more than 10 hours per week in your usual occupation or any gainful occupation; and
  - under the regular care of and following the advice of a registered Medical Practitioner.

However, if you have been unemployed or on maternity or paternity leave for 12 months or more immediately before your disablement started, we will consider you to be totally disabled if, solely **due to Injury or Sickness** you are;

- unable to perform the important income producing duties of any occupation for which you are reasonably suited by education, training or experience for more than 10 hours per week; and
- not working more than 10 hours per week in any gainful occupation; and
- under the regular care of and following the advice of a registered Medical Practitioner.

Working hours for this benefit will equate to 30 hours per week.

or,

- (b) We will consider you to be totally disabled if **due to Injury or Sickness**, you are:
- unable to perform one or more duties of your usual occupation, that is important or essential in producing income; and
  - under the regular care of and following the advice of a registered Medical Practitioner; and
  - not working (whether paid or unpaid).

However if you have been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income) means that **due to Injury or Sickness**, you are:

- unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- under the regular care of and following the advice of a registered Medical Practitioner; and
- not working (whether paid or unpaid).

If you are on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering you, whichever is the shorter period.

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**Viral Encephalitis**

‘VIRAL ENCEPHALITIS’ means the diagnosis of the life insured with encephalitis due to direct viral infection of the central nervous system. The encephalitis must produce neurological deficit causing permanent and significant functional impairment certified by a consultant neurologist. ‘Significant’ shall mean at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Encephalitis in the presence of HIV infection is excluded.

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## Waiting Period

'WAITING PERIOD' is stated on the policy schedule and means the number of days at the beginning of a period of Total Disablement, in respect of which no Total or Partial Disablement benefit is payable.

The Waiting Period begins on the earlier to occur of the date:

- the life insured first consults a Medical Practitioner about the condition that is causing the disablement; and
- the life insured first ceases work due to the condition that is causing the disablement as long as it is not more than seven days before the life insured first consults a Medical Practitioner about the condition and provides reasonable medical evidence about when the disablement began.

If during the Waiting Period the life insured returns to work, as defined in our definition of 'full-time' employment, or

- 5 consecutive days or a shorter period for Waiting Period of 14 or 30 days, or
- 10 consecutive days or a shorter period for Waiting Period of 60, 90 days, 1 year or 2 years, then the Waiting Period will not recommence but will be extended by the number of days worked.

If the life insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a Medical Practitioner confirms that the life insured is totally disabled.

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# Complimentary Interim Certificates

## Complimentary Interim Accidental Death Cover

American International Assurance Company (Australia) Limited  
trading as AIG Life ABN 79 004 837 861 AFSL 230043  
will provide

.....  
(name of proposer)

with Interim Accidental Death Cover  
in the event of the life to be insured's accidental death.\*  
(The amount payable is explained overleaf.)

This certificate is valid for 90 days from

.....  
(date of application)

or

until the policy is issued or the application is declined or withdrawn,  
whichever is the earliest to occur.

.....  
Adviser's Signature



.....  
Managing Director's Signature

## Complimentary Interim Accidental Disability Income Cover

American International Assurance Company (Australia) Limited  
trading as AIG Life ABN 79 004 837 861 AFSL 230043  
will provide

.....  
(name of proposer)

with Interim Accidental Disability Income Cover  
in the event of the total disablement of the life to be insured due to an Accidental Injury.\*  
(The amount payable is explained overleaf.)

This certificate is valid for 90 days from

.....  
(date of application)

or

until the policy is issued or the application is declined or withdrawn,  
whichever is the earliest to occur.

.....  
Adviser's Signature



.....  
Managing Director's Signature

# Complimentary Interim Certificates

AIG Life, the trading name of American International Assurance Company (Australia) Limited, provides you with Complimentary Interim Accidental Death and Disability Income Cover at no additional cost to you.

This cover is provided from the date the certificate is issued, until the earliest of the following to occur:

- an assessment decision is made; or
- 90 days after the date the application is signed; or

- the policy is issued; or
- the application is withdrawn by the proposer.

**Please note your application must be received within 5 working days of the issue date of the certificate.**

A payment equal to your first yearly or monthly premium needs to accompany your application form. Your adviser will provide you with this interim cover certificate once you have completed the application form.

## The following information applies to the Complimentary Interim Accidental Death Cover certificate

Lump sum amount payable on accidental death under this cover	
Life Cover Plan	The lesser of: <ul style="list-style-type: none"> <li>• The total of the sums insured proposed under the Life Cover benefit, Term Cover benefits and the Accidental Death benefit; and</li> <li>• \$1,000,000.</li> </ul>
Crisis Recovery Stand Alone benefit	The lesser of: <ul style="list-style-type: none"> <li>• The Crisis Recovery Stand Alone Sum Insured proposed; and</li> <li>• \$5,000.</li> </ul>
Disability Income Plan	Three times the Insured Monthly Benefit proposed under the Disability Income benefit up to a maximum payment of \$30,000.

### Maximum payment under this cover

The maximum payment under the Complimentary Interim Accidental Death Cover is \$1,000,000.

### Risks not covered

The following risks are **NOT** covered.

Death directly or indirectly caused by:

- war (whether declared or not), invasion or civil war; and
- intentional self-inflicted injury or suicide.

## The following information applies to the Complimentary Interim Accidental Disability Income Cover certificate

The benefit will be calculated on a daily basis and will be paid monthly in arrears.

The monthly amount payable on your Total Disablement under this cover due to an Accidental Injury	
Disability Income cover	The lesser of: <ul style="list-style-type: none"> <li>• the Disability Income Insured Monthly Benefit proposed as shown in the application;</li> <li>• \$5,000; and</li> <li>• the amount that would normally be acceptable under our underwriting rules (medical and financial).</li> </ul> <p>The maximum payment under the Complimentary Interim Accidental Disability Income Cover is \$30,000.</p>

The benefit is payable subject to the following conditions:

- the proposed waiting period for the Disability Income or Disability Income Accident Only benefit must be 14, 30 or 60 days;
- you must be Totally Disabled for longer than the proposed waiting period;
- the Accidental Injury must occur after the policy application date but prior to the acceptance or rejection of the application by us;
- the monthly benefit will commence from the end of the proposed waiting period for the remainder of the period of Total Disablement or for 6 months, whichever is the lesser.

If during the application process we decide to offer a modified policy, the Interim Accidental Disability Income Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history or pastimes, the level of your Interim Accidental Disability Income Cover will be recalculated based on your proposed premium.

If you make a claim under the Interim Accidental Disability Income Cover, when we underwrite your application, we will take into account any change in your state of health.

### This cover does not apply:

- to any benefit other than Total Disablement; or
- where the waiting period proposed is 90 days or longer; or
- to Total Disablement which has been caused by an Accidental Injury that occurs after this cover ends; or
- to any illness or disease; or
- if an application for a similar type of policy, with any insurer, has been declined, cancelled or withdrawn; or
- if the application is one that we would not normally accept under our standard underwriting guidelines and practices; or
- in respect of any optional benefit added to the Disability Income benefit.

### The following risks are NOT covered.

Total Disablement caused by or contributed to by:

- an intentional self-inflicted injury or any such attempt by you or the proposer;
- your participation in any occupation, sport or pastime that we would not normally cover on standard terms;
- an Injury or Sickness that you had before this cover began that you or the proposer didn't tell us about;
- football injuries (all codes);
- normal pregnancy, uncomplicated childbirth or miscarriage;
- the taking of drugs other than prescribed by a Medical Practitioner;
- the taking of alcohol;
- war (whether declared or not) invasion or civil war;
- disease or illness;
- AIDS, AIDS related conditions or HIV.



# Direct Debit Request Service Agreement

## Definitions

'Account' means the account held at your financial institution from which we are authorised to arrange for funds to be debited

'Agreement' means the Direct Debit Request Service Agreement between you and us

'Business Day' means any day other than a Saturday or Sunday or a public holiday listed throughout Australia

'Debit Day' means the day your debit payment is due

'Debit Payment' means a particular transaction where a debit is made

'Direct Debit Request' means the Direct Debit Request between us and you

'Us' or 'we' means American International Assurance Company (Australia) Limited trading as AIG Life ABN 79 004 837 861 (User ID 142)

'You' means the customer who signed the direct debit request

'Your financial institution' is the financial institution where you hold the account that you have authorised us to debit

## Debiting from your account

The direct debit agreement and this agreement form the terms of our arrangement. When you sign a direct debit request you authorise us to arrange for funds to be debited from your account. We will only arrange for funds to be debited from your account as you ask. The only exceptions to this are when AIG Life has agreed to a temporary variation or if a credit tribunal or other legal tribunal has instructed us to vary the arrangement. If the debit day falls on a day that is not a business day or there is a technical problem we will debit your account on the following business day. We will not vary our arrangement without your prior approval. You should check with your financial institution if you are unsure about which day your account will be debited.

## Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

We reserve the right to cancel this Direct Debit arrangement if the first payment and/or fees drawing is returned unpaid, otherwise three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.

## Changes by you

You may change our arrangement by contacting our Policy Services Department on 1800 333 613. You may change your nominated Direct Debit account details by completing a new Direct Debit Request form.

If you wish to stop or defer a debit payment or cancel our authority altogether you must notify us in writing beforehand, giving us at least fourteen days notice before the next debit day.

## Your responsibilities

You must make sure there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with our arrangement.

If there are insufficient funds available you may be charged a fee and/or interest by your financial institution or us. You will need to arrange for the payment to be made by another method, or for funds to be made available in your account by an agreed time so we can process the payment.

You should make regular checks of your account to ensure the payments have been debited correctly. You are liable for any GST payable by us in connection with this agreement.

# Direct Debit Request Service Agreement (continued)

## Dispute

If you believe your account has been debited incorrectly you should contact advise our Policy Services Department on 1800 333 613.

If we find that your account has been incorrectly debited we will arrange for your financial institution to adjust your account accordingly (including any fees and charges). We will confirm the amount of the adjustment in writing. If we find your account has not been incorrectly debited we will provide you with reasons and evidence in writing.

Your queries should be directed to us first and if we are unable to resolve the matter it will be referred to your financial institution.

## Accounts

Please check with your financial institution that direct debiting from your account is available. Please also check that the account details you provide us with are correct. If you have any queries about how to complete the direct debit request you should speak to your financial institution.

## Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. The information will be disclosed only to the extent specifically required by law or for the purposes of this agreement (including in connection with any query or claim). We will make reasonable efforts to ensure that the information is secure and is not accessed by employees for unauthorised use, modification, reproduction or disclosure of that information.

## Notice

If you would like to notify us about anything in relation to this agreement, please write to:

Policy Services Department  
AIG Life  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

Any notice we send you will be by ordinary post to the address you have given us in this request. It will be deemed to have been received two business days after it is posted.

## Important contact information

Should have any questions or concerns about your policy please contact your adviser in the first instance or us direct on 1800 333 613.

### Policy Services Department

AIG Life  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008  
Phone: 1800 333 613  
Fax: 1800 832 266 or 03 9009 4824  
Email: customerservice.australia@aig.com

### Claims Department

AIG Life  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008  
Phone: 1800 333 613  
Fax: 1800 832 266 or 03 9009 4824  
Email: claims.australia@aig.com

## Privacy Concerns

### Compliance Manager

AIG Life  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

### The Privacy Commissioner

Office of the Federal Privacy Commissioner  
GPO Box 5218  
SYDNEY NSW 2001  
Phone: 1300 363 992

## Complaints

### Complaints Officer

AIG Life  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

### Financial Ombudsman Service (FOS)

GPO Box 3  
MELBOURNE VIC 3001  
Phone: 1300 78 08  
Fax: (03) 9613 6399  
Email: info@fos.org.au

### Superannuation Complaints Tribunal

Locked Bag 3060  
GPO MELBOURNE VIC 3001  
Telephone: 1300 780 808  
Fax: (03) 8635 5588

## AIA Superannuation Fund

### CCSL Limited (Trustee)

ABN: 51 104 967 964  
AFSL: No. 287084  
GPO Box 3001  
MELBOURNE VIC 3001  
Phone: 03 9616 8600

### AIA Superannuation Fund Administrator

KPMG Superannuation Services Pty Limited (KPMG)  
ABN: 90 904 584 755  
AFSL: No. 241366  
10 Shelley Street  
SYDNEY NSW 2000  
Phone: 02 9335 7380

### SMERF Administrator (Funds nominated ERF)

Pillar Administration  
Locked Bag 8840  
WOLLONGONG NSW 2500  
Phone: 1800 114 380  
Fax: 1800 118 307

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# Application Form Priority Protection

Version 7 – Issued 1 December 2008

(Head Office Use Only)

Policy No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adviser No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Campaign:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Please print in capital letters using a dark blue or black pen.

## Important Information for Adviser

This application form is to be used for New Policies only.

For increases or additions, please use the *Supplementary Personal Statement for Increases and/or Additions* form available on the AIG Life adviser website.

Please send completed applications to: PO Box 6111, St Kilda Rd Central VIC 8008

## Important Information

Before you sign this application, be aware that we or your adviser is obliged to have provided you with a Priority Protection Product Disclosure Statement (either in electronic or hard copy format) containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate for your needs.

## Your Duty of Disclosure

Before you enter into a contract of 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 this contract of insurance.

## 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 three 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 insurance may, within three 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 contribution that would have been payable if you had disclosed all relevant matters to the insurer.

## A. Life Insured (Life insured to complete this section in full.)

1. Name

Title	Surname	Given Name	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Residential Address

No.	Street	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

We may need to contact you to clarify information you have provided in the application.

3. Contact Details

Phone (home)	Phone (work)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail		
<input type="text"/>		

4. Mailing Address (if different to above)

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Smoker  Yes  No

6. Date of Birth (dd/mm/yy)

7. Age next birthday

8. Marital status

9. Country of Birth

10. If you are not an Australian citizen, please advise your country of citizenship.

11. How long have you lived permanently in Australia?  years  months or  All my life.

## B. Policy Owner(s) – Policy 1 (Non Superannuation) (To be completed by the policy owner/s.)

This Priority Protection policy is to be owned by (please tick appropriate box):

**The life insured.** No further details are required.

**OR**

**An individual/s other than the life insured.** Please complete the following.  
If there are two or more policy owners, they will own the policy as joint owners.

### Policy owner 1

Name	Title	Surname	Given Name	Sex
Mailing Address				
	Suburb	State	Postcode	
Contact Details	Phone (home)	Phone (work)	Mobile	
	Fax	E-mail		

Relationship to Life Insured  Date of Birth (dd/mm/yy)

If you are not an Australian citizen, please advise your country of citizenship.

How long have you lived permanently in Australia?  years  months or  All my life.

### Policy owner 2

Name	Title	Surname	Given Name	Sex
Mailing Address				
	Suburb	State	Postcode	
Contact Details	Phone (home)	Phone (work)	Mobile	
	Fax	E-mail		

Relationship to Life Insured  Date of Birth (dd/mm/yy)

If you are not an Australian citizen, please advise your country of citizenship.

How long have you lived permanently in Australia?  years  months or  All my life.

**OR**

**Company.** Please complete the following:

Company Name/s	<input type="text"/>	ABN/ACN	<input type="text"/>
Contact	Nominated contact person <input type="text"/>		
Mailing Address			
	Suburb	State	Postcode
Contact Details	Phone	Fax	

### C. Policy Details – Policy 1 (Non Superannuation) (To be completed by the policy owner/s.)

- Please select your premium frequency.  Monthly  Half-yearly  Yearly  
(Ongoing monthly premiums must be paid by Direct Debit or Credit Card.)
- An initial premium payment is required.  
Please select an option:  Credit Card  Direct Debit  Cheque (to be made payable to **AIG Life**)  Money Order  Bank Cheque  
Please note: Direct Debit and Credit Card Authorities will not be processed until your application has been assessed and accepted by AIG Life.
- Are annual CPI increases required?  Yes  No Please note CPI increases will be automatically provided if you do not select an option.
- (a) Reasons for cover:  Personal Cover  Keyman Cover  Partnership  Loan Protection  Buy/Sell, Share Purchase  
(b) Is a concurrent application for a Business Partner or Spouse being submitted? If 'Yes' please provide details. ....Yes  No

### D. Nomination of Beneficiaries – Policy 1 (Non Superannuation) (Applicable only to death benefits.)

Proposer to complete if required. Please list your nominated beneficiary(ies) and the proportion of death benefit you would like each to receive.

1.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address			Country of Citizenship	
	<input type="text"/>			<input type="text"/>	
2.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address			Country of Citizenship	
	<input type="text"/>			<input type="text"/>	
3.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address			Country of Citizenship	
	<input type="text"/>			<input type="text"/>	
4.	Surname	Given Name	Date of Birth	Relationship to Life Insured	% of benefit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address			Country of Citizenship	
	<input type="text"/>			<input type="text"/>	

**TOTAL 100%**

If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from us or your adviser.

## Superannuation Life Cover Plan

(Policy Owner(s)/life insured to complete this section in full only if Superannuation Life Cover Plan is being purchased.)

### E. Policy Owner(s) – Policy 2 (To be completed by the policy owner(s)/life insured.)

This Priority Protection policy is to be owned by (please tick appropriate box):

**The trustee of the Private/Self-Managed Superannuation Fund.**

**OR**

**The trustee of the AIA Superannuation Fund.**

### F. Policy Details – Policy 2 (To be completed by the policy owner(s)/life insured.)

- Please select your premium frequency.  Monthly  Half-yearly  Yearly  
(Ongoing monthly premiums must be paid by Direct Debit or Credit Card.)
- An initial premium payment is required.  
Please select an option:  Credit Card  Direct Debit  Cheque (to be made payable to **AIG Life**)  Money Order  Bank Cheque  
Please note: Direct Debit and Credit Card Authorities will not be processed until your application has been assessed and accepted by AIG Life.
- Are annual CPI increases required?  Yes  No Please note CPI increases will be automatically provided if you do not select an option.
- Is a concurrent application for a Spouse being submitted? If 'Yes' please provide details.....Yes  No



G. Personal History (Life insured to complete this section in full.)

1. (a) Do you have, or are you applying for life, disability or trauma insurance on your life (including any pending applications held with any insurer)? If 'Yes', please complete policy details below. .... Yes  No

Policy Number	Commencing Date	Policy Owner	Insurer	Type of Cover	Amount of Cover	Terms of Acceptance (eg loading, exclusion)	Existing Income Protection: Waiting Period/ Benefit Period	To Be Replaced 'Y' or 'N'

**IMPORTANT NOTE IF YOU ARE REPLACING AN EXISTING POLICY:** If you intend to replace an existing policy with an AIG Life policy, we may require that you cancel your existing policy. Your adviser can confirm when this requirement applies. In these cases the replacement policy issued by AIG Life will only start when the existing policy is cancelled. Failure to cancel your existing policy within a reasonable time may make your AIG Life policy void.

- (b) Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance? ..... Yes  No
- (c) Have you ever claimed benefits from any source (eg. Accident, Sickness, Workers' Compensation, Social Security, Disability Insurance or Pension)? If 'Yes', please give the name of the company, date, amount and reason for each claim below. .... Yes  No
2. (a) Have you smoked tobacco or any other substance during the last twelve months? If 'Yes', please state substance and quantity below. (Please note 'packet' is not sufficient detail.) ..... Yes  No
- (b) Do you drink alcohol? If 'Yes', please state weekly quantity and type below. (Please note 'social' is not sufficient detail.) ..... Yes  No
- (c) Have you ever received advice, treatment or counselling for use of drugs or alcohol? ..... Yes  No
- (d) Within the last five years, have you occasionally or regularly taken any stimulants, sedatives, medications or illicit drugs? ..... Yes  No
3. Females: Are you pregnant? If 'Yes', please provide estimated date child is due. .... /...../..... Yes  No

4. (a) What is your height?  Height  cm (b) What is your weight?  Weight  kg

(c) Are you left or right handed?  Left  Right

5. Do you intend to travel or reside overseas? If 'Yes', please state: ..... Yes  No

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel

6. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long-distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? If 'Yes', please fill in Section O (Activities/Pursuits Questionnaire). .... Yes  No
7. Are you aware of any other circumstances or matters which may be relevant to the insurer's decision whether to accept your application? Yes  No

If you answered 'Yes' to any of the above questions (except 1(a), 5 and 6) please provide details below. If insufficient space please continue on page 17.

.....

.....

.....

.....

.....

.....

**Both 8(a) and 8(b) must be completed in all circumstances.**

8. (a) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? ..... Yes  No

(b) FAMILY HISTORY

	Age now if alive	Age at death	List all medical conditions, age at diagnosis and cause of death. Give cancer site/details, if applicable.
Father			
Mother			
Brothers			
Sisters			

## H. Doctor's Details (Life insured to complete this section in full.)

1. (a) Details of your personal doctor.

**IF NO PERSONAL DOCTOR, PLEASE STATE NAME/ADDRESS OF LAST DOCTOR OR MEDICAL CENTRE YOU ATTENDED.**

Name:			
Address:			Postcode
Phone ( )	Fax ( )	Email (if known)	

(b) What was the date of your last consultation?

(c) What was the reason for the consultation?

(d) What was the result?

(e) How long have you been attending this surgery or practice?

(f) If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name:			
Address:			Postcode
Phone ( )	Fax ( )	Email (if known)	

**Please note: A medical report is not always obtained.**

**Medical reports are obtained, however, on a random basis to check the validity of medical information provided.**

# I. Medical and Health History (Life insured to complete this section in full.)

(If a medical examination is being arranged – complete question 7 only. Note: This does not apply to short medicals.)

- 1. Have you **ever** suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?
  - (a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke..... Yes  No
  - (b) Asthma, chronic lung disease, sleep apnoea or other respiratory disorder. .... Yes  No
  - (c) Indigestion, gastric or duodenal ulcer or any bowel disorder. .... Yes  No
  - (d) Diabetes, abnormal blood sugar, gout or thyroid disorder. .... Yes  No
  - (e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder. .... Yes  No
  - (f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches. .... Yes  No
  - (g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia. .... Yes  No
  - (h) Back or neck complaint, whiplash, sciatica or any other disorder of joints, bones or muscles. .... Yes  No
  - (i) Psoriasis or eczema, skin disorder, defect in hearing or sight. .... Yes  No

2. Have you had any routine examinations or check-ups in the last 5 years? ..... Yes  No

**If you have answered 'Yes' to any of the above questions, please also complete a questionnaire for each condition (see Sections P to U). Please use Section U, Multi-Purpose Questionnaire, if a specific questionnaire for the condition is not provided.**

- 3. Have you **ever** suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?
  - (a) Cancer, cyst, breast lump (even if you have not seen a doctor) or tumour of any kind. .... Yes  No
  - (b) Liver, kidney or bladder disorder, renal colic or stone. .... Yes  No
  - (c) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia. .... Yes  No
  - (d) Advice to restrict your diet or undergo surgery. .... Yes  No
  - (e) Any other illness, disease or disorder. .... Yes  No
  - (f) Hepatitis B or C or have you ever been told you are a hepatitis B or C carrier? ..... Yes  No

4. Are you currently considering or have you been advised to undergo any treatment, therapy, special tests, operation or procedure? ..... Yes  No

5. Have you had any other operation, accident, x-ray, pathology test or genetic test in the last 5 years? ..... Yes  No

### 6. Females only:

- (a) Have you ever had an ovarian abnormality, an abnormal pap smear, breast ultrasound or mammogram? ..... Yes  No
- (b) Have you ever had an abortion (miscarriage), stillbirth, complications of pregnancy or a child with congenital anomalies? ..... Yes  No

### 7. AIDS STATEMENT

- (a) Have you suffered from Acquired Immune Deficiency Syndrome (AIDS) or been infected with the HIV virus or are you carrying antibodies to the HIV virus? ..... Yes  No
- (b) Since 1980, have you used intravenous drugs, engaged in male to male anal sexual activity or worked as a prostitute? ..... Yes  No
- (c) Have you had sexual intercourse with someone you know or suspect to be HIV positive? ..... Yes  No

**(If 'Yes' to question 7 above, a 'Confidential Lifestyle' Questionnaire is required.)**

**For each 'Yes' answer in questions 3–6 above, please provide full details in the table below.**

Question Reference	Illness, Injury or Tests	Date of Illness/Injury	Time off Work	Degree of Recovery %*	Results of Tests	Reason and type of treatment including date of last symptoms	Full name and address of doctor or hospital (if any)

\* If the degree of recovery is less than 100% please complete Multi-Purpose Questionnaire (see Section U).

## J. Present Occupation (Life insured to complete this section in full.)

1. (a) Please give details of your **current and previous occupations** over the **last five (5) years**, including any period **unemployed, travelling, studying etc.**

	From	To	Occupation	Industry	Tick which is applicable			
					Employee of own company	Self-employed	Employee	Partnership
Current Occupation	/ /	Present						
Previous Occupations	/ /	/ /						
Previous Occupations	/ /	/ /						

(b) What type of products or services do you or your employer sell?

(c) What trade, professional, business or tertiary qualifications do you have?

.....  
 .....  
 .....

(d) What are the principal duties of your occupation and where do you perform these duties? **Include any manual work performed.**

Daily duties (please describe all tasks and duties performed)	Percentage of time	Location/Site (where do you perform your daily duties)	Percentage of time
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	100 %		100 %

(e) How many hours a week do you work?  How many weeks per year?

2. What is your annual income? \$

3. (a) Do you have any other occupation? ..... Yes  No

(b) Do you contemplate any change in occupation? ..... Yes  No

4. Does your occupation require you to work underground; at heights (above 10 metres); off-shore; or near dangerous materials or substances? If 'Yes', please give details below, eg locations, depths, heights, frequency etc. .... Yes  No

**If you answered 'Yes' to Question 3 or 4, please provide full details below.**

.....  
 .....  
 .....  
 .....  
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 .....

## K. Further Occupational Information (Life insured to complete.)

If you are applying for Disability Income Plan or Business Expenses Plan, please also complete the additional questions below.

1. What is the business/employer name and address?

2. Do you work at home? Yes  No  ..... If 'Yes', please state percentage of time.  %

3. Do you perform any manual work? ..... Yes  No

(a) If 'Yes' – please state percentage of time  %

(b) Is the manual work an important duty in your occupation? ..... Yes  No

If you are self-employed, in a partnership or employee of own company, please complete the remaining questions.

4. Do you operate as a  sole trader  partnership  company, or  trust?

5. (a) What percentage of your work is: Freelance?  % Contract?  %

(b) In the last 2 years have there been any periods of 'no work' or 'unemployment' between contracts or freelance work? ..... Yes  No   
If 'Yes', please provide details.

(c) Is your work seasonal?  Yes  No If 'Yes', please provide details

6. (a) When was the business purchased/started?  / /

(b) Please state what percentage of interest/shareholding you have in the business/practice?  %

(c) What percentage of Monthly Business Turnover is derived from your personal exertion?  %

7. How many people do you employ?

8. Please provide employee details (excluding yourself) in the table below.

Occupation of all Partners/Employees	Family Member Y/N	Daily Duties	Full-time Part-time or Contractor?	Monthly Remuneration	% Interest in Business

9. (a) Has your company had a net operating loss in the last 2 years? ..... Yes  No   
If 'Yes', please provide details of your company's profit and loss statements for all entities.

(b) Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? ..... Yes  No

If 'Yes', when?  Date of discharge  / /

## L. Income Details (Life insured to complete if Disability Income Plan is being purchased.)

1. What is your income from your current occupation? (Personal income is income earned by your personal exertion. Do not include investments.)

(a) **Employee**

Your income is the total remuneration paid by your employer including salary, fees, commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions (statutory or voluntary).

Last financial year 30/6/  Previous financial year 30/6/   
 Remuneration package \$  Remuneration package \$

(b) **Self Employed (sole trader, partner, employee of own company)**

Refer to the Priority Protection Product Disclosure Statement for the definition of Income (Self-employed Persons).

	Last financial year 30/6/ <input type="text"/>		Previous financial year 30/6/ <input type="text"/>
Gross business income/revenue	\$ <input type="text"/>		\$ <input type="text"/>
Total business expenses	- \$ <input type="text"/>	-	\$ <input type="text"/>
Net business profit/loss (before tax)	= \$ <input type="text"/>	=	\$ <input type="text"/>
% Share of net business income	<input type="text"/> %		<input type="text"/> %
Add backs (your own portion of personal salary/wages, superannuation contributions, spouse's income if income splitting, share of depreciation)			
	+ \$ <input type="text"/>	+	\$ <input type="text"/>
Total net earned income (before tax)	= \$ <input type="text"/>	=	\$ <input type="text"/>

**Note: These figures disclosed should coincide with returns lodged with the Australian Taxation Office.**

2. Is your current income different than that stated above for the last financial year? ..... Yes  No

If 'Yes', reasons for change.  Current income \$

3. Do you earn commission or bonuses? ..... Yes  No

If 'Yes', please state percentage of total income.  %

4. Will any of your income (from any source) continue if you become disabled? ..... Yes  No

If 'Yes', state source (eg sick leave, directors' fees, salary, renewal or trail commission, salary continuance insurance, profit share from the business etc?)

(a) For how long will it continue?

(b) Amount of income (per month). \$

(c) Is there an agreement in place in the business/practice limiting profit share or other income in the event of disability? ..... Yes  No

If 'Yes', provide details.

5. Do you receive any unearned income from investments (eg rental property, dividends etc.)? ..... Yes  No

If 'Yes', please state the amount per month (net of costs and expenses). \$  (Do not include negatively geared investments)

Please state the source.

6. If you have a second occupation, please provide the following details.

Nature of occupation

Hours worked per week

Number of weeks worked per year

Last financial year 30/6/

Previous financial year 30/6/

Net income (before tax) \$

Net income (before tax) \$

## M. Business Expenses

(Life insured to complete this section in full only if Business Expenses is being purchased.)

1. Please state the value of all monthly business expenses. (**Do not include** personal remuneration, mortgage principal, depreciation on real estate, cost of goods, wares and merchandise, equipment, fixtures and fittings, salaries of revenue producing employees.)

**Alternatively, the supply of copies of taxation returns and profit and loss statements for all entities associated with your business will be accepted in place of completing the details below.**

### Eligible Expenses

### Monthly Expenses

(a) Rent, property rates and taxes* .....	\$
(b) Insurance of premises (eg fire etc)* .....	\$
(c) Security costs* .....	\$
(d) Electricity, gas, water, heating, telephone and cleaning* .....	\$
(e) Mobile phone .....	\$
(f) Bank fees/charges, interest on business loans .....	\$
(g) Hire and lease of plant and equipment .....	\$
(h) Business insurance premiums (eg liability, professional indemnity) .....	\$
(i) Membership fees, publications and subscriptions to professional bodies .....	\$
(j) Accountant's and auditor's fees .....	\$
(k) Regular advertising expenses, postage, printing and stationery .....	\$
(l) Salaries and costs of employees who <b>do not</b> generate revenue (e.g.: superannuation contributions, payroll tax, workers' compensation for employees who <b>do not</b> generate revenue) .....	\$
(m) Net cost of locum, ie. cost to employ less revenue generated by locum .....	\$
(n) Other fixed business expenses – <b>please specify</b> .....	\$
.....	\$
.....	\$
.....	\$
(o) <b>Total Monthly Business Expenses</b> .....	\$

\*Not insurable if working from home

2. What percentage of Monthly Business Expenses are you responsible for/liable to pay? .....

%



# N. Child's Recovery Benefit (Policy Owner to complete if purchasing this benefit.)

## Child 1 (Personal Details)

1. Surname

Given name

2. Sex  3. Country of birth

4. Date of birth  /  /  5. Age next birthday

6. (a) Is the child a permanent resident of Australia?  Yes  No  
 (b) How long has the child lived in Australia?  
 years  months or  All their life

7. State your relation to the child.

8. Is there any insurance cover currently in force on the child's life, and/or is there any other cover on the child's life being applied for?  Yes  No  
 If 'Yes', please give details.

9. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or on non-standard terms?  Yes  No  
 If 'Yes', please give details.

10. Is the child in good health and free from mental or physical impairment?  Yes  No  
 If 'No', please give full details.

11. Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?  Yes  No  
 If 'Yes', please give details below.

Illness or injury:		Date started: / /	
Details of treatment:			
Length of treatment:		Time off school:	
Date of last symptom: / /		Degree of recovery: %	
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

13. Has the child's biological mother or father or any brother or sister suffered from diabetes, cancer, heart disease, haemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?  Yes  No  
 If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/heart disease – specify type)	Age at onset	Age at death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Child 2 (Personal Details)

1. Surname

Given name

2. Sex  3. Country of birth

4. Date of birth  /  /  5. Age next birthday

6. (a) Is the child a permanent resident of Australia?  Yes  No  
 (b) How long has the child lived in Australia?  
 years  months or  All their life

7. State your relation to the child.

8. Is there any insurance cover currently in force on the child's life, and/or is there any other cover on the child's life being applied for?  Yes  No  
 If 'Yes', please give details.

9. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or on non-standard terms?  Yes  No  
 If 'Yes', please give details.

10. Is the child in good health and free from mental or physical impairment?  Yes  No  
 If 'No', please give full details.

11. Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?  Yes  No  
 If 'Yes', please give details below.

Illness or injury:		Date started: / /	
Details of treatment:			
Length of treatment:		Time off school:	
Date of last symptom: / /		Degree of recovery: %	
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

13. Has the child's biological mother or father or any brother or sister suffered from diabetes, cancer, heart disease, haemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?  Yes  No  
 If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/heart disease – specify type)	Age at onset	Age at death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**N. Child's Recovery Benefit (Policy Owner to complete if purchasing this benefit.)**

**Child 3 (Personal Details)**

1. Surname   
 Given name

2. Sex  3. Country of birth

4. Date of birth  /  /  5. Age next birthday

6. (a) Is the child a permanent resident of Australia?  Yes  No  
 (b) How long has the child lived in Australia?  
 years  months or  All their life

7. State your relation to the child.

8. Is there any insurance cover currently in force on the child's life, and/or is there any other cover on the child's life being applied for?  Yes  No  
 If 'Yes', please give details.

9. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or on non-standard terms?  Yes  No  
 If 'Yes', please give details.

10. Is the child in good health and free from mental or physical impairment?  Yes  No  
 If 'No', please give full details.

11. Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?  Yes  No  
 If 'Yes', please give details below.

Illness or injury:		Date started: / /	
Details of treatment:			
Length of treatment:		Time off school:	
Date of last symptom: / /		Degree of recovery: %	
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

13. Has the child's biological mother or father or any brother or sister suffered from diabetes, cancer, heart disease, haemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?  Yes  No  
 If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/heart disease – specify type)	Age at onset	Age at death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Child 4 (Personal Details)**

1. Surname   
 Given name

2. Sex  3. Country of birth

4. Date of birth  /  /  5. Age next birthday

6. (a) Is the child a permanent resident of Australia?  Yes  No  
 (b) How long has the child lived in Australia?  
 years  months or  All their life

7. State your relation to the child.

8. Is there any insurance cover currently in force on the child's life, and/or is there any other cover on the child's life being applied for?  Yes  No  
 If 'Yes', please give details.

9. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or on non-standard terms?  Yes  No  
 If 'Yes', please give details.

10. Is the child in good health and free from mental or physical impairment?  Yes  No  
 If 'No', please give full details.

11. Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury?  Yes  No  
 If 'Yes', please give details below.

Illness or injury:		Date started: / /	
Details of treatment:			
Length of treatment:		Time off school:	
Date of last symptom: / /		Degree of recovery: %	
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

13. Has the child's biological mother or father or any brother or sister suffered from diabetes, cancer, heart disease, haemophilia, Huntington's disease, polycystic kidney disease or any other hereditary disease?  Yes  No  
 If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/heart disease – specify type)	Age at onset	Age at death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

O. Activities/Pursuits Questionnaire

1. Please describe the activity or pursuit.
2. Please advise the number of times you engage in the activity per year.
3. How many actual events/hours/trips/flights/dives/climbs/jumps/ others, did you participate in over the last twelve months approximately?
4. What qualifications, certificates, licences, associations and club memberships do you hold?
5. How long have you been involved in this activity?
6. Where do you engage in this activity and in what locations?
7. Do you ever engage in this activity alone, or are you always with a group?
8. Do you compete in this activity?  Yes  No  
If 'Yes', please advise the level of competition and names of events.
9. Do you receive any payments for your involvement in this activity?  Yes  No  
If 'Yes', please advise details.
10. Please advise the maximum heights, speeds, depths the activity includes.
11. Are any of the above likely to change over the next 2 years?  Yes  No  
If 'Yes', please provide full details.
12. Are you involved in any record attempts?  Yes  No  
If 'Yes', please provide details.
13. Are all recognised/standard safety measures and precautions followed? Please provide any additional details.
14. Please provide details including engine size and model for any cars, boats, planes (state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.
15. Have you ever been involved in any accident/ mishap whilst participating in this activity?  Yes  No  
If 'Yes', please provide details.

P. Asthma Questionnaire

1. Date asthma first diagnosed.  /  /
2. How often do you experience symptoms?  
eg. wheezing, breathlessness, chest tightness.  
 Daily  Weekly  Monthly  Other
3. When was your most recent episode of asthma?  /  /
4. Are you aware of any causes that trigger your symptoms?  
eg. allergy, exercise.
5. Have you ever been off work due to asthma?  Yes  No  
If 'Yes', please advise when, and for how long.
6. Name of medications.   
(a) Dosage   
(b) Frequency   
(c) When was the last time you received medication?  
  
(d) What additional treatment do you use to control an attack?
7. Have you ever required steroid therapy (by tablet or syrup)?  Yes  No  
If 'Yes', please provide details.
8. Have you ever been in hospital or received emergency treatment for asthma?  Yes  No  
If 'Yes', please state when, for how long and where?
9. Have you ever undergone a lung function test?  Yes  No  
If 'Yes', please advise dates and highest and lowest readings, if known.
10. Have you ever consulted a specialist for this condition?  Yes  No  
If 'Yes', please advise name and address of doctor of last consultation.
11. Please provide details of your most recent visit to any other doctor for this condition. Include date, name and address of doctor consulted.

**Q. Spinal/Joints Disorder Questionnaire**

1. Area of spine (eg. neck, upper or lower back) and/or joints affected (eg. left knee, right hip, shoulders, elbows etc).
2. Please state the precise diagnosis.
3. When did symptoms first occur?
4. (a) What was the cause?
- (b) Please describe your symptoms.
- (c) Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs?  Yes  No
- (d) State frequency and severity of attacks/symptoms prior to treatment.
5. Are you still experiencing symptoms?  Yes  No
  - (a) If 'No', date of last experienced symptoms.  /  /
  - (b) If 'Yes', how frequently have symptoms occurred since commencing treatment?  
 Daily  Weekly  Monthly  Yearly
6. (a) What is the nature of the treatment (eg. medication, physiotherapy, exercise, etc)?
- (b) Are you still receiving treatment?  Yes  No
  - (i) If 'No', when did you cease treatment?  /  /
  - (ii) If 'Yes', how often do you attend for follow-up and date of last consultation?
- (c) Name and address of doctor or therapist consulted.
7. Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition?  Yes  No  
 If 'Yes', please provide date(s) and full details including type of investigations, results and name of doctor.
8. Have you had an operation for this condition or is an operation being considered?  Yes  No  
 If 'Yes', please provide date(s) and full details including names of hospital and consultant/surgeon.
9. (a) Have you ever been off work due to your symptoms? If 'Yes', when and for how long?  Yes  No
- (b) Are your occupation duties restricted in any way?  Yes  No  
 If 'Yes', please provide details.
- (c) Is it necessary to avoid lifting or to restrict your daily activities in any way?  Yes  No  
 If 'Yes', please provide details.

**R. High Blood Pressure/High Cholesterol Questionnaire**

1. When was high blood pressure/ high cholesterol first diagnosed?
2. What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?  

Readings	Results	Date diagnosed
Blood Pressure	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Total Cholesterol	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
HDL	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
LDL	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Triglycerides	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
3. Please provide details of your past and current treatment. Include names of medication and dosage.  

Date	Medication	Dosage
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
4. Are you still on treatment?  Yes  No  
 If 'No', when was treatment discontinued and why?
5. Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.  

Date	Procedure	Results
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
6. Regarding the monitoring of your condition:
  - (a) Name of medical attendant:
  - (b) How often do you attend for follow-up?
  - (c) When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time, if known.
  - (d) Have you suffered from any of the following conditions:
    - (i) Eye disorder (other than short/long sightedness)  Yes  No
    - (ii) Symptoms or disorder relating to heart or circulatory system  Yes  No
    - (iii) Kidney disorder or protein in urine  Yes  No
    - (iv) Dizziness, fainting episodes or stroke  Yes  No
 If you answered 'Yes' to any of the above, please provide details:  

Date	Symptoms	Investigations	Results
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
  - (e) How long has your blood pressure/cholesterol been well controlled?  
 < 6 months  6 months to 12 months  > 12 months
7. Please provide any additional information on your condition which you feel will be helpful in processing your application.
8. Please attach copies of any reports or results (eg. xray, pathology, ultrasound, etc) you may have.

S. Mental Health Questionnaire

1. Please indicate the condition(s) you have had or received treatment for.

- Anxiety including generalised anxiety, panic or phobic disorder
- Eating disorder including anorexia nervosa, bulimia
- Depression including major depression or mild depression
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenic or any other psychotic disorder
- Stress, sleeplessness, chronic fatigue
- Other (please specify)

2. Describe your symptoms including the date started and how long they lasted.

Symptoms	Date from	Date to

3. (a) Has any reason for your condition been identified or are there any factors which trigger your condition?

(b) Have you ever had suicidal thoughts or attempted suicide? If 'Yes', please provide details.  Yes  No

4. (a) Date symptoms commenced.  /  /

(b) Have you had any recurrences of this condition?  Yes  No

If 'Yes', how many times?  When?  /  /

5. (a) Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased

(b) Are you currently receiving treatment?  Yes  No

(c) If 'Yes', please provide details.

6. Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted

7. Have you ever been off work or your normal daily activities restricted in any way due to your condition?  Yes  No  
 If 'Yes', when and how long?

8. Have you any ongoing effects or restriction to your activities of any kind due to your condition?  Yes  No  
 If 'Yes', please provide details.

T. Check-up Questionnaire

1. Please state the reason/s for your regular check-up/blood test.

2. Please state the dates of your last two check-ups and results.

Date	Details	Results	Name of doctor

3. Were any test/s or further investigation/s performed?  Yes  No  
 If 'Yes', please provide details or attach copies of reports.

Date	Type of tests/investigations	Results

4. Was any treatment prescribed?  Yes  No  
 If 'Yes', please provide details.

Date	Type of treatment (eg. medications & dosage, physiotherapy, procedures, etc)

5. Are you required to return for a follow up?  Yes  No  
 If 'Yes', please state when and reason.

U. Multi-Purpose Questionnaire  
(may be photocopied for additional conditions)

1. Name of condition (exact diagnosis).
2. (a) What part of the body was affected?   
 (b) Please state which side.  Left  Right  Not applicable
3. The cause.
4. (a) Date symptoms commenced  /  /   
 (b) How long have you been free of symptoms?   
 (c) How often do/did you have symptoms?
5. Have you ever been off work or your normal daily activities restricted in any way related to this condition?  Yes  No  
 If 'Yes', please state when, duration and reason/restriction.
6. Have you any residual, on-going effects or restriction in your daily activities?  Yes  No  
 If 'Yes', please give details.
7. Have you taken regular or occasional medication for this condition?  Yes  No  
 If 'Yes', advise names of medication(s), dosage(s) and frequency.  
  
 Are you still taking this medication?  Yes  No
8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)?  Yes  No
9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)?  Yes  No
10. Have you ever been in hospital or received emergency treatment for anything related to this condition?  Yes  No
11. Have you seen a doctor or other therapist for anything related to this condition.  Yes  No  
 If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8 – 11 please advise details including date, type of treatment and tests.

12. Has further treatment been recommended for this condition?  Yes  No  
 If 'Yes', please provide details.
13. Does your usual doctor have details of this condition?  Yes  No  
 If 'No', provide name and address of doctor who has full details.

U. Multi-Purpose Questionnaire  
(may be photocopied for additional conditions)

1. Name of condition (exact diagnosis).
2. (a) What part of the body was affected?   
 (b) Please state which side.  Left  Right  Not applicable
3. The cause.
4. (a) Date symptoms commenced  /  /   
 (b) How long have you been free of symptoms?   
 (c) How often do/did you have symptoms?
5. Have you ever been off work or your normal daily activities restricted in any way related to this condition?  Yes  No  
 If 'Yes', please state when, duration and reason/restriction.
6. Have you any residual, on-going effects or restriction in your daily activities?  Yes  No  
 If 'Yes', please give details.
7. Have you taken regular or occasional medication for this condition?  Yes  No  
 If 'Yes', advise names of medication(s), dosage(s) and frequency.  
  
 Are you still taking this medication?  Yes  No
8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)?  Yes  No
9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)?  Yes  No
10. Have you ever been in hospital or received emergency treatment for anything related to this condition?  Yes  No
11. Have you seen a doctor or other therapist for anything related to this condition.  Yes  No  
 If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8 – 11 please advise details including date, type of treatment and tests.

12. Has further treatment been recommended for this condition?  Yes  No  
 If 'Yes', please provide details.
13. Does your usual doctor have details of this condition?  Yes  No  
 If 'No', provide name and address of doctor who has full details.

A large rectangular area with a dotted grid pattern, intended for providing additional information.



A large rectangular area with a solid black border, containing numerous horizontal dotted lines for writing.

## V. Private/Self-Managed Superannuation Fund

The following is to be completed where benefit is to be owned by the Trustee of a Private/Self-Managed Superannuation Fund.  
Please note: the Trustee is also required to complete the Declaration in Section X.

When selecting benefits please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act). Please note there may be situations where even though a benefit, such as a Total and Permanent Disablement benefit, is paid to the trustee of the superannuation fund, superannuation legislation or the rules of the superannuation fund may prevent the release of the benefit until the preservation rules are satisfied.

### Declaration

To be signed by two directors, or one director and the company secretary in the case of a company trustee.

I/We, the trustee/s of the superannuation fund named below, request AIG Life to issue the insurance policy/ies described on this form. The policy document/s will be held subject to the trusts of the superannuation fund.

I/We agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I/We confirm that the superannuation fund of which I am/we are trustee is a complying superannuation fund within the meaning of the SIS Act and Income Tax Assessment Act (Tax Act).

I/We undertake to advise AIG Life immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.

I/We confirm that I/we have the power under the trust deed governing the superannuation fund to effect the policy/ies described on this form.

### Details of policy owner/s

To be completed by the trustee/s of the superannuation fund which will own the policy/ies.

Full name of the superannuation fund

ABN/ACN

Trustee's address for communications

State

Postcode

Phone (home)

Phone (work)

### Trustee details

Company Trustee name

ABN/ACN

If applicable, the common seal of: (*name of corporate Trustee*)

Was hereto affixed in accordance with the Constitution of the company in the presence of:

Director Signature

Director/Company Secretary Signature

Date (dd/mm/yyyy)

### And/or

Individual Trustee names (if more than four individuals, please attach further names).

#### First Individual Trustee

Title

Surname

Given Name/s

Signature

Date (dd/mm/yyyy)

#### Second Individual Trustee

Title

Surname

Given Name/s

Signature

Date (dd/mm/yyyy)

#### Third Individual Trustee

Title

Surname

Given Name/s

Signature

Date (dd/mm/yyyy)

#### Fourth Individual Trustee

Title

Surname

Given Name/s

Signature

Date (dd/mm/yyyy)

# W. AIA Superannuation Fund – Membership Application

**Membership Application to the AIA Superannuation Fund is issued by:**  
**CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084,**  
**Level 16, 114 William Street, Melbourne, Australia 3000.**

Proposal No.

## PERSONAL SUPERANNUATION

The following is to be completed by the life insured where the Superannuation Life Cover Plan is to be owned by CCSL Limited (Trustee) ABN 51 104 967 964; AFS Licence No. 287084; as Trustee of the AIA Superannuation Fund, ABN 78 757 377 348 (the Fund) – a Registrable Superannuation Entity (RSE) Licensee under the Superannuation Industry (Supervision) Act 1993. (Before you sign this Membership Application, the Trustee is obliged to have provided you with a Product Disclosure Statement (either in electronic or hard copy format) containing a summary of the important information in relation to the Fund. This information will help you to understand the product and decide whether it is appropriate for your needs.)

### Your Duty of Disclosure to the Trustee

It is a condition of this Application that you disclose to the Trustee every matter that you know, or could reasonably be expected to know, which is relevant to the Trustee's decision whether to accept your Application and if so on what terms. This duty of disclosure also applies before you extend, vary or reinstate your membership in the Fund.

**Non-Disclosure** – If you fail to make disclosure as required above and the Trustee would not have accepted your Application for membership on any terms if that failure had not occurred, the Trustee may terminate your membership in the Fund which would result in the termination of cover by AIG Life.

### Application for Membership

My full name, address, date of birth and occupation details appear in the body of this form. I hereby apply for membership of the Fund and agree to be bound by the trust deed constituting the Fund. I acknowledge that my contributions may not be accepted and a risk only interest under the Fund will not be issued if I have not provided my Tax File Number.

1. Will any employer pay contributions to the Fund on your behalf? Yes  No   
 If 'Yes', commencement date with employer.  /  /  Contributions to begin.  /  /

2. Nominated Retirement Date  /  /  or Nominated Retirement Age

### 3. Personal or Employer Contributions

I declare that I am under age 65 years or that I am age 65 or over and under age 75 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the latest financial year. I will write and advise the Trustee if at any time this is no longer correct.

### 4. Nomination of Beneficiary (optional)

**Please refer to the section 'How do I nominate my beneficiaries?' in the Priority Protection Product Disclosure Statement before completing this part of the form.** You may nominate one or more of your dependants to receive a benefit payable from the Fund in the event of your death. A 'dependant' includes your spouse (legal or de facto), your child or any other person who is financially dependent on you at the time of your death. A 'child' includes an adopted child, a step-child or an ex-nuptial child.

Type of nomination:  Binding  Non-binding

Nominated Beneficiaries		Address	State	Post Code	Date of Birth	Relationship to You	Percentage of Benefit
Surname	First name						
					/ /		%
					/ /		%
					/ /		%
					/ /		%
<b>If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from us or your adviser.</b>							<b>100 %</b>

### 5. Signatures

I declare that:

- I am applying for membership in the Fund as a risk only member;
- I am eligible to contribute to the Fund;
- the information contained in this Membership Application is true and correct;
- I agree to be bound by the terms and conditions of the Trust deed of the Fund as amended from time to time;
- I acknowledge that the Trustee will apply to AIG Life to be issued with a Superannuation Life Cover Plan and that my benefit in the Fund is limited to the benefits provided by AIG Life under the Superannuation Life Cover Plan to the Trustee;
- I acknowledge the policy conditions for the Superannuation Life Cover Plan, including that the policy may lapse if premiums are not paid within 30 days of falling due. I agree that it is my responsibility to ensure that contributions to the Fund are sufficient for the Trustee to pay the policy premiums;
- I agree to notify the Trustee of the Fund in writing immediately if I cease to be eligible to contribute to the Fund;
- I acknowledge that legislation governing superannuation funds restricts payments of benefits except as provided by the governing rules of the Fund and superannuation law;
- I have read the conditions and the important information in the section 'How do I nominate my beneficiaries?' in the Priority Protection Product Disclosure Statement;
- I acknowledge that if I have made a binding death benefit nomination that it should be reviewed every three years or earlier if my circumstances change;
- I have read the Trustee's Privacy Statement set out in the AIA Superannuation Fund section of the Superannuation Life Cover Plan of the Product Disclosure Statement and I consent to the collection, use and disclosure of my personal and sensitive information by the Trustee in the manner described in the Privacy Statement.

Signature of Applicant  X Date  /  /

Name of Applicant

### Signatures of Witnesses – declaration and statement by TWO witnesses (must not be nominated beneficiaries).

Only complete this section if you wish to make a binding nomination. We declare that this form was signed by the applicant for membership of the Fund in our presence. We state that we are each over 18 years and that we are not nominated as a beneficiary on this form.

Signature of Witness A  X Date  /  /

Full name of witness A  Date of birth  /  /

Signature of Witness B  X Date  /  /

Full name of witness B  Date of birth  /  /

Applicant's Tax File Number     /     /

# X. Declaration (Life insured and Policy Owner/s must complete this section.)

I/We declare that the information contained in the attached statements (whether written in my/our hand or not) or input into the computer using the electronic application system is true and correct and that no information material to the insurance has been withheld.

I/We agree that any personal statements made or completed electronically together with any relevant documents shall form the basis of the proposed contract of insurance with American International Assurance Company (Australia) Limited, trading as AIG Life.

I/We acknowledge that these personal statements may result in certain exclusions or special acceptance terms becoming applicable to me. Where my/our adviser has indicated that the exclusions or special terms apply, each of these exclusions and special acceptance terms has been explained to me/us. I/We confirm that I/we understand those terms and where they are applicable to me/us I/we agree to be bound by them.

I/We have read the Priority Protection Product Disclosure Statement issued 1 December 2008, including Your Duty of Disclosure notice set out in the Significant Risks section and understand its contents and what is meant by my/our duty to disclose. I also understand that my/our duty to disclose continues after I/we have completed this application until AIG Life has accepted the risk.

I/We declare that I/we have read the Privacy Statement set out in the Priority Protection Product Disclosure Statement and I/we consent to the collection, use and disclosure of my/our personal and sensitive information in the manner described in that Privacy Statement.

I/We consent to AIG Life collecting sensitive information, i.e. health information about me/us, for the purpose of the performance of this contract.

I/We understand that if I/we have indicated I/we intend to replace an existing policy with this AIG Life policy, I/we may be required to cancel my/our existing policy. I acknowledge that in this case the replacement policy issued by AIG Life only starts when my/our existing policy is cancelled.

I/We acknowledge that failure to cancel my/our existing policy within a reasonable time may make my/our AIG Life policy void.

I/We agree that cover will not commence until the premium is paid and AIG Life has accepted the risk.

A signed copy of the quotation is attached to this application

OR

I/we accept quotation number:  Premium \$  monthly  half-yearly  yearly

Do you consent to AIG Life disclosing personal medical information to your adviser, obtained to assess your application for insurance? Yes  No

If you do not wish to receive direct marketing material, please place an X in the box: Policy owner 1  Policy owner 2

**AIG Life will not sell or provide its mailing list to third parties for promotions independent of AIG Life.**

**Note: Your premium will be held in a trust account administered by us until the policy is issued to you.**

**Under the Corporations Act we are entitled to retain any interest earned during the period the funds are held in trust.**

Signature of Life Insured

Name of Life Insured

Date

/  /

## POLICY OWNER/S

### Individual/s

Signature of Policy Owner 1

Name of Policy Owner 1

Date

/  /

Signature of Policy Owner 2

Name of Policy Owner 2

Date

/  /

### Company/Corporate Trustee

Executed by (Company Name)

Company ABN/ACN

Signature of Director

Name of Director

Date

/  /

Signature of Director/Secretary

Name of Director/Secretary

Date

/  /

When a company is to be the policyholder it is important that the application is signed either by:

(1) Two directors; or (2) one director and company secretary; or (3) for a proprietary company that has a sole director who is also the sole company secretary, that director.

### Trustee

Signature of Trustee 1

Name of Trustee 1

Date

/  /

Signature of Trustee 2

Name of Trustee 2

Date

/  /

Signature of Trustee 3

Name of Trustee 3

Date

/  /

Signature of Trustee 4

Name of Trustee 4

Date

/  /

**Adviser 1 details (Servicing Adviser)**

Name of Adviser  Adviser Code

Company Name of Adviser (if applicable)  ABN/ACN (if applicable)

Telephone number  Fax number  E-mail

**Adviser 2 details**

Name of Adviser  Adviser Code

Has a medical examination, HIV or other test been arranged?  Yes  No

If 'Yes', please provide details of name and address of medical examiner or clinic in the space below.

Special Instructions

**English literacy**

Can the proposed policy owner/s and/or life/lives to be insured read and understand English?  Yes  No

If 'No', what language was used to explain the policy?

Proposal No.

**Adviser Declaration**

I declare that I have given the Policy Owner and/or the Life Insured (in respect of the Fund) a copy of the Priority Protection Product Disclosure Statement (either in electronic or hard copy format) issued 1 December 2008, attached the quotation to this Application Form, the Policy Owner has checked the details provided in the Application Form and the Life Insured has checked the health information provided.

Yes  No

Adviser 1 Signature

Date  /  /

Adviser 2 Signature

Date  /  /

**Remuneration Structure**

Upfront  Hybrid  Level (where applicable)

**Remuneration Plan**

Please specify if other than standard

**Remuneration Split**

Please specify if more than one adviser Adviser 1  % Adviser 2  %

**Adviser Notes**

## Direct Debit Request

If this Direct Debit Request is for more than one policy then please list all relevant policy numbers.

--	--	--

Payment options: 1.  Initial premium and all future premiums 2.  All future premiums

**Request and Authority to debit the account named below to pay AIG Life**  Monthly  Half-yearly  Yearly

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

Account holder 1	Title	Surname or Company Name	Given Name or ABN

Account holder 2	Title	Surname or Company Name	Given Name or ABN

**request and authorise** American International Assurance Company (Australia) Limited, trading as AIG Life (User ID 142) to arrange for any amount AIG Life may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert details of account to be debited**

Name account is held in

BSB number    -    Account number

**Acknowledgment** I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIG Life as set out in this Request and in the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which account is held**

Financial institution name

Address  Postcode

**Insert your signature**

Account Holder 1 Signature

Account Holder 2 Signature

Date (dd/mm/yyyy)

## Credit Card Authority

If this Credit Card Authority is for more than one policy then please list all relevant policy numbers.

--	--	--

Payment options: 1.  Initial premium only 2.  All future premiums 3.  Initial premium and all future premiums

**Please debit my**  Visa  MasterCard  Diners  AMEX

No.                 Expiry Date   /

This authority enables American International Assurance Company (Australia) Limited, trading as AIG Life, to debit your credit card until you advise AIG Life in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual premium variations which apply to your policy. This only applies if option 2 or 3 above is chosen.

If you choose the option of using a credit card for the one-off payment of the deposit premium please enter the amount. \$

Name as shown on credit card

Cardholder's Signature  Date (dd/mm/yyyy)

**IMPORTANT NOTICE:**

**Credit Card refunds will be processed by us in the ordinary course of business. We will not accept any responsibility for credit card charges or fees incurred due to expired or cancelled cards or timing delays in processing refunds by the credit card issuer.**

## Authority to Release Medical Information

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to American International Assurance Company (Australia) Limited, trading as AIG Life, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured  Date

## Authority to Release Medical Information

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to American International Assurance Company (Australia) Limited, trading as AIG Life, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured  Date



Priority Protection  
Direct Debit Request  
(see over)



Priority Protection  
Credit Card Authority  
(see over)

Priority Protection  
Authority to Release Medical  
Information  
(see over)



Priority Protection  
Authority to Release Medical  
Information  
(see over)









[www.aiglife.com.au](http://www.aiglife.com.au)