



Flexible Lifetime® - Protection

# A safety net for living



AMP Life named Best Value  
Insurer for TPD\* in 2008

PRODUCT DISCLOSURE STATEMENT  
DATED 17 NOVEMBER 2008

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\* 5-star rating is the most prestigious rating awarded by Cannex.  
[www.cannex.com.au](http://www.cannex.com.au)

# This Product Disclosure Statement (PDS) is an important document that helps you understand Flexible Lifetime - Protection

## How to read this Product Disclosure Statement

This Product Disclosure Statement ("PDS") is an important document. This PDS describes, in summary, the key benefits, options and features (including fees and charges) that are available in Flexible Lifetime - Protection. You should read all of the PDS before applying for this product.

**More information about Flexible Lifetime - Protection is contained in the document called "FLP Facts". This PDS refers you to FLP Facts for further details about certain topics.**

FLP Facts is available online at [www.amp.com.au/flpfacts](http://www.amp.com.au/flpfacts) and may also be obtained at no charge by contacting us using the contact details on the back cover of this PDS.

This offer is available only to persons receiving it (including electronically) within Australia. We can't accept cash or applications signed and mailed from outside Australia. Monies received or paid must always be in Australian dollars.

The information contained in this PDS is of a general nature only. It isn't based on your personal objectives, financial situation and needs. You are encouraged to consult a financial planner before making any decision as to how appropriate Flexible Lifetime - Protection is to your objectives, financial situation and needs.

As the information in this PDS may change from time to time, you can obtain updated information simply:

- by asking your financial planner (if applicable), or
- by visiting [www.amp.com.au/pdsupdates](http://www.amp.com.au/pdsupdates), or
- by calling us on 133 888 to request a free paper copy of the updated information.

If the change to the information is materially adverse, we will issue a Supplementary PDS.

Flexible Lifetime - Protection Death, Total and Permanent Disablement, Trauma, Income Protection and Business Overheads Insurance are issued by AMP Life Limited ABN 84 079 300 379, AFSL No. 233671.

Flexible Lifetime - Protection (Superannuation) Death, Total and Permanent Disablement is issued by AMP Superannuation Limited (ASL) ABN 31 008 414 104, AFSL No. 233060, the trustee of the AMP Personal Superannuation Fund ABN 90 806 277 502.

Both AMP Life Limited and ASL take full responsibility for the whole of the Product Disclosure Statement (PDS). No other company in the AMP Group is responsible for any statements or representations made in this PDS. No other company in the AMP Group guarantees the performance of AMP Life Limited or ASL's obligations to customers or assumes any liability to customers in connection with Flexible Lifetime - Protection.

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# About AMP

AMP is a leading wealth management company with more than 3 million customers in Australia and New Zealand. For over 150 years, AMP has helped generations of Australian families, individuals and business enterprises safeguard and build their financial future.

We offer a wide range of financial products and services including:

- insurance
- retirement savings and income
- investments
- superannuation
- financial planning, and
- banking.

# About Flexible Lifetime - Protection

Flexible Lifetime - Protection offers flexible solutions to help protect your lifestyle and provide for your dependants. You can structure your plan to meet your needs and provide you with peace of mind. You can choose:

- a non-superannuation plan, which offers a range of insurance options including Death cover, Total and Permanent Disablement (TPD) cover, Trauma cover, Income Protection and Business Overheads Insurance, or
- a superannuation plan, which offers you Death cover and TPD cover within superannuation, where you may be eligible to take advantage of the tax benefits that superannuation can provide.

We encourage you to speak with your financial planner to help you decide which product, and which insurance options within the product, are suited to your circumstances and needs.

Your plan is backed by our Australian No. 1 Statutory Fund. As at 31 December 2007 the assets available in our Australian No. 1 Statutory Fund were more than 50% higher than the solvency reserve required under the Life Insurance Act.

As you go through life and your circumstances change so too does your financial situation. It's important at these times to ensure you are adequately protected.

## Personal

<div style="background-color: #333; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"><b>YOUNG ADULTS</b></div> <p>While you are working to accumulate assets your priority may be to protect your lifestyle expenses.</p>	<div style="background-color: #666; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"><b>ADULTS</b></div> <p>As you start to acquire significant debt (perhaps with the purchase of a home or starting a family) make sure you have enough insurance to be able to protect yourself and your family.</p>	<div style="background-color: #999; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"><b>APPROACHING RETIREMENT</b></div> <p>You may still be paying off debt or concerned with health issues. Continuing your insurance provides a safety net that if something happens your savings can stay on track for retirement.</p>
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## Business

<div style="background-color: #333; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"><b>PARTNERSHIP OR SHARE PURCHASE PROTECTION</b></div> <p>As a business owner, you may want to ensure your partners have the ability to purchase your share of the business in the event of illness or death.</p>	<div style="background-color: #666; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"><b>KEY PERSON PROTECTION</b></div> <p>You may want to protect your business in the event of the death or permanent disablement of a person who makes a significant contribution towards the profitability and capital value of the business.</p>	<div style="background-color: #999; color: white; text-align: center; padding: 5px; margin-bottom: 10px;"><b>BUSINESS EXPENSES</b></div> <p>Business Overheads Insurance can help cover your business expenses which may continue while you're unable to work.</p>
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You will find some real stories of claims we have paid for Flexible Lifetime - Protection on pages 17 and 18.

Please note that Flexible Lifetime - Protection isn't a savings product. If you end the plan at any time after the cooling off period has expired (see page 35) you won't get anything back.

## Understanding terms in this PDS

Throughout this document:

- **AMP** means the AMP Group (the AMP Group is made up of several entities, which include AMP Superannuation Limited and AMP Life Limited).
- **we, us and our**, in relation to Flexible Lifetime - Protection (Superannuation) Death, Total and Permanent Disablement means AMP Superannuation Limited, and means AMP Life Limited, for all other types of cover in this PDS.
- **you, your and yourself**, in relation to Flexible Lifetime - Protection (Superannuation) Death, Total and Permanent Disablement means the insured person, and means the plan owner, for all other types of cover in this PDS.
- **insured person(s)** is the person(s) insured under the plan.
- **AMP Life** means AMP Life Limited.
- **trustee** in relation to Flexible Lifetime - Protection (Superannuation) Death, Total and Permanent Disablement means AMP Superannuation Limited.
- **plan**, in relation to Flexible Lifetime - Protection (Superannuation) Death, Total and Permanent Disablement means your interest in the AMP Personal Superannuation Fund, and means the policy of insurance issued by AMP Life, for all other types of cover in this PDS.
- **cover** generally means the type of insurance held under the plan in respect of an insured person whether Death cover, TPD cover, Trauma cover, in connection with Trauma cover can also mean Premier, Standard and Children's level of cover, and in connection with Income Protection cover can also mean Basic, Standard and Advanced levels of cover, or Business overheads insurance cover.
- **the Fund** means the AMP Personal Superannuation Fund.

# Death, Total and Permanent Disablement and Trauma cover

<p>Purpose</p>	<p>Depending on the type of cover you choose, this plan provides a specified lump sum if you have selected:</p> <ul style="list-style-type: none"> <li>- Death cover for an insured person and they die or are diagnosed as having less than 12 months to live due to a terminal illness, or</li> <li>- TPD cover for an insured person and they become totally and permanently disabled, or</li> <li>- Trauma cover for an insured person and they suffer one of the trauma conditions we cover.</li> </ul>
<p>It's your choice</p>	<p>You can select one, or any combination of the types of cover available, subject to our approval and any limitations that apply to plans taken as superannuation.</p> <p>You can also choose:</p> <ul style="list-style-type: none"> <li>- Either Stand alone or Linked cover (see page 15).</li> <li>- Either Level or Stepped premiums (see page 31).</li> </ul>
<p>Ownership</p>	<p><b>Non-superannuation</b></p> <p>The plan can be owned by:</p> <ul style="list-style-type: none"> <li>- an individual, or</li> <li>- a company, or</li> <li>- by multiple persons (as joint tenants only), or</li> <li>- the trustee of a trust-including trustees of self-managed or small APRA superannuation funds.</li> </ul> <p>“Joint tenant” is defined at Section 6.6 of FLP Facts.</p> <p><b>Important note to trustees of self-managed and small APRA superannuation funds</b></p> <p>The product that we issue is a non-superannuation plan. Reference to superannuation plans throughout this document is in relation to individuals applying to AMP to become members of the AMP Personal Superannuation Fund and not plans that would be held by external superannuation trustees.</p> <p><b>Superannuation</b></p> <p>Your plan is owned by AMP Superannuation Limited (the trustee) as an asset of the AMP Personal Superannuation Fund.</p>
<p>Who can be insured and for how much?</p>	<p><b>Non-superannuation</b></p> <p>You can insure one person or multiple persons. For example one plan may cover all family members, or business partners. You can insure more than one person (including children) on the same plan.</p> <p><b>Superannuation</b></p> <p>Only one person can be insured under a superannuation plan.</p> <p>You can apply where insured persons are within the entry age ranges shown in the table on page 6. The age at which cover expires and maximum insured amounts are also shown in the table. The insured person's occupation, pastimes and health may restrict their available options. This will be determined when your application is being considered.</p>

TYPE OF COVER	ENTRY AGE RANGES OF THE INSURED PERSON	EXPIRES ON PLAN ANNIVERSARY AFTER THE INSURED PERSON TURNS	MAXIMUM SUM INSURED
Death (non-superannuation)	10 to 69	99	No limit (subject to conditions)
Death (superannuation)	10 to 64	74	No limit (subject to conditions)
TPD (non-superannuation)	15 to 59	99	\$3 million
TPD (superannuation)	15 to 59	74	\$3 million
Business Safeguard (non-superannuation only)	15 to 59 (Death) 15 to 54 (TPD)	65	N/A
Trauma (non-superannuation only)	13 to 59	74 (Standard) 99 (Premier)	\$2 million
Children's Trauma cover with \$25,000 inbuilt Death cover	1 to 12	16	\$100,000
Waiver of Premium (non-superannuation)	10 to 54	60	N/A
Waiver of Premium (superannuation)	15 to 54	60	N/A

This table applies to new business, as well as to increases and additions to existing plans.

## Inside or outside of super

### Superannuation and non-superannuation benefits compared

You can choose to have Death and TPD cover as non-superannuation or superannuation. If you choose a superannuation plan, you must have Death cover in order to have TPD cover. Trauma cover is available as non-superannuation only. This table describes the inbuilt features and options available both in and out of superannuation.


#### Inbuilt options

	DEATH COVER (NON-SUPER-ANNUATION)	DEATH COVER (SUPER-ANNUATION)	TPD COVER (NON-SUPER-ANNUATION)	TPD COVER (SUPER-ANNUATION)	TRAUMA COVER (NON-SUPER-ANNUATION ONLY)
24 hour worldwide coverage	✓	✓	✓	✓	✓
Financial planning benefit	✓	✗	✓	✗	✓
Funeral benefit	✓	✗	✗	✗	✗
Guaranteed future insurability	✓	✓	✓	✓	✓
Indexation feature	✓	✓	✓	✓	✓
Interim accident cover	✓	✓	✓	✓	✓
Large sum insured premium discount	✓	✓	✓	✓	✓
Linked or stand alone cover	✓	✓	✓	✓ (must have Death cover)	✓
Terminal illness benefit	✓	✓	✗	✗	✗
TPD Partial benefit	✗	✗	✓	✗	✗



### Extra cost options

	DEATH COVER (NON-SUPER-ANNUATION)	DEATH COVER (SUPER-ANNUATION)	TPD COVER (NON-SUPER-ANNUATION)	TPD COVER (SUPER-ANNUATION)	TRAUMA COVER (NON- SUPER-ANNUATION ONLY)
Business Safeguard option	✓	✗	✓	✗	✗
TPD Plus Option	✗	✗	✓	✓	✗
Own occupation option in TPD	✗	✗	✓	✓	✗
Premier Partials Plus option	✗	✗	✗	✗	✓
Premier Buy Back option	✗	✗	✗	✗	✓
Premier Trauma Reinstatement option	✗	✗	✗	✗	✓
Waiver of Premium option	✓	✓	✓	✓	✓

Throughout this section, this “Super spot”  highlights which information and options do **not** apply to superannuation plans. **All** other information in this section applies equally to non-superannuation and superannuation plans.

### Superannuation specifics (not applicable to plans owned by a Self-Managed or small APRA Superannuation Fund).

There are detailed rules on when you can, and cannot, make contributions to a superannuation plan. If you are investing on this basis, more information on these rules can be found at Section 1.1 of FLP Facts. It also sets out information on:

- nominating beneficiaries (both binding and non-binding), and
- benefit payment rules, and
- taxation, and
- the role and responsibilities of the Trustee, and
- identification requirements and collection of tax file numbers, and
- the legal structure of Flexible Lifetime - Protection (Superannuation), and
- Annual Report, and
- Regulated Superannuation Fund certification.

# Death cover

Death cover pays a specified lump sum if an insured person:

- dies, or
- is diagnosed as having less than 12 months to live due to a terminal illness (and we agree with that diagnosis).

If you have selected Death and/or TPD cover, you may also be able to choose the Business safeguard option (see page 10).

## Funeral benefit

Super 

We will advance up to \$10,000 in reimbursement of funeral expenses while the claim is being assessed. The death benefit payable will be reduced by the amount of the advance.

## Nominating a beneficiary

You may nominate one or more beneficiaries to whom payment is made in the event of your death. The rules applicable to this nomination vary depending on whether the plan is a non-superannuation or a superannuation plan.

## For non-superannuation plans

To make a nomination, there must be only one plan owner and they must be the sole insured person. If there is a change in plan ownership, any nomination will be automatically revoked.

This nomination can be cancelled at any time in writing to us. If the nomination is cancelled we will pay the estate of the plan owner.

## For superannuation plans

If your plan is owned by AMP Superannuation Limited you can nominate one or more beneficiary(ies), to receive your death benefit. You can make either a binding or non-binding nomination. We recommend that you discuss this with your financial planner.

This nomination can be cancelled at any time in writing to us. If no nomination is made or if the nomination is cancelled AMP Superannuation Limited will pay your estate.

Section 1.1 of FLP Facts has more information on making a beneficiary nomination for a superannuation plan.

# Total and Permanent Disablement (TPD) cover

TPD cover pays a specified lump sum if an insured person becomes totally and permanently disabled.

If you have selected Death and/or TPD cover, you may also be able to choose the Business safeguard option (see page 10).

## TPD full benefit

In general terms, an insured person will be “totally and permanently disabled” if they:

- suffer an injury or illness and are unable to work (by which we mean that they have been unable to work for a period of 3 months in a row and in our opinion their injury or illness means that they are unlikely to ever work in a role for which they are reasonably fitted to by education, training or experience), or
- suffer an injury or illness and are unlikely to be able to engage in home duties and have been unable to do so for a period of 3 months, or
- suffer loss of use of 2 limbs or sight of both eyes or one limb and one eye, or
- become totally and permanently unable to perform 2 or more activities of daily living such as washing themselves, dressing, feeding, etc, or
- suffer significant and permanent cognitive impairment.

After age 65, a more restricted definition of “totally and permanently disabled” will be applied.

The full definition of “totally and permanently disabled” can be found at Section 6.11 of FLP Facts.

## TPD Partial Benefit

This built-in benefit provides a partial benefit if an insured person suffers permanent loss of the sight of one eye or the use of one limb.

We will pay a benefit equal to:

- 25% of the TPD sum insured, or
- \$500,000 where the TPD sum insured is an amount greater than \$2 million.

If we pay a partial benefit, the TPD sum insured for that insured person is reduced by the amount we paid. Your premium is also reduced accordingly.

We only pay a partial benefit once for each insured person.

The full definition of TPD Partial can be found at Section 6.13 of FLP Facts.

## Own occupation option

If you choose TPD cover, you may also be able to select the own occupation option for an additional cost. This cost may vary depending on the insured person’s occupation.

Where this option has been selected, and you become disabled, we will pay you a lump sum where we consider the insured person is unlikely ever to work in their primary full-time occupation (in which they were engaged immediately prior to being disabled).

This option is only available to certain occupations which include professional, white collar workers and light blue collar (trade and light manual) workers.

For superannuation plans, payment under this option is subject to superannuation rules as explained under “Benefit payment rules” in Section 1.1 of FLP Facts.

## TPD Plus option

If you choose TPD cover Linked with Death cover, you can also select the TPD Plus option for an additional cost. “Linked Cover” is explained on page 15 under “Stand alone or Linked cover”.

This option allows you to choose to restore the level of Death cover by the amount it was reduced if the TPD full benefit is paid out before the expiry of the TPD Plus option.

There are no premiums payable for the equivalent amount of Death cover for the remaining term of the plan, from the date we make the TPD full benefit payment (premiums for any amount of Death cover in excess of the TPD amount will still be payable).

We will not reinstate Death cover under this option if a benefit for terminal illness or a partial TPD claim has been paid for the insured person. The insured person must also survive for 14 days after the full TPD payout.

This option will cease on the plan anniversary after the insured person’s 65th birthday.

Increases under the Indexation feature, Guaranteed future insurability and the Business Safeguard option cannot be made to the restored Death cover.

# Business safeguard option

If Death and/or TPD cover is selected, you can also choose the Business safeguard option for an additional cost.

This option can be used for business purposes such as:

- business succession planning (buy/sell agreement)
- loan guarantor insurance, and
- key person insurance.

It allows you to increase the level of Death cover and/or TPD cover for the nominated insured person(s), without providing further evidence of health to reflect the increasing value of the insured person's interest in a particular business or their value to that business. This gives you the flexibility to structure your insurance in line with your growing business.

The option is only available when the sum insured for Death and/or TPD cover for the insured person is \$500,000 or more. If both Death and TPD covers are selected each level of cover must be at least \$500,000. It isn't available if the insured person's plan has a premium loading or exclusion for health reasons. Before increasing the level of cover, we may also request financial evidence of the increase in value of the business from an appropriate person approved by us.

If increased cover is provided under this option, your premium will increase in line with the higher level of cover.

More information on the Business safeguard option can be found at Section 1.2 of FLP Facts.

# Trauma cover

## Claims guiding statement

Medical diagnoses and investigation methods used in many of the trauma conditions that we cover are advancing at a rapid rate. Some of these new diagnostic method(s) may prove to better define a particular trauma condition.

Should the insured person be diagnosed with one of the trauma conditions, and the method(s) used to diagnose it isn't specified within our trauma definition, we may take that method(s) into consideration. This may assist in the assessment of your claim.

Trauma cover pays a specified lump sum to the plan owner(s) if an insured person suffers one of the trauma conditions we cover (see pages 12-13) and survives for 14 days.

Most trauma conditions are covered immediately. However:

- cover for certain trauma conditions is delayed for a period of 3 months from the commencement or recommencement of this cover (refer to the tables on pages 12-13), and
- if you increase the amount of cover, we won't cover the amount of the increase for these trauma conditions for a period of 3 months from the date of the increase.

**Note:** If the insured person suffers one of these trauma conditions within the 3 months period we will never pay for that condition, even if they suffer the same trauma condition again later.

The conditions the insured person is covered for depends on the level of Trauma cover chosen. You can choose between 3 levels of Trauma cover, being:

- Standard (covers 15 trauma conditions), or
- Premier (covers 50 trauma conditions including 3 partial benefits), or
- Children's (covers 18 trauma conditions and death).

We have specific definitions and benefit payment guidelines for each of the trauma conditions as described in Section 7.0 of FLP Facts. If we pay a partial benefit, the sum insured is reduced by the amount we paid. Your premium is also reduced accordingly.

## Children's Trauma cover

Children's Trauma cover is available when a child is included as an insured person with at least one adult insured person on the plan.

Children's Trauma cover provides cover for 18 child specific trauma conditions and includes Death cover.

We pay a lump sum of:

- \$100,000 (plus CPI indexation increases where applicable) if an insured child suffers one of the trauma conditions for which they are covered and survives 14 days, or
- \$25,000 if an insured child dies.

On the plan anniversary after the insured child's 16th birthday, the \$100,000 (with any CPI increases) Children's Trauma cover will automatically be converted to Death cover.

## Premier Trauma Reinstatement option

If you choose the Premier level of cover, you can select the Trauma Reinstatement option for an additional cost.

This option allows you to apply to restore the Trauma benefit amount we have paid after a Trauma claim, without having to provide additional evidence of the insured person's health, occupation or pastimes.

This option becomes exercisable one year after we pay the full Trauma cover claim, and is available for 30 days. You can't exercise the reinstatement option if we have paid a Trauma claim for any benefit that is a partial benefit (whether under Premier cover or Premier with Partial Plus option).

The reinstated cover does not cover conditions:

- directly or indirectly related to the original trauma condition, or
- directly or indirectly related to the treatment of that condition, or
- which the insured person was diagnosed with, or suffered symptoms of, leading to a diagnosis in the 13 month period leading up to the date of reinstatement.

The reinstated cover also does not include the Indexation Feature or Guaranteed Future Insurability.

If the Premier Buy Back option applies to your plan, you must restore the Death cover on your plan at the same time you restore your Trauma cover otherwise you lose the option to restore your Death cover under the Premier with Buy Back option at a future date.

More information on Trauma Reinstatement option can be found at Section 1.3 of FLP Facts.

## Premier Partial Plus option

If you choose Premier cover, you can select the Partial Plus option for an additional cost.

This option provides you with additional Trauma cover for 5 conditions as well as the trauma conditions covered under Trauma Premier cover (see the tables below and opposite for conditions covered).

We pay the higher of \$10,000 or 10% of the Trauma Premier sum insured (to a maximum of \$25,000) to the plan owner(s) if the insured person suffers one of partial trauma conditions we cover and survives for 14 days.

If we pay a partial benefit, cover for the other trauma conditions on this plan continues, but the amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

We only pay for a partial benefit **once** for each condition.

This option will cease on the plan anniversary after the insured person's 69th birthday.

## Premier Buy Back option

If you choose Premier Linked with Death cover, you can select the Premier with Buy Back option for an additional cost.

This option allows you to apply to restore Death cover for the insured person by the amount it was reduced after payment of your claim for Trauma cover, without having to provide additional evidence of the insured person's health, occupation or pastimes.

This option becomes exercisable one year after we pay the Trauma cover claim, and is available for 30 days.

You can't exercise the Buy Back option if we have paid a trauma claim for any benefit that is a partial benefit (whether under Premier cover or Premier with Partial Plus option).

## Trauma cover Premier covers the following conditions for adults

COVER FOR THE CONDITIONS IN THIS COLUMN STARTS IMMEDIATELY		COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Alzheimers disease and other dementias	Motor neurone disease	Aortic surgery
Aplastic anaemia	Multiple sclerosis	Benign tumour of the brain or spinal cord
Blindness	Muscular dystrophy	Cancer
Cardiomyopathy	Myelodysplasia	Coronary artery angioplasty - triple vessel
Coma	Myelofibrosis	Coronary artery surgery
Encephalitis	Paralysis that is one of:	Heart attack - myocardial infarction
HIV/AIDs - medically acquired	- diplegia	Heart attack - out of hospital cardiac arrest
HIV/AIDs - occupationally acquired	- hemiplegia	Heart valve surgery
Intensive care	- paraplegia	Open Heart surgery
Kidney failure	- quadriplegia	Pneumonectomy
Liver failure	- tetraplegia	Severe rheumatoid arthritis
Loss of hearing	Parkinsons disease	Stroke
Loss of independent living	Peripheral blood stem cell or bone marrow transplant	Systemic Lupus erythematosus
Loss of speech	Peripheral neuropathy	<b>Partial benefit only:</b>
Loss of use of limbs and/or sight	Primary pulmonary hypertension	Cancer (partial)
Lung failure	Severe burns	Coronary artery angioplasty (partial)
Major head trauma	Systemic sclerosis	Parkinsons disease (partial)
Major organ transplant		

Premier Partial Plus option covers the following conditions for adults

COVER FOR THE CONDITIONS IN THIS COLUMN STARTS IMMEDIATELY	COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Partial blindness	Melanoma Prostate Cancer Severe inflammatory bowel disease Severe Osteoporosis

Trauma cover Standard covers the following conditions for adults

COVER FOR THE CONDITIONS IN THIS COLUMN STARTS IMMEDIATELY	COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Kidney failure Major organ transplant Paralysis that is one of: – diplegia – hemiplegia – paraplegia – quadriplegia – tetraplegia Peripheral blood stem cell or bone marrow transplant	Aortic surgery Cancer Coronary artery surgery Heart attack - myocardial infarction Heart attack - out of hospital cardiac arrest Heart valve surgery Stroke

Children’s Trauma cover covers the following conditions for children

THERE IS NO COVER IF THE CHILD IS LESS THAN 10 FOR THE CONDITIONS IN THIS COLUMN. FOR CHILDREN 10 AND OLDER COVER STARTS IMMEDIATELY		COVER FOR THE CONDITIONS IN THIS COLUMN IS DELAYED FOR 3 MONTHS
Blindness Death Kidney failure Loss of hearing Major head trauma Major organ transplant	Paralysis that is one of: – diplegia – hemiplegia – paraplegia – quadriplegia – tetraplegia Peripheral blood stem cell or bone marrow transplant Severe burns	Aplastic anaemia Bacterial meningitis Cancer Leukaemia Subacute sclerosing panencephalitis Viral encephalitis

# Waiver of Premium option

Waiver of Premium is an option you can choose along with Death and/or TPD and/or Trauma cover, at an additional cost.

Under this option, we will waive premiums that fall due under this plan if the insured person is totally disabled. This means that the insured person is unable, due to injury or illness, to engage in any regular remunerative work for which they are reasonably fitted by their education, training or experience for a continuous period of more than 6 months.

You can choose from 2 types of Waiver of Premium:

- **Individual life** - we waive the premium and plan fee for a particular insured person should they become totally disabled, or
- **Nominated life** (only available for non-superannuation plans) - we waive the premium and plan fee payable for all insured persons if the nominated person is totally disabled.

Your financial planner (if applicable) can help you decide which type is more appropriate to your circumstances.

This option will cease to apply to your plan on the plan anniversary after the insured person's 59th birthday. However, if we are waiving your premiums at that plan anniversary, we will continue to waive your premiums until the insured person turns 70 (providing they remain totally disabled).



# More features of Death, Total and Permanent Disablement and Trauma cover

## Guaranteed future insurability

You may increase an insured person's Death cover and/or TPD cover and/or Trauma cover without providing any evidence of health if:

- the insured person marries, or
- the insured person divorces, or
- the insured person's child is born or they legally adopt a child, or
- the insured person's child starts school, or
- the insured person is granted a housing loan by a financial institution to buy their first home, or
- the insured person completes their first undergraduate degree at a recognised Australian university, or
- The insured person has an annual income increase of \$10,000 or more, or
- the insured person becomes a carer for the first time.

You may increase the cover by the lesser of 25% of the original amount of cover or \$250,000.

You must apply for the increase within 12 months of the date the event occurs. You must provide appropriate proof of that event, that is acceptable to us, such as certification of the event or a statutory declaration.

This feature is not available for:

- Children's Trauma cover, or
- Death cover restored after exercising the TPD Plus option or Premier Buy Back option, or
- Trauma cover restored after exercising the Trauma Reinstatement option.

There are conditions for the exercise of this right including that at the date of increase the insured person is aged less than 56 years, and there are maximums imposed on increases under this feature. More information on Guaranteed Future Insurability can be found at Section 1.4 of FLP Facts.

## Financial planning benefit

Super 

### Doesn't apply to plans owned by self-managed and small APRA superannuation Funds

We will pay up to \$2,000 to reimburse you for the cost of financial planning advice after a claim has been paid on this plan.

This benefit is payable only once for each insured person on this plan, and must be claimed within 12 months of the claim being paid.

## Stand alone or Linked cover

If you select more than one type of cover for the same insured person, you need to decide whether you want:

- their remaining cover to stay the same after we pay a claim (we call this Stand alone), or
- their remaining cover to reduce after we pay a claim (we call this Linked).

Stand alone cover is more expensive than Linked cover. The decision between choosing Stand alone and Linked is an important one which your financial planner (if applicable) can help you make. More information on Stand alone and Linked cover can be found at Section 1.5 of FLP Facts.

## Indexation feature

Each year, unless otherwise agreed, the amount of cover you have for insured persons under the age of 75 years is increased by any increase in the Consumer Price Index (CPI) or 5%, whichever is higher. We don't increase the \$25,000 death cover under Children's Trauma cover. More information on the indexation feature can be found at Section 1.6 of FLP Facts.

## 24 hours a day worldwide coverage

The insured person(s) is covered worldwide, 24 hours a day, 7 days a week.

## When we won't pay

We won't pay the Death cover or any increase in the Death cover if the insured person dies (or becomes terminally ill) by their own hand within one year and 30 days of the date the cover, or the increase in cover, starts or restarts (respectively).

If your plan replaces a previous plan issued by us, or another insurer, the one year and 30 day period won't apply if you would have been entitled to claim under the previous plan, provided:

- the previous plan was in force at the time we issued your plan, and
- the previous plan was in place for at least one year and 30 days.

We will require satisfactory evidence of the above points at the time of any claim for this exception to apply.

We won't pay if the total and permanent disablement, total disablement or trauma condition was caused directly or indirectly by an intentional or deliberate act by you or the insured person.

We won't pay for a trauma condition if the insured person dies within 14 days of the trauma.

We won't pay where an insured child's trauma condition is caused by any congenital condition. Also we won't pay where the trauma condition or death is caused by alcohol or drugs, or by someone connected to the child, or either of their parents, or a de facto spouse of either of their parents.

## When your plan and cover stops

Your plan will stop when one of the following occurs:

- the last insured person under the plan dies, or
- all the cover(s) for the last insured person under the plan ends, or
- you write to us and ask to cancel your plan, or
- we cancel your plan because you haven't paid your premium or any other amount payable under the plan (see page 31), or
- your plan is cancelled by us for reasons permitted by law, or
- you have a superannuation plan and you are no longer eligible to contribute, or have others contribute, to your plan. When this happens you can apply to transfer your plan to a non-superannuation plan, as described under "Replacement option" in Section 1.1 of FLP Facts.

More information on when Death, TPD and Trauma cover stop can be found at Section 1.7 of FLP Facts.

## Real AMP customer story

**In his late 50s, Kevin\* was diagnosed with prostate cancer. Thankfully his Trauma cover meant he could focus on his recovery...**

In his mid 40s, Kevin started thinking about the health problems that could affect him later in life. After discussing his options with his financial planner, Kevin decided to take out Trauma insurance. "It just seemed like a very good thing to do and it was going to give me a lot more security. If I did become ill, I wouldn't worry so much because there would be some protection for Lisa. That was my main concern and that's why I took it out."

Sometime later, when results from a routine health check-up revealed that Kevin had prostate cancer he had to undergo treatment immediately. "It was an absolute fluke that I found out about my problem. My doctor gave me a blood test and it showed up there. The scary thing was that I had no symptoms."

In a short space of time Kevin was suddenly faced with a major life-changing event.

He was off work, undergoing treatment and having to come to terms with his condition. His wife, Lisa, was also at home providing Kevin with full-time care. At least they didn't have to worry about money, Kevin and Lisa received the money from Kevin's trauma benefit which helped them pay off outstanding bills, reduce their debts and cover the extra medical bills from Kevin's treatment. And they still had some left over to keep planning for their retirement. "It has helped ease the pressure tremendously. Once the bills were cleared, it was a big relief. It took a lot of worry away and I've been able to concentrate on my recovery and focus on going back to work."

\* Details of person have been changed to protect privacy.



## Real AMP customer story

### **When John suffered an unexpected injury, his income protection plan helped to ease some of his financial worries...**

John\* 46 has always enjoyed outdoor activities, maintained a healthy lifestyle and successfully managed his own business.

When John started feeling pain in his left wrist he initially dismissed the pain as arthritic. He went to the doctor only when it became more severe and they found he had a fractured left wrist, caused by gradual deterioration of the joint. John underwent surgery to fuse his left wrist with plates and screws, and for a bone graft. Further examination revealed a similar condition in his right wrist and as a result, he required ongoing treatment and extensive rehabilitation for both of his wrists.

John submitted his income protection claim and the monthly benefit helped John pay his rent, household bills and medical expenses. Without the regular income John would have had to rely on a government pension and social security benefits, which wouldn't have allowed him to maintain his previous lifestyle.

To help John re-enter the workforce, AMP paid for courses for John so he could obtain new skills. John's story would have been very different if he didn't have income protection. "The fact is, I wouldn't be where I am today if I didn't have the insurance policy. The stress and pressure of not having an income really affected my emotional wellbeing. I'm going back to work and will start making a better income again for a better way of life."

\* Details of person have been changed to protect privacy.



# Income Protection

Purpose	<p>This plan provides you with a regular income while the insured person is totally disabled and is unable to work due to illness or injury. We will pay you an income for a period you select. We also pay if the insured person is partially disabled, that is if, after being unable to work, the insured person returns to work but earns less due to illness or injury.</p>																																																				
It's your choice	<p>This insurance is flexible and can be tailored to your circumstances. The amount we pay will depend upon whether you select Agreed value or Indemnity. Agreed value and Indemnity are explained on page 22.</p> <p>After you have selected whether you want Agreed value or Indemnity, you may select:</p> <ul style="list-style-type: none"> <li>- How long you want to be paid for (the benefit period).</li> <li>- The type of premium you want to pay-either Stepped or Level.</li> <li>- How long the insured person must have been totally disabled before we start paying you (the waiting period), and</li> <li>- The level of cover you want-Advanced, Standard or Basic.</li> </ul> <p>Your options are set out in the following table:</p> <table border="1" data-bbox="475 920 1374 1485"> <thead> <tr> <th rowspan="2">HOW LONG WE PAY - THE BENEFIT PERIOD</th> <th colspan="2">THE OLDEST THE INSURED PERSON CAN BE WHEN YOU APPLY</th> <th rowspan="2">EXPIRES WHEN THE INSURED PERSON TURNS</th> <th rowspan="2">WAITING PERIODS AVAILABLE (WEEKS)</th> </tr> <tr> <th>LEVEL PREMIUM</th> <th>STEPPED PREMIUM</th> </tr> </thead> <tbody> <tr> <td colspan="5"><b>ADVANCED AND STANDARD COVER</b></td> </tr> <tr> <td>Until the insured person turns 65</td> <td>59</td> <td>54</td> <td>65</td> <td>2, 4, 8, 13, 26, 52, 104</td> </tr> <tr> <td>Until the insured person turns 60</td> <td>54</td> <td>49</td> <td>60</td> <td>2, 4, 8, 13, 26, 52, 104</td> </tr> <tr> <td>For 5 years</td> <td>54</td> <td>49</td> <td>60</td> <td>2, 4, 8</td> </tr> <tr> <td>For 2 years</td> <td>54</td> <td>49</td> <td>60</td> <td>2, 4</td> </tr> <tr> <td>For 1 year</td> <td>N/A</td> <td>49</td> <td>60</td> <td>4</td> </tr> <tr> <td colspan="5"><b>BASIC COVER</b></td> </tr> <tr> <td>For 5 years</td> <td>N/A</td> <td>49</td> <td>60</td> <td>2, 4, 8</td> </tr> <tr> <td>For 1 or 2 years</td> <td>N/A</td> <td>49</td> <td>60</td> <td>2, 4</td> </tr> </tbody> </table> <p>This table applies to new business, as well as to increases and additions to existing plans.</p> <p>The insured person's occupation, pastimes and health may restrict your available options. This will be determined when your application is being considered. For more information, refer to Section 2.1 of FLP Facts.</p>	HOW LONG WE PAY - THE BENEFIT PERIOD	THE OLDEST THE INSURED PERSON CAN BE WHEN YOU APPLY		EXPIRES WHEN THE INSURED PERSON TURNS	WAITING PERIODS AVAILABLE (WEEKS)	LEVEL PREMIUM	STEPPED PREMIUM	<b>ADVANCED AND STANDARD COVER</b>					Until the insured person turns 65	59	54	65	2, 4, 8, 13, 26, 52, 104	Until the insured person turns 60	54	49	60	2, 4, 8, 13, 26, 52, 104	For 5 years	54	49	60	2, 4, 8	For 2 years	54	49	60	2, 4	For 1 year	N/A	49	60	4	<b>BASIC COVER</b>					For 5 years	N/A	49	60	2, 4, 8	For 1 or 2 years	N/A	49	60	2, 4
HOW LONG WE PAY - THE BENEFIT PERIOD	THE OLDEST THE INSURED PERSON CAN BE WHEN YOU APPLY		EXPIRES WHEN THE INSURED PERSON TURNS	WAITING PERIODS AVAILABLE (WEEKS)																																																	
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<p>Ownership</p>	<p>The plan can be owned by:</p> <ul style="list-style-type: none"> <li>- an individual, or</li> <li>- the trustee of a self managed or small APRA superannuation fund.</li> </ul> <p><b>Self Managed or small APRA Superannuation Fund trustee owners must read the following information.</b></p> <p>The trustee of a self-managed or small APRA superannuation fund is solely responsible for ensuring that they have received independent financial, legal and taxation advice about their ability to purchase one of these AMP products. AMP will make all payments to the trustee of the superannuation fund. The distribution of benefits to a member of the self-managed or small APRA superannuation fund is the responsibility of the trustee of that fund and they will be responsible to determine whether benefits can be distributed to members of the fund in conformity to the trust deed governing the fund and superannuation law, and for assessing the taxation implications of doing so.</p> <p>We strongly recommend that the trustee specifically requests advice in relation to the tax deductibility of premiums, the impact of the sole purpose test requirements of the Superannuation Industry (Supervision) Act 1993 (SIS), the release of any insurance payments received by the trustee under these products in light of the cashing restrictions under SIS, and the tax deductibility of the payments to the member by the trustee. Some benefits paid under the policy may need to be preserved by the trustee until there is a nil cashing restriction under SIS.</p> <p>Benefits paid into the fund under the policy may be assessable income of the fund. The amount is assessable as income to the member and taxed at their marginal rate of tax. This is because the benefits replace income that would be assessable income and these payments are excluded from the definition of "superannuation benefits".</p>
<p>Who can be insured and for how much?</p>	<p>Only one person can be insured under each plan. When this insurance starts, the insured person must be at least 19 years old.</p> <p>We only insure certain types of occupations and the insured person must be working at least 25 hours per week.</p> <p>You can choose a maximum monthly benefit up to 75% of the insured person's monthly earned income. The maximum monthly benefit is the most we will pay you if the insured person is totally disabled. The minimum monthly benefit is currently \$1,250.</p> <p>Refer to Section 2.2 of FLP Facts for more information on how much the insured person can be insured for.</p>

## Advanced, Standard or Basic

The table below summarises the differences in features between Advanced, Standard and Basic plans. Advanced is our most comprehensive level of cover, offering additional in-built features and optional extras. Advanced premiums are higher than Standard and Standard premiums are higher than Basic. More detailed information is included throughout the PDS.

FEATURES	ADVANCED	STANDARD	BASIC
14 day cooling off period	✓	✓	✓
24 hour cover worldwide	✓	✓	✓
Agreed value or Indemnity	✓	✓	✓
Automatic CPI increase in benefit while not on claim	✓	✓	✓
Automatic CPI increase in benefit while on claim	✓	Opt	Opt
Choice of waiting period	✓	✓	✓
Partial disability payment	✓	✓	✓
Choice of benefit period	✓	✓	✓
Cover guaranteed to continue after a claim has been paid*	✓	✓	✗
Death feature	✓	✓	✗
Guaranteed future insurability	✓	✓	✓
Interim accident cover	✓	✓	✓
Rehabilitation bonus	✓	✓	✓
Rehabilitation costs feature	✓	✓	✓
Superannuation contribution option	Opt	Opt	Opt
Up to 3 months payment while overseas	✓	✓	✓
Accommodation benefit	✓	✗	✗
Bedcare feature	✓	✗	✗
Domestic transport benefit	✓	✗	✗
Family support benefit	✓	✗	✗
Major fracture or loss feature	✓	✗	✗
Trauma feature	✓	✗	✗
Chronic condition option where the benefit period is to age 60 or to age 65	Opt	✗	✗
Day 1 accident option	Opt	Opt	✗

\* For Basic plans, if you pay the premium on time and we haven't paid any claims under the plan, we will keep the plan going on the same terms each year and won't cancel it or any part of it. However, we can cancel or change the terms of the plan after we have finished paying a claim, as described in Section 2.3 of FLP Facts.

## How we decide if the insured person is totally disabled

We will pay if the insured person is so ill or injured that they can't do their usual occupation. They must remain under the ongoing care and attention of their doctor and not do any remunerative work.

More information on the approach that we adopt in assessing whether an insured person is totally disabled can be found at Section 6.12 of FLP Facts.

## Partial disability

Where having already been totally disabled, the insured person has returned to work, and because of their illness or injury they earn less, the insured person is partially disabled. More information on Partial disability can be found at Section 2.4 of FLP Facts.

## Decide whether you want Agreed value or Indemnity

You may choose an Agreed value or Indemnity plan. A lower premium is charged for Indemnity plans and the amount we pay at the time of claim may be lower.

### Agreed value

When we determine what we pay under Agreed value, we base it on the maximum monthly benefit.

### Indemnity

When we determine what we pay under Indemnity, we base it on the insured person's income in the 12 months immediately before they became unable to work. How we determine "Income" is further explained at Section 6.5 of FLP Facts.

## How much we pay

The amount we pay won't exceed the maximum monthly benefit that applies at the time of the claim.

Refer to Section 6.7 of FLP Facts for more information on maximum monthly benefit.

## When the insured person is totally disabled

Where the insured person is totally disabled and isn't receiving regular income from other sources, then:

- we will pay you the maximum monthly benefit if you have chosen Agreed value, or
- if you have chosen Indemnity we will pay you a benefit which is 75% of the insured person's income in the 12 months immediately before they became unable to work.

If the insured person is receiving income from other sources, we may reduce the amount we pay to reflect this, as explained at Section 2.5 of FLP Facts.

## When the insured person is partially disabled

If the insured person is partially disabled we pay the amount we would pay if they were totally disabled, reduced by a percentage to reflect what they are earning and receiving from other sources.

The formula we use to work out how much to pay is described in Section 2.4 of FLP Facts.

## Indexation feature

Each year, unless otherwise agreed, we increase the maximum monthly benefit by any annual increase in the Consumer Price Index (CPI). CPI is defined at Section 6.3 of FLP Facts.

## Claim escalation

For Advanced plans, we continue to increase the Maximum Monthly Benefit by any increase in the CPI while we are paying a claim. For Standard and Basic plans, we only do this if you have added the Claim escalation option at an additional cost. Refer to Section 2.6 of FLP Facts for more information on Claim escalation.

## When we pay

We start paying when:

- the insured person has been totally disabled, or
- the insured person has been partially disabled (after they have been totally disabled for 7 days),

for a specified period. We call this the "waiting period".

You choose the length of the waiting period when you apply for this insurance. The available waiting periods are set out in the table on page 19, Your financial planner will be able to help you decide what waiting period would be suitable for you.

Because we pay in arrears, we make the first payment one month after the waiting period ends.

## Ability to work during the waiting period

The insured person may work during the waiting period for 5 days (or less) in a row without the waiting period starting again. The waiting period will end when the number of days the insured person has been totally disabled, or partially disabled after they have been totally disabled for 7 days, equals the waiting period.

If the insured person works for more than 5 days in a row during the waiting period, that waiting period stops and must restart if they are again totally disabled or partially disabled.



## How long we pay

You choose the maximum length of time that benefits can be paid to you (the “benefit period”) under this insurance at the time you apply for this insurance. The available benefit periods are set out in the table on page 19.

We stop paying when the benefit period ends - even if the insured person is still unable to work. Refer to Section 2.7 of FLP Facts for more information about what happens when the benefit period ends.

We stop paying for Partial disability when the benefit period ends, or the insured person earns their full income again. For Standard and Basic plans, when we are paying under Partial disability, the longest we will pay is 2 years.

## If the insured person suffers a relapse

A “relapse” occurs when the insured person suffers the same illness or injury as previously, and the illness or injury arises from the same or a related cause. What happens when a relapse occurs depends on the type of plan chosen, as described in Section 2.8 of FLP Facts.

## When your plan stops

Your plan will stop when one of the following occurs:

- the insured person reaches the plan expiry age, or
- you write to us and ask to cancel your plan, or
- we cancel your plan because you haven’t paid your premiums or any other amount that relates to the plan, or
- the insured person dies, or
- your plan is cancelled by us for reasons permitted by law, or
- your plan is a Basic plan and it is cancelled after a claim, or
- the insured person leaves work permanently for reasons other than illness or injury.

We continue to provide cover for 12 months after the insured person temporarily stops working for reasons other than illness or injury. Then the cover changes, as described in Section 2.9 of FLP Facts.

## On hold option

You can ask us to put the plan “on hold” within the first 12 months after the insured person stops remunerative work. While the plan is “on hold” your premium is reduced. Being “on hold” means, we won’t pay for any illness or injury which happens to the insured person during this period.

You must tell us when you want to take the plan “off hold”. When the plan goes “off hold” the premium will then be based on our premium rates which apply at the

time. However, if the insured person leaves the workforce permanently for reasons other than illness or injury, the cover ends as soon as the insured person leaves work.

## When we won’t pay

We won’t pay if you injure the insured person directly or indirectly by your intentional or deliberate act, if the insured person injures themselves, or if the insured person’s illness or injury was caused by war.

We don’t regard pregnancy or childbirth as either an illness or an injury, so we don’t pay for these conditions. However, we will pay if the insured person is unable to work because they suffer complications during pregnancy or while giving birth.

## How often you can claim

Provided that the relevant benefit definitions and conditions as described in this PDS are met, there are generally no limits on the number of times that you can claim. We will have the option of cancelling your plan after a claim if you have selected Basic cover (see Section 2.3 of FLP Facts).

## 24 hours a day worldwide coverage

The insured person is covered worldwide, 24 hours a day, 7 days a week.

However, if we are paying while the insured person is outside Australia or New Zealand, payment beyond 3 months is at our discretion.

If the insured person has been outside of Australia for more than 30 days and they become unable to work for at least 14 days, we will assist their return to Australia. We will reimburse out of pocket costs up to the cost of a single economy airfare.

## Rehabilitation costs feature

We reimburse rehabilitation costs that are approved by us, for equipment or programs, such as:

- wheelchairs, home and motor car modifications.
- prosthetic devices (for example, artificial limbs), and
- rehabilitation program fees.

We do this while the insured person is unable to work, both during the waiting period and while we are paying under this plan.

The insured person’s doctor must certify that the expense is necessary for the insured person’s rehabilitation and we may reduce what we pay by amounts you receive from other sources.

We will pay up to 12 times the maximum monthly benefit.

## Rehabilitation bonus

We will pay an additional one-third of the maximum monthly benefit we would pay if the insured person is totally disabled for up to 12 months while they participate in a rehabilitation program approved by us.

We do this while the insured person is totally disabled, both during the waiting period, and while we are paying under this plan.

## Guaranteed future insurability

You may increase your monthly benefit without providing any evidence of health when the insured person's income increases.

You may increase the cover by the lesser of 10% of the maximum monthly benefit or \$1,000 per month. You may apply for the increase once every 12 months, and must provide us with appropriate proof of the insured person's increase in income. There are conditions for the exercise of this right including that at the date of increase the insured person is aged less than 56 years. More information on Guaranteed Future Insurability can be found at Section 2.10 of FLP Facts.

## Death feature

The Death feature is included with Advanced and Standard plans only.

If the insured person dies while we are paying monthly benefits to you, we will pay an additional amount equal to 6 times the monthly benefit (subject to a maximum of \$60,000) that would be payable if the insured person were totally disabled. We won't pay under this feature if the insured person dies during the waiting period or where the insured person is over 65 at the time of death.

## Advanced cover inbuilt features

Advanced is our most comprehensive level of cover. It includes the following features, which Basic and Standard don't have.

## Trauma feature

Cover for this feature starts 3 months after the plan starts. We pay you for 6 months if the insured person suffers any one of the following trauma conditions:

- Aortic surgery
- Cancer
- Coma
- Coronary artery surgery
- Heart attack - myocardial infarction
- Heart attack - out of hospital cardiac arrest
- Heart valve surgery
- Intensive care
- Kidney failure
- Major head trauma
- Major organ transplant
- Open heart surgery
- Peripheral blood stem cell or bone marrow transplant
- Severe burns
- Stroke.

We pay even if the insured person doesn't stop work.

We have specific definitions and benefit payment guidelines for each of the trauma conditions as described in Section 7.0 of FLP Facts.

We start to pay from the date the insured person suffers this condition (ie you do not need to wait until the end of the waiting period) but as we pay in arrears, your first payment will be made at one month from that date.

When we pay under this feature we won't reduce the amount we pay by any other income the insured person receives.

If the insured person is still totally disabled at the end of the 6 months (or at the end of the waiting period where the waiting period is longer than 6 months), we'll continue to pay your total disability benefit. Refer to Section 2.11 of FLP Facts for more information on the Trauma feature.

## Bedcare feature

If the insured person is totally disabled and their doctor requires them to be under the full-time care of a registered nurse, for 3 or more consecutive days during the waiting period, we pay you a benefit. We pay you the monthly benefit during the waiting period for a period of up to 180 days. More information on this benefit can be found at Section 2.12 of FLP Facts.

## Major fracture or loss feature

If the insured person suffers certain fractures or losses we pay your monthly benefit for the specified number of months shown in the following tables (up to your benefit period). We pay even if the insured person doesn't stop work.

### Fractures covered

WE COVER FRACTURE OF	PAYMENT PERIOD
The spine causing paraplegia or quadriplegia	60 months
Thigh	3 months
Pelvis	3 months
Leg between the knee and foot	2 months
Kneecap	2 months
Ankle	2 months
Upper arm	2 months
Shoulder blade	2 months
Hand (requiring a plaster cast or surgery)	1 month
Forearm above wrist	1 month
Wrist	1 month
Collar bone	1 month

### Losses covered

WE COVER PERMANENT AND IRRECOVERABLE LOSS OF USE OF	PAYMENT PERIOD
Both feet, or both hands	24 months
The entire sight of both eyes	24 months
Any 2 of, a foot, a hand, and the entire sight of one eye	24 months
One leg at or above the knee joint	18 months
One arm at or above the elbow	18 months
One foot, or one hand, or the entire sight of one eye	12 months
The entire thumb, and index finger, of the same hand	6 months

We start to pay from the date the insured person suffers the fracture or loss (ie you do not need to wait until the end of the waiting period) but as we pay in arrears, your first payment will be made at one month from that date.

If the insured person is still totally disabled when we finish paying for this period of time (or at the end of the waiting period where the waiting period is longer than this period), we'll continue to pay your total disability benefit.

## Domestic transport benefit

If the insured person is in Australia but more than 100km from their usual residence when they become totally disabled, and requires emergency transportation within Australia, we will reimburse costs directly arising from their transportation other than:

- ambulance services, or
- costs reimbursed from other sources.

This benefit is payable only once in any 12 month period and will be limited to an amount equivalent to 3 times the maximum monthly benefit payable.

## Accommodation benefit

We will reimburse the reasonable accommodation expenses of an immediate family member who accompanies the insured person if:

- you are eligible for a Bedcare benefit, and
- the insured person became totally disabled and remains over 100km away from home.

We will pay up to \$250 per day for a maximum period of 60 days. This benefit is only payable once in any 12 month period.

## Family support benefit

We will pay an additional amount while the insured is totally disabled if:

- we have been paying you the monthly benefit under this plan for more than one month, and
- the insured person requires the full-time assistance of either:
  - a registered nurse (not being their immediate family member), or
  - an immediate family member who was in full-time paid employment when they became totally disabled but who stops all paid employment to look after the insured person.

Under this benefit we will pay the lesser of \$150 per day or one-thirtieth of the maximum monthly benefit payable for a maximum period of 6 months on any one claim.

## Optional features

The following features can be selected for Advanced, Standard and Basic plans.

### AIDS exclusion option

Your premium is reduced if you choose this option.

If you choose this option no benefit will be paid for disability arising from the presence of HIV, AIDS or any AIDS-related illness in the insured person's body.

### Superannuation contribution option

If you choose this option, we will pay you an extra amount if the insured person is unable to work. The additional amount is 12% of the monthly benefit that we pay you. It may be paid into a complying superannuation fund. More information on Superannuation contribution option can be found at Section 2.13 of FLP Facts.

## Optional feature available with Advanced and Standard plans only

### Day 1 accident option

If you choose this option a different waiting period will apply if the insured person is totally disabled as a result of an accident. If the insured person is totally disabled for at least 3 days in a row due to an accident, we start to pay you from the day they were totally disabled. This means you do not have to wait for the waiting period to end to be eligible for payment.

This benefit is payable until the end of your waiting period or for 30 days, whichever occurs first. We pay monthly in arrears.

We will not pay under this option if we are paying under the Trauma feature or Major fracture or loss feature.

## Optional feature available with Advanced plans only

### Chronic condition option (not available for Indemnity plans)

Chronic condition option is intended to insure you against a situation where the insured person suffers some progressive deterioration in health due to a chronic incurable physical condition which leads to an inability to work full-time.

The insured person doesn't need to meet the waiting period. We pay so that the total the insured person earns from work plus what we pay equals the amount we would pay if they were totally disabled.

We don't pay for non-physical, psychosomatic or psychiatric conditions. More information on Chronic condition option can be found at Section 2.14 of FLP Facts.

# Business Overheads Insurance

Purpose	<p>This plan reimburses eligible business overheads for up to one year with a possible extension period of up to 6 months, while the insured person is totally disabled because they are ill or injured. We start to pay after the insured person has been totally disabled for either 2 or 4 weeks-the waiting period.</p> <p>We also pay if the insured person is partially disabled, that is, after being unable to work, the insured person returns to work but earns less due to illness or injury.</p>
Ownership	<p>This plan can be owned by the person or business entity that incurs the overhead costs of the business.</p>
Who can be insured and for how much?	<p>Only one person can be insured under each plan. When this insurance starts the insured person must be at least age 19.</p> <p>The insured person's occupation, pastimes and health may restrict their available options. This will be determined when the application is being considered.</p> <p>You can choose a maximum monthly benefit up to 100% of your monthly business expenses. The minimum monthly benefit is currently \$1,250.</p>

## Eligibility

To be eligible for this insurance, you need to show us that:

- the insured person's efforts are largely responsible for generating the business cashflow (or their share of its cashflow), and
- if the insured person were unable to work, that cashflow would significantly decline, or even cease, and
- the insured person is responsible for payment (or their share) of company expenses.

This plan is particularly appropriate for:

- Small businesses, partnerships with 5 or less partners and sole traders. Generally, it doesn't matter how that business is structured or who owns it.
- Businesses where the cashflow is earned as a result of services rendered, eg professionals or consultants.

Generally it won't be suitable for businesses where cashflow is earned from the sale of goods, eg retail shopkeepers.

## Location of the business

The part of the business the insured person is involved in needs to be managed from Australia, and the business must be liable to submit a taxation return in Australia. If the business doesn't meet these conditions, we may still agree to insure this person - but it is unlikely.

## What we pay you

We pay you the lower of:

- the monthly sum insured you choose, increased by any increases in the CPI, and
- the eligible overheads the business has actually paid in the previous month.

What we pay may be reduced by:

- any amount the insured person or the business receives from any other business expense insurance they have, and
- any amount which the person who replaces the insured person generates.

## The type of overheads we pay

Some examples of the eligible overheads we pay include:

- Salaries of most non-income producing staff.
- Workers compensation and superannuation costs.
- Rent and mortgage interest on business premises - unless the premises are also the insured person's residence.
- Property rates and property taxes.
- Leasing costs of office equipment and motor vehicles.
- Electricity, water, gas and telephone bills.
- Cleaning and laundry bills.
- General insurance premiums.
- Subscriptions to professional associations.
- Advertising costs, and
- Accountants and auditors fees.

## The type of overheads we won't pay

Some examples of the overheads that we won't pay include:

- the insured person's remuneration, or
- remuneration of people who earn income for the business, eg sales staff, or
- remuneration of any member of the insured person's family who has been employed in the business for less than 3 months when the insured person becomes totally disabled, or
- the cost of stock, equipment or other assets of the business, or
- rent or mortgage on a private residence even if it is used for business purposes, or
- any tax the business has to pay, or
- depreciation, or
- expenses which the business doesn't incur regularly, or
- expenses which aren't normal and necessary for the business.

## Coping with peaks and troughs

We aim to help you cope with peaks and troughs in eligible business overheads from month to month, while the claim continues.

This means that where in any month eligible business overheads exceed your maximum monthly benefit, but we have not paid the maximum monthly benefit in all prior months under the same claim, we will pay you an additional benefit up to the total of amounts not paid in earlier months.

Where:

- your eligible business overheads are higher than the maximum monthly benefit in a particular month, but
- we have paid less than the maximum monthly benefit multiplied by the number of months we have been paying for this claim,

then we will pay any amounts that we haven't paid in earlier months up to the amount of your eligible business overheads for that month.

## When we pay

We start paying when the insured person has been:

- totally disabled, or
- partially disabled (after being totally disabled for 7 days during the waiting period),

for a specified waiting period (2 or 4 weeks). Because we pay in arrears, we make the first payment one month after the waiting period ends.

## Ability to work during the waiting period

The insured person may work during the waiting period for 5 days (or less) in a row without the waiting period starting again. The waiting period will end when the number of days the insured person has been totally disabled, or partially disabled after they have been totally disabled for 7 days, equals the waiting period.

If the insured person works for more than 5 days in a row during the waiting period, that waiting period stops and must restart if they are again totally disabled or partially disabled.

## How we decide whether the insured person is totally disabled

You can claim if the insured person is so ill or injured that they can't do their usual occupation. They must remain under the ongoing care of their doctor and must not do any remunerative work.

Our approach to assessing whether the insured person is totally disabled is described in Section 6.12 of FLP Facts.

## When you are partially disabled

If the insured person is partially disabled we pay the amount we would pay if they were totally disabled, reduced by a percentage to reflect what they are earning. The formula we use to work out how much to pay is described in Section 3.1 of FLP Facts.

## How long we pay

We pay for up to 12 months. This period is called the benefit period. If we have paid for the full 12 months we won't pay again unless:

- the insured person suffers a different illness or injury, or
- the insured person has worked in their usual occupation for their usual income for at least 6 months since we stopped paying.

## Relapse

If the insured person suffers the same illness or injury, or one that arises from the same or a related cause, within 6 months after we stop paying, we will pay any remaining months of the 12 month period - the waiting period doesn't apply again.

## Benefit period extension

If we have been paying you for a period of 12 months, we will extend the period we pay you if the total amount we have paid is less than 12 times the maximum monthly benefit.

The period of extension will be:

- six months, or
  - until the total amount we have paid equals 12 times the maximum monthly benefit, or
  - until the insured person is able to work, or
  - until the plan ends,
- whichever comes first.

## Locum bonus

When the business employs someone to replace the insured person, eg a locum:

- we provide a one-off bonus payment of \$1,000, and
- if all of the reasonable costs of employing that replacement person, eg salary, travel, accommodation, superannuation, etc exceed the Business Income<sup>1</sup> the replacement person generates, then we will treat that excess as an eligible business overhead.

Section 3.2 of FLP Facts has more information about the Locum bonus.

## 24 hours a day worldwide coverage

You are covered worldwide, 24 hours a day, 7 days a week. However, if we are paying while you are outside Australia or New Zealand, payment beyond 3 months is at our discretion.

## Indexation feature

Each year, unless otherwise agreed, we increase the maximum monthly benefit by any increase in the CPI.

## AIDS exclusion option

If you choose this option no benefit will be paid for disability arising from the presence of HIV in the insured person's body, or AIDS or any AIDS-related illness. Your premium is reduced if you choose this option.

## When your plan stops

Your plan will stop when any of the following occurs:

- the insured person's 65th birthday, or
- the insured person dies, or
- you write to us and ask us to cancel your plan, or
- we cancel your plan because you haven't paid your premiums or any other amount that relates to the plan, or
- your plan is cancelled by us for reasons permitted by law.

We continue to provide cover for 12 months after the insured person temporarily stops working for reasons other than illness or injury. Then the plan stops - that is, we won't pay for any illness or injury which the insured person suffers after that date.

## On hold option

You can ask us to put the plan "on hold" within the first 12 months after the insured person stops remunerative work. While the plan is "on hold" your premium is reduced. Being "on hold" means, we won't pay for any illness or injury which happens during this period.

## When we won't pay

We won't pay if you injure the insured person directly or indirectly by your intentional or deliberate act, or the insured person injures themselves directly or indirectly by their own intentional or deliberate act, or if the insured person's illness or injury was caused by war.

We don't regard pregnancy or childbirth as either an illness or an injury, so we won't pay for this condition. However, we will pay if the insured person is totally disabled because they suffer complications during pregnancy or while giving birth.

## How often you can claim

Provided that you meet the relevant benefit definitions and conditions described in this PDS, there are generally no limits on the number of times that you can claim.

1. Business Income means the share of monthly income earned by the business as a result of the insured person's personal exertion or activities. We do not include investment income.





# Premiums and fees

The costs associated with this plan are comprised of premiums and fees. Both are described in this section.

## Minimum premium

For Death, TPD, Trauma plans there is a minimum annual premium of:

- \$250 pa for the first adult insured person, and
- \$200 pa for each subsequent adult insured person.

These amounts include the annual plan fee.

## Choice of premium type

You can choose either Level or Stepped premiums for the following benefits:

- Death cover
- TPD cover
- Trauma cover
- Income Protection Advanced, and
- Income Protection Standard.

For Income Protection Basic and Business Overheads Insurance, premiums are Stepped.

If you choose a level premium, the premium will continue to be based on your age when you started the plan.

If you choose a stepped premium, your current age will determine the premium payable each year.

For more information on the difference between Stepped and Level premiums refer to Section 4.1 of FLP Facts.

## How your premium is calculated

Your premium is calculated based on the insurance amount you have applied for and additional options you may wish to add. The method used in calculating your premium will vary depending on the type of cover you select. As a rough guide, in calculating the premium for each part of your insurance we use a base premium rate, which is dependant on your age, gender, smoking status and other factors. The base premium rate is then multiplied by the amount of insurance selected to give your base premium. Refer to Section 4.2 of FLP Facts for more information on how your premium is calculated, premium factors affecting your premium and sample premiums.

## Premium rates aren't guaranteed

Your premium rates whether Stepped or Level aren't guaranteed. Premium rates can vary at any time. Any increase in your premium will apply at your next plan anniversary (except where you have made a change to your plan).

You cannot be singled out for an individual premium rate variation.

We will notify you at least 30 days before any increase in your premium takes effect, unless it is a result of:

- an increase in the amount of insurance eg if you increase your insurance, or
- a change in Government stamp duty charges.

## Sum insured discounts and loadings

We apply discounts or loadings to the premiums for:

- Death, TPD and Trauma cover, and
- Income Protection,

based upon the size of sum insured selected. We can change discount rates at any time. The current discounts and loadings are set out in Section 4.3 of FLP Facts.

## If you stop paying premiums

If you don't pay each premium within 30 days of it being due, we will take steps to end the plan. We will remind you if we don't receive your premium.

## Pay no premium while we are paying you

For Income Protection or Business Overheads Insurance, while we are paying your claim, you don't have to pay a premium.

## Plan fee

The premium includes an annual plan fee. Each year, we may increase it by any increase in the CPI.

The plan fees for 2008 are:

- Death, Total and Permanent Disablement and Trauma - \$76.30\* pa for the first insured person, and a further \$15.26^ pa for each subsequent insured person you include in the plan.
- Death, Total and Permanent Disablement (Superannuation) \$76.30\* pa.
- Income Protection and Business Overheads Insurance - \$76.30\* pa for the first plan, and \$15.26^ pa for any other income protection plan or business overheads plan taken out at the same time to cover the same insured person.

\* From 1 January 2009: \$80.10.

^ From 1 January 2009: \$16.00.

## Premium payment options

You can pay premiums either yearly, half-yearly or monthly by direct debit from your:

- bank, building society or credit union account, or
- credit card (Mastercard, VISA or American Express).

Refer to Section 4.4 of FLP Facts for the Direct debit service agreement.

You may also pay yearly or half-yearly by cheque, BPAY or Post Billpay.

The premium payment options are subject to change at our discretion.

## Premium frequency fee

If you pay the premium more often than yearly, an extra fee is included in the premium, as described in Section 4.5 of FLP Facts.

## Government duties

In addition to premiums for any insurance cover, government stamp duty or a similar tax may also be payable.

Stamp duty is either incorporated into the base premium or is an additional charge. If it is deducted as an additional charge it will be shown on your annual statement.

More information on government duties can be found at “Government duties” in Section 4.2 of FLP Facts.

As stamp duty differs between States/Territories it is important that you inform us of any changes to the address of the first insured person on your plan.

If the personal statement is completed using AMP’s *easywrite* automated underwriting for insurance cover, depending on the commission structure selected, the commission (including GST) is:

- 130% of the first year’s premiums and 11% of premiums for that year and each subsequent year, or
- 70% of the first year’s premiums and 22% of premiums for that year and each subsequent year, or
- 30.25% pa of premiums.

Your premium will be the same whether or not *easywrite* automated underwriting is used by your planner to complete your personal statement.

Your financial planner will notify us at the time of application of the required commission structure.

All of the rates quoted above include 10% GST which your financial planner is required to pay to the Australian Taxation Office. These commission rates apply at November 2008. You can contact your financial planner or us for any changes to commission rates.

## Alternative commission

You and your financial planner can agree to an alternative to the standard initial commission and ongoing service commission as well as the commission on insurance premiums. If lower commission on insurance is agreed between you and your financial planner, the cost of your insurance will be reduced.

Refer to Section 4.6 of FLP Facts for information on the Alternative Forms of Remuneration Register.

## Payments to your financial planner

### Standard commission

AMP Life will normally pay a standard commission to the financial planner for your plan. We pay this out of the insurance premiums - you don’t pay this additional amount. If you do not have a financial planner, then the premium is still the same.

Depending on the commission structure selected, the standard commission (including GST) is:

- 112.75% of the first year’s premiums and 11% of premiums for that year and each subsequent year, or
- 55% of the first year’s premiums and 22% of premiums for that year and each subsequent year, or
- 30.25% pa of premiums.

# Dispute resolution, taxation and other important information about Flexible Lifetime - Protection

## Enquiries and complaints process

If you need any additional information about the operation or management of your plan, or if you have a concern or complaint, then please contact your financial planner or contact an AMP Customer Service Officer.

We have established procedures to deal with any complaints. If you make a complaint, we will:

- acknowledge its receipt and ensure an appropriate person properly considers the complaint, and
- respond to you as soon as we can.

Refer to Section 5.1 of FLP Facts for more information about our internal complaints process.

## For non-superannuation plans

If we cannot resolve your complaint to your satisfaction within 45 days, then you may have the right to lodge a complaint with the Financial Ombudsman Service (FOS). This industry sponsored external service was established to help clients with complaints they cannot resolve directly with their company. It is independent and impartial. Please try to resolve your complaint directly with us before contacting the FOS.

### Financial Ombudsman Service

Phone: 1300 78 08 08  
Fax: 03 9613 6399  
Website: [www.fos.org.au](http://www.fos.org.au)  
Email: [info@fos.org.au](mailto:info@fos.org.au)  
Mail: GPO Box 3  
MELBOURNE VIC 3001

## Time limits on making complaints to FOS

In particular, you should be aware that time limits may affect FOS's ability to look into your case if you leave it too long to complain after you know (or should have known) that there's a problem. There is a time limit of 6 years on raising complaints with FOS.

## For superannuation plans

For Flexible Lifetime - Protection (Superannuation) members, if we cannot resolve your complaint to your satisfaction within 90 days, then you may have the right to lodge a complaint with the Superannuation Complaints Tribunal (SCT).

The SCT reviews the decisions of superannuation trustees as they affect an individual member. It is independent from us. Even so, please try to resolve your complaint directly with us before contacting the SCT.

## Superannuation Complaints Tribunal

Phone: 1300 780 808  
Fax: 03 8635 5588  
Email: [info@sct.gov.au](mailto:info@sct.gov.au)  
or write to: Locked Bag 3060 GPO  
MELBOURNE VIC 3001

## Time limits on making complaints to the SCT

If you contact the SCT more than 12 months after our decision or response, then the SCT may decide not to deal with your complaint. However, this general rule does not apply to a complaint about the denial of a total and permanent disablement (TPD) claim. Refer to Section 5.2 of FLP Facts for more information on the time limits for TPD claims.

## Taxation

Taxation laws vary depending on the type of plan you select. How taxation laws apply to you depends on your circumstances and we recommend you consult a tax adviser.

Our general understanding of current legislation and rules as at the date of preparation of this document is set out in:

- Section 5.3 of FLP Facts for non-superannuation plans, and
- Section 1.1 of FLP Facts (under "Taxation") for superannuation plans.

Taxation laws and their interpretation may change from time to time.

## Significant risks in taking out this insurance

The following are the main risks in taking out this insurance:

### Selection of a product that does not provide the type of cover you need

You may choose an insurance product that doesn't meet your needs. You should read the PDS carefully to prevent this. A financial planner can also assist you in the selection of the right product for you.

### Inadequate amount of cover

You may select the correct insurance product for your needs, but you might not choose enough cover, the most suitable type of cover, waiting period or benefit period. This might cause you to still suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this doesn't occur. Again, a financial planner will be able to help you.

### **Inability to get cover or increases in cover**

You may not be able to obtain the cover that you applied for because of your particular health or other circumstances, now or in the future. You should therefore not relinquish any existing cover you may have until new insurance cover is firmly in place.

### **You do not comply with your Duty of Disclosure**

If you do not comply with your Duty of Disclosure (in the Personal Statement), your insurer may not pay your claim, may pay only part of your claim, or cancel your plan. Please carefully read and ensure you understand and comply with your duty of disclosure.

### **Flexible Lifetime - Protection (Superannuation)**

There is an additional risk that the Trustee may not be able to pay you the proceeds of a TPD claim. The Trustee won't release funds if it is prevented from doing so by superannuation law which requires that the proceeds only be released where the Trustee has been satisfied that the member has a terminal medical condition or permanent or temporary incapacity. These are different from the definitions of disablement under this product. Refer to "Benefit payment rules" in Section 1.1 of FLP Facts.

### **How to apply**

- Before you apply you need to obtain your individual premium quote.
- The only way to apply for these plans is to complete an application form, and generally, a Personal Statement. You can obtain these at the back of the PDS, or complete online with your financial planner. The Personal Statement can also be completed over the phone.
- The information provided is used by our underwriters to assess whether to accept the risk, refuse the risk, apply a higher premium or apply an exclusion or restriction to the plan.
- Depending on the insured person's age and the level and type of cover being applied for, and the information provided, we may ask the insured person to provide further information, undergo a medical test(s) and/or medical examination(s).
- In some cases we may offer insurance that is different to what you applied for.

### **Privacy**

Legislation ensures that personal information is protected. We have strict guidelines about how the information collected about you and the insured person is used, stored and accessed. Our main purpose in collecting personal information from you and the insured person is so we can establish and manage your plan. We may also use this information for related purposes - for example, providing you with ongoing information about financial services that may be useful for your financial needs. For information on how information is used, and to whom it is disclosed, see Section 5.4 of FLP Facts.

### **When your insurance starts**

Your plan will start when we accept your application. We will send you a Certificate of Insurance showing you the details of your insurance. The Certificate of Insurance will show the date your insurance starts.

### **How we handle insurance claims**

Our aim is to provide timely financial assistance to insured person(s) who suffer an illness or injury (or death, if applicable) as per the insurance cover provided.

If you have the misfortune to need to make a claim we have specially trained claims staff who will be pleased to answer any questions and assist you with the completion of any necessary paperwork associated with your claim. Refer to Section 5.5 of FLP Facts for more information on how we handle claims.

### **How to claim**

If you need to make a claim, AMP will assist you through the process. Either you or someone close to you can simply contact your financial planner or call us on 131 267. We will then advise you what to do next.

Claims should be made promptly after the event that entitles you to claim. Failure to do so may affect the amount payable to you.

## Cooling off period (your right to return your plan)

We want this financial product to meet your needs. But if you no longer want it, you can return it. To do this you must tell us within 14 days, starting on the earlier of:

- the date you receive the Certificate of Insurance and Plan Rules, or
- five business days after the date of your Certificate of Insurance and Plan Rules.

However, you can't return your plan if you have exercised any rights or powers available under it.

For superannuation members, the refund of any contributions under cooling off provisions can't be paid in cash, this refund must be paid to another complying superannuation fund on your behalf. If we aren't advised of an alternative complying superannuation plan within a month of your request to cancel your membership of Flexible Lifetime - Protection (Superannuation), we will make the payment to the AMP Eligible Rollover Fund.

## We keep you informed

If we agree to issue the plan, we will send you a Certificate of Insurance and Plan Rules. These documents will set out the details of who owns the plan, who is insured, sum insured, options selected and other important information.

Please read these documents carefully to make sure the plan meets your needs.

In addition, we will send you an Annual Statement, advising you about your insurance, fees and your premium for the next year.

You can also get up-to-date information about your plan online. With My Portfolio you can access and keep track of your plan information online. To register visit [www.amp.com.au](http://www.amp.com.au) and select "My Portfolio" from the online services menu.

## Automatic plan enhancements

We review our insurance plans regularly. If we enhance our definitions or product features without changing the premium rates or existing premium discounts we will automatically provide you with the enhancements for which you are eligible at no charge. If we make a change that is not an enhancement these won't automatically apply to your plan.

We will write to you and advise you of the changes on your plan anniversary.

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# Interim accident cover - Certificate

## About Interim Accident cover

While your application is being considered, we will provide you with Interim Accident cover at no extra cost.

This cover is different to the insurance being applied for and is subject to the terms and conditions described below.

Interim Accident cover is not available if either you or the insured person:

- have withdrawn an application, or
- have applied for a similar type of plan, and had the application declined, or
- are currently applying for similar cover outside of AMP, or
- are applying for this cover to replace an existing plan.

The term “Accident”, as used in this Certificate, means bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

## When cover commences

This cover will start when we receive your completed application form and either the first premium payment or valid direct debit details at an AMP registered office.

Cover is subject to the premium payment not being dishonoured.

This Certificate is for you to keep. It explains the terms and conditions of Interim Accident cover.

## When we will pay

### If you applied for Death cover

We will pay if you have applied for Death cover for an insured person, and they die solely as a result of an accident during the Interim Accident cover period.

### If you applied for TPD cover

We will pay if you have applied for TPD cover for an insured person, and solely as a result of an accident during the Interim Accident cover period, they suffer from the total and irrecoverable loss of:

- the use of 2 limbs, or
- the sight of both eyes, or
- the use of one limb and the sight of one eye,

where a limb means the whole hand below the wrist or the whole foot below the ankle.

The loss must be unable to be remedied and the insured person must survive at least 14 days after the loss.

### If you applied for Trauma cover

We will pay if you have applied for Trauma cover for an insured person, and they suffer one of the following trauma conditions during the Interim Accident cover period, solely as a result of an accident:

- blindness\*
- coma\*
- diplegia
- hemiplegia
- intensive care\*
- major head trauma\*
- paraplegia
- quadriplegia
- severe burns\*
- tetraplegia.

\* If you applied for Trauma cover Standard these conditions are not covered under that plan and not covered under Interim Accident cover.

The definitions of the above trauma conditions are set out in Section 7.0 of FLP Facts.

### If you applied for Income Protection

We will pay if you have applied for Income Protection cover for an insured person, and they become unable to work solely as a result of an accident occurring during the Interim Accident cover period.

This benefit is paid monthly while the insured person is unable to work, starting from the end of the waiting period selected, for a maximum of 12 months.

### If you applied for Business Overheads Insurance

We will pay if you have applied for Business Overheads Insurance for an insured person and they become unable to work solely as a result of an accident occurring during the Interim Accident cover period.

This benefit is paid monthly while the insured person is unable to work, starting from the end of the waiting period selected, for a maximum of 6 months.

## How much we pay

We will only pay once for Interim Accident cover under Flexible Lifetime - Protection Death, TPD, Trauma plans.

### For Death cover

We will pay you a lump sum under Death cover. We will pay the lesser of:

- \$1,000,000, or
- the sum insured applied for.

### For TPD and/or Trauma cover

We will pay you a lump sum under TPD and/or Trauma cover.

We will pay the lesser of:

- \$600,000, or
- the sum insured applied for.

### For Income Protection

We will pay you monthly benefits for a maximum of 12 months for Interim accident cover under Income Protection.

We will pay the lesser of:

- \$5,000 per month, or
- the sum insured applied for.

### For Business Overheads Insurance

We will pay you monthly benefits for a maximum of 6 months for Interim Accident cover under Business Overheads Insurance.

We will pay the lesser of:

- \$5,000 per month, or
- the sum insured applied for, or
- the insured person's share of the allowable business expenses actually incurred during the period for which they were unable to work.

## When cover stops

Interim Accident cover ceases on the earliest of:

- ninety days from the date this Interim Accident cover starts, or
- the date your application is approved, declined, withdrawn, or
- the date we advise that your Interim Accident cover is cancelled.

During consideration of your application, we may choose to modify the cover we offer. If this occurs, Interim accident cover will also be adjusted to incorporate the changed terms, including any adjustments to the premium.

## Important note

When assessing your application for insurance, we will take into account any claims you have made on Interim Accident cover. We may impose special conditions or decline your application for insurance under these circumstances.

## When we won't pay

We won't pay for intentional or self-inflicted injury or death.

We won't pay where, under our underwriting rules, we would have declined, or applied a loading or special terms to, the insurance applied for.

We won't pay where the accidental death or injury is caused by:

- any pre-existing medical condition you or the insured person were aware of at the time of applying for this cover, or
- engaging in any sport, pastime or occupation which would not normally be covered under our standard underwriting rules.









# AMP Flexible Lifetime - Protection Application

### Office/Planner use only

Planner number

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Multiple applications

Before you sign this application form, be aware that AMP Life or your financial planner is obliged to provide you with a Product Disclosure Statement containing a summary of the important information in relation to these plans. This information will help you to understand the plan and decide whether it is appropriate to your needs.

It is essential to attach a copy of the quote(s) and other relevant materials to this application form.

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

## 1. PLANS INCLUDED

### Death, TPD and Trauma cover

#### All insured persons

- Superannuation OR
- Ordinary (includes self-managed superannuation funds)

#### Type of application

- New business (including conversion/continuation)
- Increase to existing plan
- Addition of insured person to existing plan (ordinary only)
- Addition of new cover to existing plan.

### Office/Planner use only

Request ID

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Plan number

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### Income Protection and/or Business Overheads insurance

#### Insured person 1

- Income protection
- Business overheads insurance

#### Type of application

- New business (including conversion/continuation)
- Increase to existing plan
- Second plan discount

Flexible Lifetime - Super insurance application lodged:  No  Yes

### Office/Planner use only

Request ID

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Plan number

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Plan number

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#### Insured person 2

- Income protection
- Business overheads insurance

#### Type of application

- New business (including conversion/continuation)
- Increase to existing plan
- Second plan discount

Flexible Lifetime - Super insurance application lodged:  No  Yes

### Office/Planner use only

Request ID

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Plan number

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Plan number

--	--	--	--	--	--	--	--	--	--	--	--

If more than 2 insured persons are applying, please provide a separate application

## 2. INSURED PERSON'S DETAILS

### Insured person 1

Title  Surname

Given names  Previous surname

Date of birth  Sex  Male  Female Country of birth

Marital Status  married  single  widowed  divorced  de facto

Have you smoked tobacco or any other substance or used nicotine replacement products within the last 12 months?  No  Yes

Current occupation  Income pre-tax pa \$

Your relationship to owner for Death, TPD and Trauma - Ordinary:

self  spouse/partner  business partner  employee  dependant Other:

### Residential address (X) box if an overseas resident

Unit No.  Street No.  Street name   
Suburb  State  Postcode

Do you want AMP to change the address for other products you have?  No  Yes

Home phone number  Business phone number  Mobile phone number

Email address

### Correspondence address (if same as above, leave blank)

Unit No.  Street No.  Street name   
Suburb  State  Postcode

### Existing insurance details

Other than this/these applications, are you applying for, or do you have in force, any personal insurance with AMP or any other insurer?  No  Yes

If "Yes", please provide details of:

- any policies in force with AMP
- any policies in force with other insurers
- any policies that you are applying for with other insurers.

Please do not include:

- values of cover from this application.

NAME OF INSURER	LIFE COVER	TOTAL & PERMANENT DISABLEMENT COVER	TRAUMA COVER	MONTHLY DISABILITY (INCOME) COVER	DISABILITY TYPE	IS THIS COVER TO BE CANCELLED?†
AMP Life Limited	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>
Amount to Cancel	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>
Amount to Cancel	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>
Amount to Cancel	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>

\* Temporary salary continuance cover \*\* Income protection cover \*\*\* Business overheads insurance cover

† **Important Note:** Your application will be considered on the understanding that if you intend to cancel any existing cover, that you will do so on acceptance of this application. Failure to do so may render invalid a claim on your AMP plan. If this application is to replace a current AMP plan, the plan to be replaced will cease and a new plan will start.

## 2. INSURED PERSON'S DETAILS (CONTINUED)

### Insured person 2

Title  Surname

Given names  Previous surname

Date of birth  Sex  Male  Female Country of birth

Marital Status  married  single  widowed  divorced  de facto

Have you smoked tobacco or any other substance or used nicotine replacement products within the last 12 months?  No  Yes

Current occupation  Income pre-tax pa \$

#### Your relationship to owner for Death, TPD and Trauma - Ordinary:

self  spouse/partner  business partner  employee  dependant Other:

#### Residential address (X) box if an overseas resident

Unit No.  Street No.  Street name   
Suburb  State  Postcode

Do you want AMP to change the address for other products you have?  No  Yes

Home phone  Business phone number  Mobile phone number

Email address

#### Correspondence address (if same as above, leave blank)

Unit No.  Street No.  Street name   
Suburb  State  Postcode

#### Existing insurance details

Other than this/these applications, are you applying for, or do you have in force, any personal insurance with AMP or any other insurer?  No  Yes

If "Yes", please provide details of:

- any policies in force with AMP
- any policies in force with other insurers
- any policies that you are applying for with other insurers.

+

Please do not include:

- values of cover from this application.

NAME OF INSURER	LIFE COVER	TOTAL & PERMANENT DISABLEMENT COVER	TRAUMA COVER	MONTHLY DISABILITY (INCOME) COVER	DISABILITY TYPE	IS THIS COVER TO BE CANCELLED?†
AMP Life Limited	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>
Amount to Cancel	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>
Amount to Cancel	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>
Amount to Cancel	\$	\$	\$	\$	<input type="checkbox"/> TSC* <input type="checkbox"/> IP** <input type="checkbox"/> BOI***	If Yes give policy No. <input type="checkbox"/>

\* Temporary salary continuance cover \*\* Income protection cover \*\*\* Business overheads insurance cover

† **Important Note:** Your application will be considered on the understanding that if you intend to cancel any existing cover, that you will do so on acceptance of this application. Failure to do so may render invalid a claim on your AMP plan. If this application is to replace a current AMP plan, the plan to be replaced will cease and a new plan will start.

**Insured child 1 Note: Only applicable if there is an insured adult under Death, TPD and Trauma cover**

Surname

Given names

Date of birth  Sex  Male  Female Country of birth

**Residential address  (X) box if an overseas resident**

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	<input type="text"/>
				Postcode	<input type="text"/>

**Insured child 2**

Surname

Given names

Date of birth  Sex  Male  Female Country of birth

**Residential address  (X) box if an overseas resident**

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	<input type="text"/>
				Postcode	<input type="text"/>

**If plan owner is same as insured person - or if superannuation insurance, go to section 6 on page A5 and A6**

**3. PLAN OWNERS**

If applying for Income Protection, is this plan to be owned by a self-managed superannuation fund?  No  Yes  
 If **Yes**, complete the plan owner 1 details below, otherwise go to section 14.

**Plan owner 1**

If a self-managed super fund is to be the owner, then the trustee for the super fund must own the policy (ie ABC Pty Ltd as Trustee for XYZ Super fund).

Type of owner  Self-managed Super Fund  Company  Individual +  
 Trustee name

Superannuation fund name

OR  
 Company name

OR  
 Title  Surname

Given names  Date of birth  Sex  Male  Female

**Address**

Unit No.	<input type="text"/>	Street No.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	<input type="text"/>
				Postcode	<input type="text"/>

Home phone number  Business phone number  Mobile phone number

Email address









**7. DEATH, TPD AND TRAUMA COVER STRUCTURE**

**Insured person 1**

Type of cover  Linked  Stand alone  
Premium type  Stepped  Level

**Insured person 2**

Type of cover  Linked  Stand alone  
Premium type  Stepped  Level

**8. DEATH COVER**

**Insured person 1**

Cover applied for \$

**Insured person 2**

Cover applied for \$

**9. TOTAL AND PERMANENT DISABLEMENT COVER**

**Insured person 1**

Cover applied for \$

Own occupation definition to apply?\*  No  Yes

TPD Plus option  No  Yes

**Insured person 2**

Cover applied for \$

Own occupation definition to apply?\*  No  Yes

TPD Plus option  No  Yes

**10. TRAUMA COVER**

**Insured person 1**

Cover applied for \$

Trauma type  Premier  Standard

Trauma options (available for Trauma Premier only)

Buy back option  No  Yes

Trauma Reinstatement option  No  Yes

Partials Plus option  No  Yes

**Insured person 2**

Cover applied for \$

Trauma type  Premier  Standard

Trauma options (available for Trauma Premier only)

Buy back option  No  Yes

Trauma Reinstatement option  No  Yes

Partials Plus option  No  Yes

\* Refer to Product Disclosure Statement for details and availability.

**Insured child 1**

Children's trauma cover \$100,000 (includes \$25,000 death cover)

Premium type  Stepped  Level

Indexation through CPI\* is automatically included. If indexation is not required please mark the box.  No CPI

**Insured child 2**

Children's trauma cover \$100,000 (includes \$25,000 death cover)

Premium type  Stepped  Level

Indexation through CPI\* is automatically included. If indexation is not required please mark the box.  No CPI

**11. COVER OPTIONS**

**Insured person 1**

Waiver of premium\*  Individual life  Nominated life

Business safeguard\*  No  Yes

Indexation through CPI\* is automatically included. If indexation is not required please mark the box.  No CPI

**Insured person 2**

Waiver of premium\*  Individual life  Nominated life

Business safeguard\*  No  Yes

Indexation through CPI\* is automatically included. If indexation is not required please mark the box.  No CPI

**TAX FILE NUMBER - FOR SUPERANNUATION ONLY**

Information on the collection of Tax File Numbers is included in the Product Disclosure Statement.

Tax File Number



\* Refer to Product Disclosure Statement for details and availability



### 13. CONVERSION/CONTINUATION OPTION DETAILS

Complete this section only if you are transferring from an existing AMP plan and AMP has approved conversion.

I/We, as owner(s) of the plan below (the "old" plan):

Existing plan number(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Continuation option from an AMP Superannuation fund plan number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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- Request that the old plan be converted effective from the issue date of the new plan being applied for.
- Acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- Acknowledge that this new plan is issued on the basis that I/we complied with the Duty of Disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- Acknowledge that any special conditions applying to the old plan will continue under the new plan.
- Understand that the provision in the new Plan Rules "When we won't pay" on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

#### Signature(s) of previous plan owner(s)

Signature

X
---

Signature

X
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Date

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Date

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#### Signature(s) of new plan owner(s)

Signature

X
---

Signature

X
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Date

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Date

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**14. INCOME PROTECTION**

**Insured person 1**

Type of cover  Advanced  Standard  
 Basic

Type of plan  Agreed value  Indemnity

Benefit period  1 year  2 years  
 5 years  To age 60  
 To age 65  
 Lifetime (for increases only)

Waiting period  2 weeks  4 weeks  
 8 weeks  13 weeks  
 26 weeks  52 weeks  
 104 weeks

**Total maximum monthly benefit** \$

(Including super contribution option amount)

Claim escalation benefit  No  Yes  
 For Standard and Basic cover

Superannuation contribution option  No  Yes

Indemnity option  No  Yes

AIDS cover  No  Yes

Day 1 accident option  No  Yes

Chronic condition option  No  Yes  
 (Only available with Advanced 60 or 65)

Premium type  Stepped  Level

**Insured person 2**

Type of cover  Advanced  Standard  
 Basic

Type of plan  Agreed value  Indemnity

Benefit period  1 year  2 years  
 5 years  To age 60  
 To age 65  
 Lifetime (for increases only)

Waiting period  2 weeks  4 weeks  
 8 weeks  13 weeks  
 26 weeks  52 weeks  
 104 weeks

**Total maximum monthly benefit** \$

(Including super contribution option amount)

Claim escalation benefit  No  Yes  
 For Standard and Basic cover

Superannuation contribution option  No  Yes

Indemnity option  No  Yes

AIDS cover  No  Yes

Day 1 accident option  No  Yes

Chronic condition option  No  Yes  
 (Only available with Advanced 60 or 65)

Premium type  Stepped  Level

**For Advanced and Standard cover with one year benefit period and conversion option, please specify details of conversion option**

**Insured person 1**

**Maximum monthly benefit**  
 (including Superannuation contribution option) \$

Waiting period    weeks

Benefit period

Premium type  Stepped  Level

AIDS cover  No  Yes

**Insured person 2**

**Maximum monthly benefit**  
 (including Superannuation contribution option) \$

Waiting period    weeks

Benefit period

Premium type  Stepped  Level

AIDS cover  No  Yes





## 18. CONVERSION DETAILS (IP AND/OR BOI)

Complete this section **ONLY** if you are transferring from an existing AMP plan and AMP has approved conversion. I/We, as owner(s) of the plan below (the "old" plan):

### Insured person 1

Existing Income Protection plan number(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Existing Business Overheads plan number(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Request that the old plan be converted effective from the issue date of the new plan being applied for.
- Acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- Acknowledge that this new plan is issued on the basis that I/We complied with the Duty of Disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- Acknowledge that any special conditions applying to the old plan will continue under the new plan.

### Insured person 2

Existing Income Protection plan number(s)

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Existing Business Overheads plan number(s)

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### Signature(s) of previous plan owner(s)

Signature

X
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Date

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Signature

X
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Date

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### Signature(s) of previous plan owner(s)

Signature

X
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Date

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Signature

X
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Date

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## 19. YOUR DUTY OF DISCLOSURE

The Insurance Contracts Act 1984 outlines an insured's Duty of Disclosure and the consequences of non-disclosure. You must answer all the questions in the Personal Statement completely and accurately. This helps AMP Life to decide whether to provide insurance, how much to charge and whether any special rules should apply. You must also disclose:

- anything else you think may be relevant to AMP Life's decision about insuring you, or
- anything a reasonable person in the circumstances could be expected to know would be relevant to AMP Life's decision.

This may include giving information which is not specifically asked for eg if you have a medical problem which your doctor cannot explain or diagnose, or if you are involved in any criminal activity, or if you are facing bankruptcy, etc.

The Duty of Disclosure does not require you to disclose things:

- that diminish our risks of insuring you, or
- are common knowledge, or
- AMP Life knows (or ought to know) in the ordinary course of its business as an insurer, or
- when AMP Life has waived the Duty of Disclosure .

This Duty continues until your application for insurance is accepted and will recommence on extension, reinstatement or variation of your insurance.

### If you don't comply with your Duty of Disclosure

If you fail to comply with your duty of disclosure we are entitled to void the insurance within 3 years of the commencement of the insurance. Alternatively AMP Life may elect (by written notice) not to void the insurance and, if it chooses, reduce the sum you are insured for, in accordance with a formula that takes into account the premium that would have been payable, if AMP Life had received all relevant information.

### Non-disclosure

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

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

### Death, Total and Permanent Disablement (Superannuation) cover

Before the Trustee effects insurance cover with the insurer, the Trustee has a Duty of Disclosure. It is a condition of your obtaining insurance cover that you have the same Duty of Disclosure to the Trustee. Any reference to the "insurer" in the section headed "Your Duty of Disclosure" includes a reference to the "Trustee".





**20. AGREEMENT AND DECLARATION - FOR ALL PLANS INCLUDED IN THIS APPLICATION**

I/We agree that:

1. I/We have received and read the Flexible Lifetime - Protection Product Disclosure Statement dated 17 November 2008 (and any applicable supplements).
2. My/Our financial planner is authorised to use the information provided by me/us in this application and any other form relevant to AMP to complete and submit an electronic application on my/our behalf.
3. I/We have read the Duty of Disclosure on page A12. I/We understand that any insurance AMP issues will be based on the information given in this application and the personal statement(s), and that if I/we do not comply with the duty to disclose information, the insurance may be cancelled or altered.
4. I/We also understand that I/we need to tell AMP of any change to an insured person(s) health, occupation or pastimes, or other things relevant to the insurance application that happen to that person after I/we have completed this Application and the personal statement(s) that could alter AMP's decision to insure them, right up to the point that AMP issues the Certificate of Insurance and Plan Rules.
5. I/We understand that AMP may obtain information from any doctor or hospital used by the insured person(s).
6. I/We have read the Privacy information in my Product Disclosure Statement and agree to the various uses and exchanges of my personal information and acknowledge my right to access personal information held about me/us by the AMP group.
7. I/We have read all the information provided in this application and believe it is complete and correct even if the information has been written by someone else.
8. For plan providing Total and Permanent Disablement (TPD) and/or Trauma cover (if included in this application):
  - If Death cover has not been selected for an insured person, I/we acknowledge that AMP will not make any payment under that plan should that insured person die.
9. For plans applied for electronically, I/we understand that AMP may cancel my/our insurance contract issued and cover provided if AMP does not receive signed copies of the application form and personal statement(s) (if required) within 60 days of the insurance cover being issued.

**Signatures of insured persons**

**Insured person 1**

Signature

X

Date

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**Insured person 2**

Signature

X

Date

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I give my consent to my financial planner to provide information to AMP, on my behalf, concerning my health, pastimes, occupation and financial status, for the purpose of expediting the assessment of my application for insurance.

I give my consent to AMP to disclose to my financial planner any personal medical information or finding that results in my application for Insurance being accepted on non-standard or amended terms, or declined. I understand that AMP will not provide copies of medical or other reports regarding my application for insurance to my financial planner without first obtaining my specific consent to do so.

**Insured person 1**

Signature

X

Date

--	--	--	--	--	--	--	--

**Insured person 2**

Signature

X

Date

--	--	--	--	--	--	--	--

**For Plan Owners if not an insured person**

**Plan owner 1**

Signature

X

Date

--	--	--	--	--	--	--	--

**Plan owner 2**

Signature

X

Date

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**Notes:**

1. **Joint owners:** If a Flexible Lifetime - Protection Ordinary plan has more than one plan owner, ownership is joint tenancy and, on death of an owner, ownership will pass to the surviving plan owner(s).
2. **Register:** Unless otherwise requested, Flexible Lifetime - Protection Ordinary plans will be registered in the State or Territory of the first plan owner's address. Other plans will be registered in the insured person's State or Territory of residence.



FURTHER DECLARATIONS FOR SUPERANNUATION INSURANCE

- 10. I am applying/have applied already to the Trustee of the AMP Personal Superannuation Fund, to be a member of that fund and agree to be bound by the provisions of the Trust Deed.
- 11. Where I am making an application with the assistance of a financial planner, my financial planner is authorised to use the information provided by me in this application and any other form to complete and submit an electronic application on my behalf.
- 12. If I have applied for TPD cover and my occupation is currently "home duties", I acknowledge that I have previously been employed or self-employed for gain or reward.
- 13. If my employer is going to contribute to the AMP Personal Superannuation Fund to pay for my insurance premium:
  - a) I confirm that any contributions made under an award or industrial agreement can legally be paid into the AMP Personal Superannuation Fund, and
  - b) I will write to advise the Trustee if my employer stops making these contributions.
- 14. I understand that I cannot receive a terminal illness benefit or a TPD benefit (including benefits paid under the "own occupation" or "home duties" provisions within the TPD definition) in cash unless I am able to access my superannuation benefit
- 15. I understand AMP can't refund premiums paid in cash, unless I meet a condition of release, and the refund must be paid to another superannuation fund at my direction or will be paid to the AMP Eligible Rollover Fund.

Where I am making a death benefit nomination, I agree and declare that:

- 16. I have read and understood the information provided on the death benefit nominations in the Product Disclosure Statement.
- 17. I request the trustee to accept my death benefit nomination for my plan, as shown in Section 6.
- 18. Where I am making a binding death benefit nomination, the 2 witnesses who signed this form were present at the time I signed and dated this declaration and that on expiry I wish this binding nomination to become non-binding.

Signature of insured person

X
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Date

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**AUTHORITY FOR MEDICAL REPORT - TO BE COMPLETED AND SIGNED BY INSURED PERSON 1**

[Empty signature box]

(full name of insured person) hereby authorise you to release at any time details of my personal and family medical history, including referrals to or treatment by other Practitioners, to AMP Life Limited ABN 84 079 300 379 and to any other person or entity acting on AMP Life's behalf. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise.

A photocopy of this authorisation shall be as valid as the original. Under Government Privacy legislation, I may access a copy of your report from AMP. Furthermore, I have been advised by AMP of the ways this information may be used and to whom it may be disclosed, and approve those purposes.

Signature of insured person

Date

X [Signature box]

[Date grid]

**AUTHORITY FOR MEDICAL REPORT - TO BE COMPLETED AND SIGNED BY INSURED PERSON 2**

[Empty signature box]

(full name of insured person) hereby authorise you to release at any time details of my personal and family medical history, including referrals to or treatment by other Practitioners, to AMP Life Limited ABN 84 079 300 379 and to any other person or entity acting on AMP Life's behalf. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise.

A photocopy of this authorisation shall be as valid as the original. Under Government Privacy legislation, I may access a copy of your report from AMP. Furthermore, I have been advised by AMP of the ways this information may be used and to whom it may be disclosed, and approve those purposes.

Signature of insured person

Date

X [Signature box]

[Date grid]

**FINANCIAL AUTHORITY (AUTHORITY TO OBTAIN PERSONAL INFORMATION FROM ACCOUNTANT TO BE COMPLETED BY INSURED PERSON 1)**

Only to be completed if you wish your accountant to release information to AMP.

[Empty signature box]

(full name of insured person)

hereby authorise my accountant, (insert name and address of accountant)

[Empty text box for accountant details]

or any accountant, financial institution, or any other financial service provider that I currently or may in future use to release details of my financial history to AMP Life Limited ABN 84 079 300 379. The purpose is to allow AMP Life Limited to assess my application for insurance.

Signature of insured person

Date

X [Signature box]

[Date grid]

**FINANCIAL AUTHORITY (AUTHORITY TO OBTAIN PERSONAL INFORMATION FROM ACCOUNTANT TO BE COMPLETED BY INSURED PERSON 2)**

Only to be completed if you wish your accountant to release information to AMP.

[Empty signature box]

(full name of insured person)

hereby authorise my accountant, (insert name and address of accountant)

[Empty text box for accountant details]

or any accountant, financial institution, or any other financial service provider that I currently or may in future use to release details of my financial history to AMP Life Limited ABN 84 079 300 379. The purpose is to allow AMP Life Limited to assess my application for insurance.

Signature of insured person

Date

X [Signature box]

[Date grid]





## AUTHORITY FOR PATHOLOGY TESTS

### Instructions to the insured person when blood tests are required

You can choose from the following alternatives to get your blood tests done:

1. Via your own or usual doctor. You will need to take this tear-off form along to your doctor to ensure that the correct blood tests are completed.
2. Via a paramedical facility\*. Your financial planner will contact one of these service providers who will then contact you to arrange an appointment at a time and place convenient for yourself for a nurse to visit you to take blood.
3. Via a local pathology collection centre\*. As per your own or usual doctor, you will need to take this tear-off form along to the collection centre to ensure that the correct blood tests are completed.

\* You will need to confirm your identification at the time of providing the blood sample for 2 or 3 above.

You must fast for 8 hours (you may drink water) before having blood tests done. An early morning appointment may help make fasting easier for you.

### Instructions to the financial planner when blood tests are required

1. If your client chooses to attend their own or usual doctor to have the required blood tests done, you will need to ensure that they take this tear-off form with them.
2. If your client is comfortable using a paramedical facility, you will need to complete a "Health Request" form for the particular provider to be able to follow up with your client. AMP's Paramedical service providers include:

<b>Lifescreeen</b>	<b>Phone: 1800 686 000</b>	<b>Fax: 1800 804 758</b>
<b>Symbion Health</b>	<b>Phone: 1800 770 001</b>	<b>Fax: 1800 770 002</b>
<b>Pathrec</b>	<b>Phone: 1800 066 895</b>	<b>Fax: 1800 631 582</b>

If you do not have one of these forms available, contact Lifescreeen and they will immediately fax one to you. When you return this form to them, they will then look after everything for you.

3. If your client chooses to attend a local pathology collection centre, you will need to provide your client with the address and arrange an appointment accordingly.

**You will need to ensure that your client takes this tear-off form to their appointment.**





# Personal Statement

### Office/Planner use only

Financial Planner number

Plan number

If there is more than one insured person, please provide a separate Personal Statement for each insured person.

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

### DETAILS

Title

Surname

Given names

Date of birth

Sex

 Male  Female

May we phone or email you if we need to clarify any details contained in this statement?

No  Yes

If "Yes", please provide preferred contact details:

Phone number

Preferred contact time

am/pm

Any

Preferred contact day

Mon

Tue

Wed

Thur

Fri

Any

Any

Any

Any

Any

Any

Any

Email address



### IMPORTANT NOTE

This Personal Statement must be complete and correct because it will be the basis on which AMP Life Limited (ABN 84 079 300 379) may agree to insure you. You must therefore read and understand your DUTY OF DISCLOSURE explained below.

If you are unsure of anything in the statement, please ask your Financial Planner or AMP to explain it.

If you require more room to provide your answers than has been allocated on this form, please provide a separate signed and dated page(s) and attach this page(s) to your application.

### YOUR DUTY OF DISCLOSURE

The Insurance Contracts Act 1984 outlines an insured's Duty of Disclosure and the consequences of non-disclosure. You must answer all the questions in the Personal Statement completely and accurately. This helps AMP Life to decide whether to provide insurance, how much to charge and whether any special rules should apply. You must also disclose:

- anything else you think may be relevant to AMP Life's decision about insuring you, or
- anything a reasonable person in the circumstances could be expected to know would be relevant to AMP Life's decision.

This may include giving information which is not specifically asked for eg if you have a medical problem which your doctor cannot explain or diagnose, or if you are involved in any criminal activity, or if you are facing bankruptcy, etc.

The Duty of Disclosure does not require you to disclose things:

- that diminish our risks of insuring you, or
- are common knowledge, or
- AMP Life knows (or ought to know) in the ordinary course of its business as an insurer, or
- when AMP Life has waived the Duty of Disclosure

This Duty continues until your application for insurance is accepted and will recommence on extension, reinstatement or variation of your insurance.

### If you don't comply with your Duty of Disclosure

If you fail to comply with your Duty of Disclosure we are entitled to void the insurance within 3 years of the commencement of the insurance. Alternatively AMP Life may elect (by written notice) not to void the insurance and, if it chooses, reduce the sum you are insured for, in accordance with a formula that takes into account the premium that would have been payable, if AMP Life had received all relevant information.

## 1. RESIDENCE

a) Are you an Australian or New Zealand citizen, or do you have an Australian permanent residency visa?

No  Yes

If "No":

i) What is your country of birth?

ii) How long have you lived in Australia?

 years  months

iii) What type of visa do you hold?

iv) Have you applied for an Australian permanent residency visa?

No  Yes

## 2. TRAVEL

a) Do you have any definite plans to travel or reside overseas, other than New Zealand in the next 12 months?

No  Yes

If "Yes":

i) What countries will you travel to?

ii) What is the purpose of travel?

iii) When is the planned departure and duration?

## 3. SPORTS ACTIVITIES

Do you currently participate, or intend to participate, in any hazardous activity, competitive sport, aviation or flying activity other than as a regular fare paying passenger?

No  Yes

If "Yes", please complete one of the supplementary questionnaires on page B14.



## 4. DOCTOR INFORMATION

a) Name and address of your usual doctor (if you do not have a usual doctor, then the last doctor that you saw)

NAME	ADDRESS	PHONE NUMBER

If you have known your doctor for less than 2 years, please provide details of the previous doctor

NAME	ADDRESS	PHONE NUMBER

b) Date of last consultation with any doctor

c) Name of doctor that you saw (if same as above, write "As above")

d) Please advise reason for your last consultation

e) Please advise results/outcome of your last consultation

f) Were you referred for further tests, investigations or referred to a specialist?

No  Yes

If "Yes", please provide full details

## 5. INSURANCE DETAILS

Have you ever made a claim or received benefits in regard to any illness, injury, or condition?

No  Yes

If "Yes", please provide full details:



## 6. HABITS

a) Have you smoked tobacco or any other substance or used nicotine replacement products in the last 12 months?  No  Yes

If "Yes", please advise the type of substance : quantity per:

day  week  month

b) Do you consume alcohol?  No  Yes

If "Yes", please advise number of standard drinks\* per:

day  week  month

c) Have you ever used illegal or illicit drugs?  No  Yes

If "Yes", please advise details including type, frequency and date(s) of usage:

d) Have you ever received treatment or been recommended for treatment by a doctor or other medical facility for the use of drugs or alcohol?  No  Yes

If "Yes", please advise details including date(s) of treatment:

\*A standard drink = 1 nip spirits, 1 wine glass of wine, sherry glass port/sherry, 10oz/285ml glass of beer

## 7. MEDICAL HISTORY

Height

cm or  ft  ins

Weight

kg or  st  lbs

- If you answer "Yes" to any of the bold conditions, complete the relevant Medical Questionnaire on pages B8 to B13.
- If you answer "Yes" to conditions which are not bold, provide details in the Additional Information table on the following page.

Have you ever had symptoms of, been told you had, or received advice from any health professionals including but not limited to doctors, specialists, counsellors or chiropractors for any of the following:

- a) **High blood pressure, chest pain, high cholesterol, stroke** or any heart or vascular disorder?  No  Yes
- b) **Asthma, bronchitis** or any other lung disorder?  No  Yes
- c) **Epilepsy**, seizure disorder, multiple sclerosis, paralysis, migraine, dizziness, neuritis or any other neurological disorder?  No  Yes
- d) **Kidney stones**, nephritis, passing blood in the urine or any other kidney or bladder disorder?  No  Yes
- e) Hepatitis, cirrhosis or any liver or gall bladder disorder?  No  Yes
- f) **Diabetes**, sugar in urine, thyroid or pancreatic disorder?  No  Yes
- g) Indigestion, reflux, **ulcer** or **hernia**?  No  Yes
- h) Colitis, passing blood from the bowel or any other bowel disorder?  No  Yes
- i) Anaemia, leukaemia, haemophilia, received a blood transfusion or any other blood disorder?  No  Yes
- j) Cancer, tumour, **lump, cyst** or **skin lesion** of any kind?  No  Yes
- k) **Back** or **neck pain, sciatica, whiplash** or any other spinal disorder?  No  Yes
- l) **Repetitive strain injury**, chronic fatigue syndrome, fibromyalgia, or muscle strain?  No  Yes
- m) **Arthritis, gout** or any disorder of the joints?  No  Yes
- n) **Bipolar, manic** or **major depressive illness, schizophrenia** or any other psychotic disorder?  No  Yes
- o) Any other **mental health condition**, including but not limited to **depression, anxiety, stress** or **personality disorder**?  No  Yes
- p) **Psoriasis, eczema, dermatitis** or any other skin condition?  No  Yes
- q) Sleep apnoea or any other sleep disorder?  No  Yes
- r) Any impairment of sight not corrected by glasses or contact lenses?  No  Yes
- s) Any ear disorder such as hearing loss or tinnitus?  No  Yes
- t) Have you ever had an occupational needle stick injury?  No  Yes

- u) i) Have you, or do you intend to participate in any activity that increases your chances of contracting the HIV virus? This would include things such as working or engaging in sexual intercourse with a prostitute or intravenous drug user or someone you suspect or know to be HIV positive, or engaging in anal sexual intercourse. If you have answered "Yes" to this question, AMP will contact you for further information.  No  Yes
- ii) Are you suffering from AIDS, or infected with HIV, or are you carrying antibodies to the HIV virus? If you have answered "Yes" to this question, AMP will contact you for further information.  No  Yes
- v) Have you had any other disorder or impairment, taken any medication or undergone any medical tests, including genetic tests not mentioned above?  No  Yes
- w) Do you intend to seek any medical advice, undergo any tests, including genetic tests or investigations in the future?  No  Yes

**Males only**

- x) Any prostate disorder or abnormality?  No  Yes

**Females only**

- y) Have you had an **abnormal pap smear** or any gynaecological condition?  No  Yes
- z) i) Have you ever had a breast ultrasound or mammogram?  No  Yes
- ii) Have you ever had a breast lump (even if you have not seen a doctor about it)?  No  Yes
- iii) Are you currently pregnant?  No  Yes

If "Yes", expected date of delivery? 

--	--	--	--	--	--	--	--

+

- iv) Have you ever had a complication with a past or current pregnancy?  No  Yes

**ADDITIONAL INFORMATION (REQUIRED IF "YES" ANSWERED FOR CONDITIONS NOT IN BOLD)**

QUESTION LETTER	CONDITION/TEST/REASON	DATE FIRST STARTED	DATE OF LAST SYMPTOMS	HAVE YOU COMPLETELY RECOVERED?	FULL DETAILS OF TREATMENT	FULL NAME AND ADDRESS OF DOCTOR OR HOSPITAL
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		
		/ /	/ /	Yes/No		

If you need more room to provide your answers, please provide a separate signed and dated page(s) and attach to your application.

## 8. FAMILY HISTORY

Has any first degree blood related family member (father, mother, brother, sister) had diabetes, stroke, a heart condition, familial polyposis, breast, ovarian, colon or bowel cancer, polycystic kidney disease, Huntington's chorea, motor neurone disease or muscular dystrophy?

No  Yes

If "Yes", please complete the table below:

FAMILY MEMBER/ RELATIONSHIP TO YOU	LIST ALL CONDITIONS AND CAUSE OF DEATH IF APPLICABLE (IF CANCER, PLEASE GIVE TYPE AND SITE)	AGE AT ONSET

## 9. OCCUPATION AND INCOME DETAILS (THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS)

a) What is your current occupation?

b) How many hours per week do you work in your main occupation?

hours

c) How many weeks per year do you work in your main occupation?

weeks

d) Do you have any other occupation?

No  Yes

If "Yes", please provide details (including type of occupation, duties, number of hours worked per week and the income earned in the last 12 months):

e) Do you have any definite plans to change your occupation?

No  Yes

If "Yes", please provide details:

f) Have you or any business that you have, or have had, ownership of, ever been made bankrupt, been liquidated or been placed under administration?

No  Yes

If "Yes", please provide details including when and date of discharge if applicable:

g) What is your current annual income? (income earned through personal exertion, less any expenses incurred whilst earning that income)?

\$

+

## 10. ADDITIONAL OCCUPATION AND INCOME DETAILS

To be completed only if applying for Total and Permanent Disablement, Income Protection, Temporary Salary Continuance or Business Overheads Insurance.

a) Name of your business or employer

b) Address of your business or employer

c) Do you hold any professional/trade qualifications?

No  Yes

If "Yes", give details:

Type

Institution

d) What are the main duties of your occupation?

DUTIES (EG OFFICE WORK, SALES, SUPERVISION, MANUAL WORK, EXPLOSIVES HANDLING)	% OF TIME
	%
	%
	%
	%
	100%

LOCATION (EG OFFICE, ON-SITE, DRIVING, UNDERGROUND, OFFSHORE, UNDERWATER, AT HEIGHTS OR AT HOME)	% OF TIME
	%
	%
	%
	%
	100%

To be completed if applying for Income Protection, Temporary Salary Continuance or Business overheads Insurance

e) Has your main occupation and/or employment status changed in the last 3 years?  No  Yes

If "Yes", please provide details of your previous occupation, duties and dates of change:

OCCUPATION	EMPLOYMENT STATUS	DATE FROM	DATE TO
		/ /	/ /
		/ /	/ /
		/ /	/ /

f) Do you have any definite plans to take extended leave (eg parental or study leave) in the near future?  No  Yes

If "Yes", please provide full details including type and length of leave and your intentions on returning to work:

g) Do you have definite plans to change your working arrangements to part-time, casual or self-employed?  No  Yes

If "Yes", please provide full details including current and future employment status:

h) Are you self-employed (including sole trader, in a partnership or employee of your own company or trust)?  No  Yes

If "Yes", please complete the questions for SELF-EMPLOYED (i to m)

If "No", please complete the questions for EMPLOYEE (n to p)

**SELF-EMPLOYED - SOLE TRADER, PARTNERSHIP, EMPLOYEE OF OWN COMPANY OR TRUST**

i) How long have you been self-employed?  years  months

j) Please select which of the following applies:

sole trader  in a partnership  employee of your own company or trust

k) What is the percentage of the business that you own and how many employees do you have?  %  employees

l) Would any of your income continue if you were unable to work?  No  Yes

If "Yes", please provide for how long, and the source (eg salary, investment income, company profits):

m) Please indicate your share of the business income/expenses, etc for the last 2 financial years for which tax returns, assessment notices and accounts are available.

TAX YEAR ENDING	GROSS INCOME	EXPENSES INCURRED	NET PROFIT OR LOSS BEFORE TAX	ANY SALARY, WAGES, DIRECTOR'S FEES, SUPERANNUATION	YOUR TOTAL INCOME
	A	B	A-B=C	D	C+D=E
30/06/	\$	\$	\$	\$	\$
30/06/	\$	\$	\$	\$	\$

**EMPLOYEE - WITH NO OWNERSHIP INTEREST IN YOUR EMPLOYER'S BUSINESS:**

n) What is your base annual salary from your main occupation (including salary packaged items, but excluding compulsory government superannuation contributions)?

CURRENT FINANCIAL YEAR	PREVIOUS FINANCIAL YEAR
	30/06/20 <input type="text"/> <input type="text"/>
\$	\$

o) Do you receive any:  
Commission, bonuses or regular overtime

No  Yes

Commission  
Bonuses  
Regular overtime

CURRENT FINANCIAL YEAR	PREVIOUS FINANCIAL YEAR
	30/06/20 <input type="text"/> <input type="text"/>
\$	\$
\$	\$
\$	\$

p) Would any of your income continue if you were unable to work?  No  Yes

If "Yes", please provide for how long, and the source (eg salary, investment income, company profits):

**11. AGREEMENT AND DECLARATION**

I, the insured person, agree and declare that:

- a) I have read my duty of disclosure. I have kept my duty of disclosure in mind when completing my Personal Statement, and I understand any plan issued by AMP will be based on information I give in my Personal Statement, any additional questionnaire(s), form(s) and statement(s), as well as telephone underwriting (if applicable).
- b) I understand I must tell AMP of any change in my health, occupation or pastimes and of any other thing that happens to me which may in any way affect the risk of insuring me, where this change occurs after I have completed this Personal Statement right up to the time that AMP issues the plan.
- c) All the information provided in my Personal Statement is complete and correct. If any information has been written by someone else, I have reviewed this information and confirm it is complete and correct. I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP.
- d) I authorise any doctor, hospital or other health service provider that I have or may attend to release details of my personal and family medical history, including referrals to or treatment by other practitioners, to AMP. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. I understand that, under Government Privacy legislation, I may access a copy of these reports from AMP. I have been advised by AMP of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
- e) I have read the Privacy Information on page B16 and agree to the various uses and exchanges of my personal information and acknowledge my right to access personal information held about me by the AMP Group.
- f) I have read the HIV Antibodies Test Information on page B16 and I agree that if an HIV test is required to assess my application for insurance, that I consent to such a test being performed and that I will provide advice at the time of blood collection as to whom I wish to be notified in the event of a positive HIV antibody result.

**IMPORTANT: This agreement and declaration must be signed after you have read your duty of disclosure and privacy information and completed your Personal Statement. Only sign this agreement and declaration if you agree to make the declaration.**

My signature to this declaration confirms my agreement to all of the above

X

Insured person

Date

Grid for date entry

Signature of my parent/guardian if I am under age 16

X

Parent/guardian if applicable

Date

Grid for date entry



**12. FINANCIAL PLANNER INFORMATION (TO BE COMPLETED BY FINANCIAL PLANNER)**

If this application has been discussed with an Underwriter prior to submission, provide the following:

Underwriter's name

Text box for Underwriter's name

Date

Grid for date entry

Discussion details

Text box for discussion details

Pre-arranged medical tests

- Doctor Medical Exam
- Specialist Medical Exam
- Express check
- Paramedical Exam
- Resting ECG
- Blood Test
- Stress ECG

Other (please specify)

Text box for other medical tests

**Financial Planner notes**

Multiple text boxes for financial planner notes

### 13. HEALTH QUESTIONNAIRES

If you need more room to provide your answers, please provide a separate signed and dated page(s) and attach to your application.

#### 1. High blood pressure (hypertension)

a) When was high blood pressure first diagnosed?

--	--	--	--	--	--	--	--	--	--

b) What was your blood pressure reading at that time?

--

c) What was your blood pressure when last tested?

DATE	BLOOD PRESSURE READING	HAVE TREATMENTS CHANGED SINCE THIS RESULT?

d) Have you taken medication to control your blood pressure?

No  Yes

If "Yes" please provide details of medication, ie type, dose and when taken.

--

e) Are you currently on the same medication as detailed above?

No  Yes

If "No" please provide details of current treatment.

--

f) Have you had any medical investigations relating to your high blood pressure?

No  Yes

If "Yes" please provide details.

--

g) Do you have any complications as a result of your blood pressure?

No  Yes

If "Yes" please provide details.

--

h) Does your usual doctor have details of your blood pressure and treatment?

No  Yes

If "No" please provide the name and address of the doctor who has records of your investigations and treatment.

NAME	MEDICAL PROVIDER	ADDRESS

#### 2. High cholesterol

a) When were you first diagnosed with high cholesterol?

--	--	--	--	--	--	--	--	--	--

b) What was your cholesterol level at this time?

--

c) What was your cholesterol level when last tested?

DATE	CHOLESTEROL READING	HAVE TREATMENTS CHANGED SINCE THIS RESULT?

d) Have you ever taken medication to reduce your cholesterol?

No  Yes

If "Yes" please provide details of medication, ie type, dose and when taken

--

e) Are you currently on the same medication as detailed above?

No  Yes

If "No" please provide details of current treatment

--

f) Does your usual doctor have details of your cholesterol results and treatment?

No  Yes

If "No" please provide the name and address of the doctor who has records of your investigations and treatment.

DATE	MEDICAL PROVIDER	ADDRESS

### 3. Mental health condition

a) Please indicate (✓ the appropriate box(es)) the mental health condition(s) you have had, or received treatment for:

- Anxiety (including generalised anxiety, panic or phobic disorder)
- Eating disorder (including anorexia nervosa and bulimia)
- Depression (including major depression and dysthymia)
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post-traumatic stress
- Schizophrenia or any other psychotic disorder
- Stress, sleeplessness or chronic tiredness

Other (please describe below)

b) Has the cause of your condition been identified?  No  Yes

If "Yes", please provide the details:


c) How often do/did you have symptoms?  years  months

Describe your symptoms

d) Date your condition first began

Date of last symptoms



e) Have you ever been prescribed any medication?  No  Yes

If "Yes", please provide details including the name of all drugs, dosage and how frequently taken:

MEDICINE (EG ZOLOFT)	DOSE	FREQUENCY

f) Are you still taking medication for your condition?  No  Yes If "No", date ceased?

g) Have you ever been absent from work or had your lifestyle restricted in any way, as a result of this condition(s)?  No  Yes

If "Yes", please provide the details:

h) Have you or are you consulting any psychologist, psychiatrist, counsellor or any other therapist for this condition(s)?  No  Yes

If "Yes", please provide details including dates of your most recent visit:

i) Have you ever been hospitalised for this condition(s)?  No  Yes

If "Yes", please provide details including dates of hospitalisation and treatment:

j) Have you ever attempted suicide?  No  Yes

If "Yes", please provide the details:

k) Please provide details of your most recent visit to a doctor, hospital or other therapist for anything related to this condition:

DATE	MEDICAL PROVIDER	ADDRESS
/   /		

#### 4. General medical condition

a) Name of condition

Cause if known

b) Date your condition first began

Date of last symptoms

c) How often do you have symptoms?

Describe your symptoms

d) Have you ever taken medication for this condition?

No  Yes

If "Yes", please provide details (including name, dose and frequency):

e) Are you still taking this medication?

No  Yes

f) Have you ever had any other treatment (eg physiotherapy, surgery, etc) or been in hospital or received emergency Treatment for this condition?

No  Yes

If "Yes", please provide details:

g) Are any tests, surgery or treatment planned or scheduled in relation to this condition?

No  Yes

If "Yes", please provide details:

h) Are there any residual complications or disabilities resulting from this condition?

No  Yes

If "Yes", please provide details:

i) Have you ever been absent from work or incapacitated as a result of this condition?

No  Yes

If "Yes", please provide details:

j) Does your usual doctor have details of this condition?

No  Yes

If "Yes", please provide details:

k) Please provide details of your most recent visit to a doctor, hospital or other therapist for anything related to this condition:

DATE	MEDICAL PROVIDER	ADDRESS
/ /		

#### 5. Abnormal pap smear

a) Please indicate (✓ the appropriate box(es)) the condition(s) you have had, or received treatment for:

- Carcinoma                       Human Papilloma Virus  
 CIN3                                 Atypia or change (caused by infection or irritation)  
 CIN2                                 Other abnormality  
 CIN1

+

b) When was the condition diagnosed?

Date

c) Has the abnormality been surgically removed?

No  Yes

If "Yes", please provide details for each abnormality you have selected, including dates:

d) Have you had a follow up pap smear?

No  Yes

If "Yes", please provide date and result:

e) Give details of your most recent visit to a doctor or hospital relating to this condition:

DATE	MEDICAL PROVIDER	ADDRESS
/ /		



## 6. Respiratory disorders (eg asthma, bronchitis etc)

a) Name of condition

b) How long has it been since you last experienced symptoms (including but not limited to, shortness of breath, coughing, chest tightness or wheezing)?

c) Do you use any inhalers?

No  Yes

If "Yes" how often to you take your medication?

MEDICINE (EG VENTOLIN)	DOSE	FREQUENCY

d) Have you ever required treatment with oral steroids, or been admitted to hospital in the past 12 months as a result of this condition?

No  Yes

If "Yes", how many times have you used oral steroids or been hospitalised for this condition in the past 12 months?

Please provide details of your most recent visit to a doctor, hospital or other therapist for anything related to your condition:

DATE	MEDICAL PROVIDER	ADDRESS
/   /		

## 7. Cyst/mole/skin lesion

a) Please indicate (✓ the appropriate box(es)) the condition(s) you have had, or received treatment for:

- |  |  |
|--|--|
| <input type="checkbox"/> Mole or naevi                     | <input type="checkbox"/> Basal Cell Carcinoma (BCC)    |
| <input type="checkbox"/> Hyperkeratosis or solar keratosis | <input type="checkbox"/> Squamous Cell Carcinoma (SCC) |
| <input type="checkbox"/> Sebaceous (fatty) cyst            | <input type="checkbox"/> Melanoma                      |

b) Other lesions (please describe below)

c) Please advise the location(s) of the skin lesion(s):

d) Has the lesion been fully removed?

No  Yes

If "Yes", please advise the method and date(s) of removal (eg frozen "burnt", lasered off or surgically removed):

e) Give details of your most recent visit to a doctor or hospital relating to this condition:

DATE	MEDICAL PROVIDER	ADDRESS
/   /		

**8. Back or neck or other musculoskeletal disorder**

a) Name of condition

b) What part of your back is affected (eg neck, upper, middle, lower and/or whole spine)?

c) What was the cause of this condition?

d) How long ago did this condition begin?

e) Are you still experiencing symptoms?

No  Yes

If "Yes", how frequently do you suffer symptoms?

If "No", when did you last suffer symptoms?

f) Do, or did your symptoms radiate to other areas (eg legs, arms or groin)?

No  Yes

If "Yes", please provide details:

g) Have you ever had to do or intend to have surgery for this condition?

No  Yes

If "Yes", please provide details:

h) Have you ever had, or are you contemplating having investigations such as CT or MRI scans?

No  Yes

If "Yes", please provide details (doctor, date and result etc):

i) Have you ever been absent from work, incapacitated or had your lifestyle restricted as a result of this condition?

No  Yes

If "Yes", please provide details:

j) Please provide details of all treatment that you have had or may have in the future for this condition, eg physiotherapy, chiropractic treatment, and/or medications, including dates, name and address of doctors, chiropractors or physiotherapists.

If "Yes" please provide details:




## 9. Diabetes

a) Which of the following best describes your condition:

- |  |  |
|--|--|
| <input type="checkbox"/> Type 2 Diabetes (Non-Insulin Dependent) | <input type="checkbox"/> Glucose Intolerance |
| <input type="checkbox"/> Type 1 Diabetes (Insulin Dependent)     | <input type="checkbox"/> Diabetes Insipidus  |
| <input type="checkbox"/> Gestational Diabetes                    | <input type="checkbox"/> Insulin Resistant   |
| <input type="checkbox"/> Not sure                                |  |

b) How long ago were you diagnosed with this condition?

c) How is this condition treated?

- Diet  
 Oral medication  
 Insulin  
 Other

Please advise details including name of medication, dosage used per day:

d) Do you have any complications as a result of your diabetes (eg eye, kidney or nerve problems, high blood pressure or vascular disease etc)?

No  Yes

If "Yes", please provide details:

e) Have you ever suffered from a diabetic or insulin coma, or required hospitalisation due to your diabetes or any related condition?

No  Yes

If "Yes", please provide details:

f) When did you last have this condition checked by a medical practitioner?

g) Please provide your doctor's details, including name and address:

DATE	MEDICAL PROVIDER	ADDRESS
/ /		

## 10. Occupational needle stick injury

a) Have you had any tests performed due to this needle stick injury?

No  Yes

If "Yes", please advise details of test(s) performed and the results if known:

b) Are any tests pending due to your needle stick injury

No  Yes

If "Yes", please advise what test(s) are to be performed and when this is to occur:



## 14. SPORTING ACTIVITIES QUESTIONNAIRES

If you need more room to provide your answers, please provide a separate signed and dated page(s) and attached to your application.

### 1. DIVING

a) Which of the following best describes your participation in this activity, please select all that apply:

- Scuba                                       Enriched Air                                       Mixed Gases  
 Snorkel                                       Other Diving Activity

b) Do you have recognised diving qualifications eg PADI, FAUI or NAUI and or relevant qualifications for mixed gases?

If "Yes", please provide details of all diving qualifications you have obtained:

c) How many dives do you perform per annum?

d) What is the maximum depth to which you dive? (In metres)

+

e) Do you dive:

- |                  |                             |                              |                                |                             |                              |
|------------------|-----------------------------|------------------------------|--------------------------------|-----------------------------|------------------------------|
| In caves         | <input type="checkbox"/> No | <input type="checkbox"/> Yes | At night                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| In dams or lakes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Potholing                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| In ice diving    | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Internal exploration of wrecks | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If "Yes", please provide details including frequency:

f) Do you ever dive alone or participate in depth record attempts?  No  Yes

If "Yes", please provide details including number of dives and location of the dives:

### 2. MOTOR SPORT on land or on water

a) Are you a professional or sponsored driver?  No  Yes

Please indicate (✓ the appropriate box(es)) the activity(ies) you take part in:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bicycles | <input type="checkbox"/> Jet ski racing | <input type="checkbox"/> Trucks                |
| <input type="checkbox"/> Boats    | <input type="checkbox"/> Karts/go karts | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Car      | <input type="checkbox"/> Motorcycles    |  |

b) Provide details of your involvement

Category

Class

Vehicle

Fuel

Engine capacity

No. of events last 12 mths

No. of events next 12 mths

Maximum speed

No. of vehicles per event


c) Competition licence type  Issuing body  Years held

d) Do you have definite plans to compete overseas?  No  Yes

If "Yes", please provide details:

e) Do you participate or intend to participate in record attempts, testing of prototypes or testing of vehicles?  No  Yes

If "Yes", please provide details:

f) Have you ever had a motor sport accident, or has your competition licence ever been suspended?  No  Yes

If "Yes", please provide details:

### 3. Aviation

a) Please indicate the activity(ies) you take part in:

TYPE OF FLYING*	FIXED WING OR HELICOPTER	NO. OF HOURS PAST 12 MONTHS	NO. OF HOURS NEXT 12 MONTHS

\*Type of flying as defined by the aviation authorities: eg aerobatics; agricultural (including crop dusting and inspecting); airline operations; air racing; aircraft record attempts; ballooning; charter flying; commuter operations; competition flying; experimental flying; gliding; hang gliding; microlighting/powered hang gliders; paragliding and parascending; private flying or business commuting; record attempts; stunt flying; test flying; training/instructing; other (specify).

b) Type of aircraft that you usually fly?

c) Licence type

Years held

+

d) Name of your pilot's club or association

e) Air navigation order under which your flying is controlled

f) Do you have any definite plans to upgrade or change your licence?

No  Yes

g) Do you have any definite plans to fly outside of australia, or take off or land from anywhere that is not a registered airfield?

No  Yes

If "Yes", please provide details:

h) Have you ever been involved in flying accidents, been grounded or had your licence revoked?

No  Yes

If "Yes", please provide details:

### 4. Other activities

a) Please indicate the activity(ies) you take part in:

b) Frequency of participation?  per annum

Duration of participation?  years

c) Details of any licences or qualifications

d) Name of any club or organisation that you are a member of

e) Location(s) where you undertake or participate in this activity

f) Maximum altitude/depth or speed etc

g) Do you participate in competition?

No  Yes

If "Yes", please provide details:

h) Details of any injury(ies) as a result of participating in this activity

i) Details of any definite plans to change from what you stated above

j) Details of any other relevant features of your involvement in this activity

## PRIVACY INFORMATION

Your privacy is important to us and further information about AMP's collection of personal information is provided in our Product Disclosure Statement.

Our primary purpose in collecting information about your health is to assess the application for new or additional insurance from AMP. We may also use this information for directly related purposes such as deciding whether we need more information from you; arranging reinsurance; assessing future applications for new or altered insurance; and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We may use a third party to collect the information on our behalf. We need this information to assess the insurance application and, if you choose not to provide such consent, we may not be able to process the application.

We need this information to assess the insurance application and, if you choose not to provide such consent, we may not be able to proceed with the application.

We may disclose this type of information to:

- If your insurance is part of a superannuation fund, the trustee of that fund.
- The Financial Planner or broker responsible for the plan, (if any).
- AMP's reinsurers.
- Medical practitioners.
- Any person AMP considers necessary to assist in either the assessment of claims under your plan or the resolution of complaints, and
- Anyone you have authorised.

Aspects of your health information may be provided to the owner of the Plan in resolving or explaining terms of acceptance or if the standard Plan Rules are varied. You have the right to access personal information held about you by the AMP group, as explained in your Product Disclosure Statement.

## HIV ANTIBODIES TEST INFORMATION

For AMP Life to consider your insurance application, you may need to have a blood test for Human Immunodeficiency Virus (HIV) antibodies. Depending on the type of insurance you have applied for, the blood sample may also be used to determine other matters like your serum cholesterol and kidney and liver functions.

AIDS - Acquired Immune Deficiency Syndrome is the final stage of the illness caused by HIV. HIV destroys some of the defence mechanisms which protect us against infections and cancers. As a result, people infected with HIV may suffer severe infections and cancer as well as organ damage. The most recent evidence suggests that the virus stays in the body indefinitely and causes progressive damage. There is still no cure or vaccine for AIDS but in many cases those infected may survive 10 or more years.

A positive HIV antibody test can have major social, medical, psychological and legal consequences which you should consider before having this test done. These include:

- Possible ill-informed discrimination.
- Possible lawful exclusion from employment if you work in one of a very limited range of occupations where there is a risk of transmitting HIV.
- HIV and AIDS are notifiable to government authorities, but your identity would not be reported.
- As HIV positive people will develop AIDS and long term outlook is uncertain, life and disability insurance is not normally available to people with HIV.
- Some countries restrict the entry of people with HIV.
- It is an offence to knowingly transmit HIV or to put other people at risk of infection.

You may choose to not have the test done. If you decide not to have the test, AMP can't consider your application for insurance. You may choose to arrange your own HIV antibody test and have the results sent to AMP.

If you choose to have AMP arrange the test, the results will be sent under confidential cover to AMP's medical officer/chief underwriter to protect your privacy. In the event of a positive result, this will be communicated to you via the doctor you have specified in your authority for HIV test. Otherwise, acceptance of your insurance application will indicate that your HIV antibody test was negative.







## Contact AMP

AMP Customer Service Centre

You can call or fax a Customer Service Officer on

**Phone**

131 267

**Fax**

1300 301 267

**Address - Enquiries and Claims**

Customer Service

AMP Life Limited

PO Box 300

PARRAMATTA NSW 2124

Or visit our website on

[www.amp.com.au](http://www.amp.com.au)

or email us on

[polinfo@amp.com.au](mailto:polinfo@amp.com.au)

Where to send

Application Forms

AMP Operations Centre

Reply Paid 62990

PARRAMATTA NSW 2150

For new business enquiries  
and premium quotes

**Phone**

1300 360 838

## Contact your adviser or financial planner

**Phone** 133 888  
**Web** [www.amp.com.au](http://www.amp.com.au)