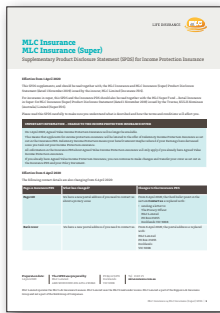


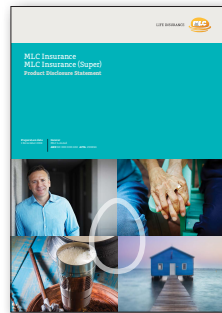
MLC Insurance and MLC Insurance (Super)

Your guide to what is included in the Insurance PDS and Superannuation PDS for MLC Insurance and MLC Insurance (Super).



1. MLC Insurance and MLC Insurance (Super) Supplementary Product Disclosure Statement

Insurance SPDS, which contains information about upgrades to the insurance features, terms and conditions, effective 1 April 2020.



2. MLC Insurance and MLC Insurance (Super) Product Disclosure Statement

Insurance PDS, which contains all the information about the insurance features, terms and conditions.



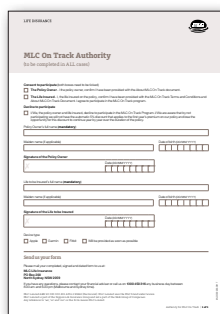
3. MLC Super Fund – Retail Insurance in Super: for MLC Insurance (Super) Product Disclosure Statement

Superannuation PDS, which applies if you want to have insurance as part of your superannuation arrangements.



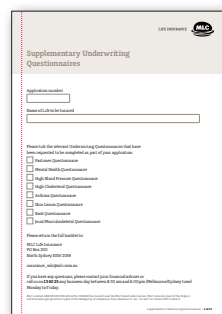
4. Application form

Application form when applying for MLC Insurance and MLC Insurance (Super).



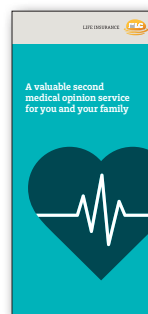
5. MLC On Track Authority

Application form when applying to participate in the MLC On Track program.



6. Supplementary Questionnaire

Additional underwriting questions you may need to answer depending on your answers in the application form.



7. Best Doctors®

Information about Best Doctors service, available to customers at no extra cost.

Note:

- If you are applying for insurance outside of super, please read the **Supplementary PDS** and the **Insurance PDS**.
- If you are applying for insurance through the MLC Super Fund, please read the **Supplementary PDS**, the **Insurance PDS** and the **Superannuation PDS**.

Important Information

The **Supplementary PDS** and the **Insurance PDS** are issued by MLC Limited, the Insurer.

The **Superannuation PDS** is issued by NULIS Nominees (Australia) Limited in its capacity as Trustee for the MLC Super Fund.



MLC Insurance MLC Insurance (Super)

Supplementary Product Disclosure Statement (SPDS) for Income Protection Insurance

Effective from 1 April 2020

This SPDS supplements, and should be read together with, the MLC Insurance and MLC Insurance (Super) Product Disclosure Statement (dated 1 November 2019) issued by the insurer, MLC Limited (Insurance PDS).

For insurance in super, this SPDS and the Insurance PDS should also be read together with the MLC Super Fund – Retail Insurance in Super: for MLC Insurance (Super) Product Disclosure Statement (dated 1 November 2019) issued by the Trustee, NULIS Nominees (Australia) Limited (Super PDS).

Please read this SPDS carefully to make sure you understand what is described and how the terms and conditions will affect you.

IMPORTANT INFORMATION – CHANGE TO THE INCOME PROTECTION INSURANCE OFFER

On 1 April 2020, Agreed Value Income Protection Insurance will no longer be available.

This means that applicants for income protection insurance will be limited to the offer of Indemnity Income Protection Insurance as set out in the Insurance PDS. Indemnity Income Protection means your benefit amount maybe reduced if your Earnings have decreased since you took out your Income Protection insurance.

All information in the Insurance PDS about Agreed Value Income Protection insurance will only apply if you already have Agreed Value Income Protection insurance.

If you already have Agreed Value Income Protection Insurance, you can continue to make changes and transfer your cover as set out in the Insurance PDS and your Policy Document.

Effective from 6 April 2020

The following contact details are also changing from 6 April 2020:

Page in Insurance PDS	What has changed?	Changes to the Insurance PDS
Page 110	We have a new postal address if you need to contact us about a privacy issue	From 6 April 2020, the third bullet point in the section Contact us is replaced with: <ul style="list-style-type: none"> • sending a letter to: The Privacy Officer MLC Limited PO Box 23455 Docklands VIC 3008
Back cover	We have a new postal address if you need to contact us.	From 6 April 2020, the postal address is replaced with: MLC Limited PO Box 23455 Docklands VIC 3008

Preparation date:
1 April 2020

This SPDS was prepared by
MLC Limited
ABN 90 000 000 402 AFSL 230694

PO Box 23455
Docklands
VIC 3008

Tel 13 65 25
mlcinsurance.com.au

MLC Limited operates the MLC Life Insurance business. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the NAB Group of Companies.



For more information call
anywhere in Australia on **13 65 25**,
international callers on **+612 9121 6500**
or contact your financial adviser.

Postal address

MLC Limited
PO Box 23455
Docklands VIC 3008
You can find further details on
our website mlcinsurance.com.au

Important information

MLC Limited ABN 90 000 000 402 AFSL 230694 issues and is responsible for this SPDS and the insurance described in it. The information in this SPDS may change over time. We will inform you of changes that are materially adverse to you. We will publish all other changes on mlcinsurance.com.au which you should check from time to time. You can call on **13 65 25** for free paper copies of updates or SPDSs and PDSs.

In providing information in this SPDS MLC Limited hasn't taken account of your objectives, financial situation or needs. Accordingly, you should consider whether the information in this SPDS is sufficient having regard to your situation. You should speak with your financial adviser before making any insurance decision.

If you take out insurance described in this SPDS, the full legal terms and conditions are in the insurance policy documents that we will issue to you or your Trustee. You can also call the number above to get a free copy of these insurance policies. MLC Limited is not a registered tax agent. If you wish to rely on the general tax information contained in this SPDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent. If you are taking insurance through your super fund, your Trustee will provide you with information about your membership in the fund. MLC Insurance and MLC Insurance (Super) are offered only in Australia. MLC Limited receives insurance premiums and pays claims from its Statutory Fund No. 1. The insurance described in this SPDS are non-participating and don't entitle the policy owner to participate in the distribution of any surplus of the statutory fund. This insurance is designed purely for protection and isn't a savings plan.

It will never have a surrender or cash value. In this SPDS we use medical terminology to define when certain benefits are payable. To assist you in understanding this medical terminology you may like to consult with your doctor.

MLC Insurance MLC Insurance (Super) Product Disclosure Statement

Preparation date
1 November 2019

Insurer
MLC Limited
ABN 90 000 000 402 AFSL 230694



Your guide to using this PDS

Important information

MLC Limited issues and is responsible for this Product Disclosure Statement (PDS) and the insurance described in it.

The information in this PDS may change over time. We will inform you of changes that are materially adverse to you.

We will publish all other changes on mlcinsurance.com.au which you should check from time to time.

You can call on **13 65 25** for free paper copies of updates or PDSs.

In providing information in this PDS, MLC Limited hasn't taken account of your objectives, financial situation or needs.

Accordingly, you should consider whether the information in this PDS is sufficient having regard to your situation.

You should speak with your financial adviser before making any insurance decision.

If you take out insurance described in this PDS, the full legal terms and conditions are in the insurance policy documents that we will issue to you or your Trustee. You can also call the number above to get a free copy of these insurance policies.

MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the National Australia Bank Group of Companies (NAB).

MLC Limited is not a registered tax agent. If you wish to rely on the general tax information contained in this PDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent.

If you are taking insurance through your super fund, your Trustee will provide you with information about your membership in the fund.

MLC Insurance and MLC Insurance (Super) is offered only in Australia. MLC Limited receives insurance premiums and pays claims from its Statutory Fund No. 1.

The insurances described in this PDS are non-participating and don't entitle the policy owner to participate in the distribution of any surplus of the statutory fund.

This insurance is designed purely for protection and isn't a savings plan. It will never have a surrender or cash value.

In this PDS we use medical terminology to define when certain benefits are payable. To assist you in understanding this medical terminology you may like to consult with your doctor.

Your guide to using this PDS





In this PDS you'll find the following terms:

For insurance outside super (MLC Insurance)		
MLC/we/us / our	refers to	MLC Limited, the insurer.
you/your	assumes that	you are both the policy owner and the life insured.
Outside super	refers to	insurance which is not governed by super law and not held by a super Trustee.
For insurance inside super (MLC Insurance (Super) and MLC Insurance (Wrap or SMSF))		
MLC/we/us/our	refers to	MLC Limited, the insurer.
NULIS Nominees	refers to	NULIS Nominees (Australia) Limited in its capacity as: <ul style="list-style-type: none"> the Trustee of MLC Super Fund, or the Trustee of the MLC Superannuation Fund for insurance through your MLC super wrap account.
Trustee	refers to	NULIS Nominees (see above) for insurance through your super in the MLC Super Fund, or NULIS Nominees (see above) if the insurance is purchased through your MLC super wrap account, or The trustee of your complying super fund (for example a SMSF trustee). <i>Note: for insurance in super the Trustee is the policy owner.</i>
the Fund (MLC Insurance (Super) only)	refers to	the MLC Super Fund.
Your fund	refers to	any complying super fund.
Inside super	refers to	insurance held within the super environment and which is subject to super laws. This may include insurances which are held by SMSF trustees.
you/your/ member	refers to	For MLC Insurance (Super) – a member of the Fund and the life insured. For MLC Insurance (Wrap or SMSF) – a member of the relevant super fund and the life insured.
Eligible MLC Account	refers to	A super investment account held with the National Australia Bank Group of Companies (NAB) from which insurance premiums can be deducted. A list of eligible MLC accounts is available at mlcinsurance.com.au/using-your-insurance/how-to-pay-your-insurance-premiums . These super investment accounts are issued by NULIS Nominees and not by MLC Limited.
MLC super wrap account	refers to	A type of super investment account held with the National Australia Bank Group of Companies (NAB) from which insurance premiums can be deducted. The list of MLC super wrap accounts which can fund an insurance premium is available at mlcinsurance.com.au/using-your-insurance/how-to-pay-your-insurance-premiums These super investment accounts are issued by NULIS Nominees and not by MLC Limited.






Making a claim

If you or your beneficiaries need to make a claim, please call us on **1300 125 246** between **8.30am and 6pm** (Melbourne/Sydney time), Monday to Friday, to find out what you or they need to do, and to get the relevant forms.

**In this PDS you'll find the following information about your insurance.
You should read it all carefully.**

	Section		Go to
	How insurance works with MLC How insurance works, what insurance is and the types of insurance available.	Insurance Snapshot Our offer Insurance in action – a case study	Pages 6 – 7 Page 8 – 10 Page 12 – 13
	Key information about your insurance The benefits, features and options available with your insurance and decisions you need to make in setting it up.	Life Cover insurance Total and Permanent Disability (TPD) insurance Critical Illness insurance Child Critical Illness insurance Occupationally Acquired HIV, Hepatitis B or C Infection insurance Income Protection insurance Business Expenses insurance	Page 16 Pages 18 – 19 Pages 20 – 24 Pages 26 – 27 Page 28 Pages 30- 31 Page 32
	Your insurance journey Understand your insurance journey and important information you need to know at each step.	Your insurance journey 1. Choosing and buying your insurance 2. Assessment and underwriting 3. Your insurance policy 4. Paying your premiums 5. Updating your insurance 6. Making a claim 7. Paying benefits 8. Taxation, the Life Insurance Code of Practice and resolving complaints	Page 34 Page 35 Page 36 Page 37 Pages 38 – 41 Pages 42 – 43 Page 44 Page 45 Pages 46 – 47
	Summary of the terms and conditions What you're insured for, when you'll be able to make a claim, for how long you'll be paid your benefits, and when you can exercise certain features and options. You will also find information about: <ul style="list-style-type: none"> • what you are not insured for (known as General exclusions) on pages 64 – 65, and page 82. • when your insurance will end (known as General termination events) on pages 66 – 67 and page 83. 	Summary of the terms and conditions for lump sum insurances 1. General terms 2. Summary of terms for Life Cover, TPD, Critical Illness, Child Critical Illness, and Occupationally acquired HIV, Hepatitis B, or C infection insurances. 3. General exclusions that apply to Life Cover, TPD, Critical Illness, Child Critical Illness, Premium Waiver and Occupationally acquired HIV, Hepatitis B, or C infection insurances. 4. General termination events when the following insurances end: Life Cover, TPD, Critical Illness, Child Critical Illness, Premium Waiver and Occupationally acquired HIV, Hepatitis B, or C infection insurances. Summary of the terms and conditions for Income Protection and Business Expenses 1. General terms 2. Terms for Extra Benefits Option (outside super only) 3. Summary of terms 4. General exclusions 5. General termination events when the insurances end	Page 50 Pages 51 – 63 Pages 64 – 65 Pages 66 – 67 Pages 68 – 71 Pages 72 – 75 Pages 76 – 81 Page 82 Page 83

Your guide to using this PDS

	Section		Go to
	Key medical and disability definitions How we define specific medical conditions and disability for your insurance.	1. Medical Condition definitions relating to Critical Illness, Child Critical Illness and Income Protection 2. Total and Permanent Disability (TPD) definitions 3. Total Disability and Partial Disability definitions relating to Income Protection and Business Expenses insurances	Pages 86 – 93 Pages 94 – 96 Pages 97 – 101
	Glossary of common terms	An explanation of key terms and concepts used in this PDS.	Pages 102 – 105
	Your Duty of Disclosure	An explanation of what this means and what happens if you don't tell us everything we need to assess your application.	Page 106
	Privacy Policy	An explanation of how we handle your personal information.	Pages 107 – 110
	Interim Accident Certificate	The terms and conditions for Interim Accident Insurance, which insures you while we assess your application.	Pages 111 – 112

1

How insurance works
with MLC



Insurance snapshot



Know your insurance

It's important to understand what you are, and what you're not insured for. This PDS is here to help you understand your insurance.

1. Insurance provides protection

Insurance helps protect against the potentially devastating financial consequences of serious life events like death, disability or a critical illness - at a time when you, your family or your business needs support the most.

Claimable events



Death



Disability



Critical illness

2. Insurance is a contract

Your insurance company agrees to insure you for certain claimable events. In return you agree to pay a premium. Your policy document sets out the terms and conditions of your insurance, while the schedule sets out details of what you're insured for (including the sum insured, specific settings and options selected, special terms that you have etc).

Who can own your insurance?

- You or someone else
- A business
- A super Trustee

3. You provide information

Before insurance is issued, you have to provide information about your health and individual circumstances to determine if you can be insured, or if special terms need to apply.



It's really important that you tell us everything about your health and circumstances when you apply for your insurance. This is called your Duty of Disclosure.

If you don't make a full disclosure you or your beneficiaries may not be paid a benefit when you need it most.

All the information you need about your Duty of Disclosure is on page 106.

4. You pay a premium

Your premium is the amount you pay for your insurance.

Generally your premiums will be higher when you're:

- insured for higher amounts (sum insured) or for multiple types of insurance, or
- more likely to make a claim (risk of claim).

Premiums are recalculated each year. For more information about premiums see pages 38 - 41.

Factors that impact your premium amount



Age



Smoking status



Gender



Occupation



Health and medical history



Lifestyle and leisure activities.

5. You are insured

Your insurance continues until you cancel it, it expires or a nominated event occurs that ends it.

For information about when your insurance ends, see the General termination events sections of this PDS on pages 66 - 67 and page 83.



Worldwide insurance

MLC Insurance travels with you, which means you're insured 24 hours a day, anywhere in the world.

6. You (or your beneficiaries) make a claim



You or your beneficiaries can make a claim if a claimable event occurs while you're insured.

Some insurances have:

- Exclusions (events or conditions you're not insured for), or
- Qualifying Periods, (defined periods of time when a policy starts, is increased or reinstated where claims for certain events aren't payable), or
- Waiting Periods, (defined periods of time after a claimable event where claims for certain events aren't payable).

For more information about what you can and can't claim for, see the Summary of the terms and conditions section of this PDS on pages 50 - 83.

7. Paying benefits



If your claim is approved the benefit is paid.

The insurance terms and conditions describe when the benefit paid will be:

- The sum insured for that particular insurance, or
 - A proportion of the sum insured, or
 - Another specified amount.
-

Our offer

Our offer at a glance

MLC products

- **MLC Insurance** - available outside super.
- **MLC Insurance (Super)** - available inside super through the MLC Super Fund.
- **MLC Insurance (Wrap or SMSF)** - available inside super for MLC super wrap accounts and self managed super funds.

You can quickly see when an insurance type is available inside or outside super (or both) using the symbols below.



Inside super










Outside super



Inside/Outside super

Types of insurance available

Insurance we offer		Summary	Find out more
Life Cover		To provide a lump sum payment if you die or you're diagnosed with a terminal illness.	Page 16
Total and Permanent Disability (TPD)		To provide a lump sum payment if you suffer total and permanent disability and can't work again.	Pages 18 - 19
Critical Illness		To provide a lump sum payment if you are diagnosed with a specific critical condition (also known as trauma insurance). Types available: <ul style="list-style-type: none"> • Critical Illness Plus (our highest level of insurance) • Critical Illness Standard (our standard level of insurance) 	Pages 20 - 24
Child Critical Illness		To provide a lump sum payment if your child dies or is diagnosed with a specific critical condition.	Pages 26 - 27
Occupationally Acquired HIV, Hepatitis B or C Infection		To provide a lump sum payment for medical professionals who are accidentally infected with HIV, Hepatitis B or Hepatitis C at work.	Page 28
Income Protection		To provide an income stream if you can't work due to sickness or injury. Types available: <ul style="list-style-type: none"> • Income Protection Platinum (our highest level of insurance) • Income Protection (our standard level of insurance) • Income Protection – Special Risk (for people in hazardous occupations) 	Pages 30 - 31
Business Expenses		To insure certain business expenses if you can't work due to sickness or injury. Types available: <ul style="list-style-type: none"> • Business Expenses Platinum Option (our highest level of insurance) • Business Expenses (our standard level of insurance) 	Page 32

Insurance in super at MLC

In this PDS insurance **inside super** refers to all types of insurance that can be held in super, regardless of who is the Trustee.

You can choose to hold insurance and pay premiums through super.

MLC issues the policy to the Trustee, who owns it on your behalf. You are both the life insured and a member of your fund.

Importantly, for benefits to be paid to you or your beneficiaries for your insurance in super you will need to meet both:

- the insurance terms and conditions, and
- a condition of release set by super law.

More information about the conditions of release is on page 45.

Holding your policy in a super fund

MLC has an arrangement with NULIS Nominees (Australia) Limited ABN 80 008 515 633 AFSL 236465 (NULIS Nominees), who is the Trustee of the MLC Super Fund (the Fund) ABN 70 732 426 024 to make MLC Insurance (Super) available to you through the Fund.

For details about:

NULIS Nominees and		
the MLC Super Fund	MLC super wrap accounts	Your own SMSF
Please refer to their PDS titled: MLC Super Fund – Retail Insurance in Super: for MLC Insurance Super Product Disclosure Statement	Please refer to the PDS for the MLC super wrap account you hold or are taking out.	Please refer to your fund trust deed.

When considering holding your insurance in super you should consider:

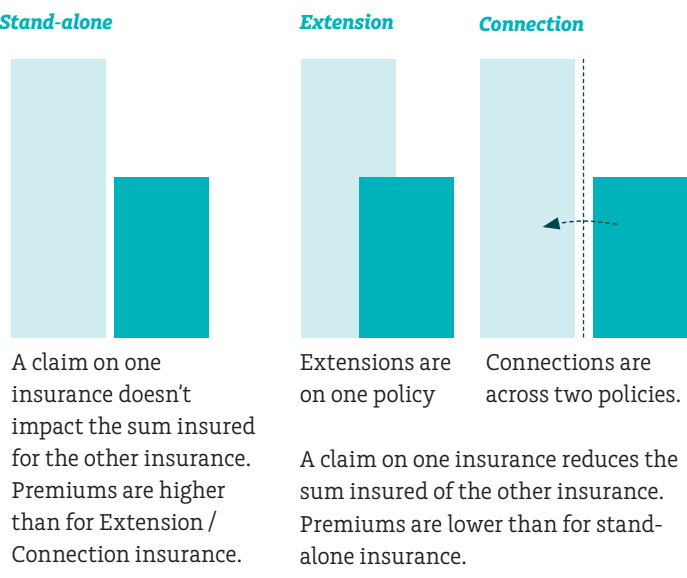
- The type of cover you want
- How you want to pay for your insurance, and
- Whether the benefits are paid through a Trustee or directly to you or your beneficiaries.

You should get specific guidance from your financial adviser when making this important choice.

Structuring your insurance

Claim structures you can choose

For some insurance you can choose what will happen to the sum insured on your other insurances after we pay a claim.



You choose the claim structure when you first take out your insurance.

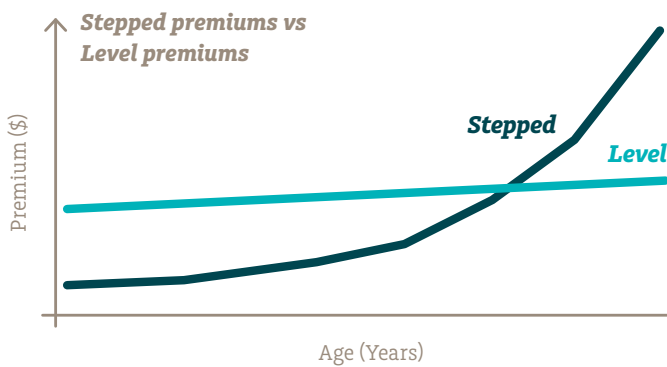
For the claim structures available on each insurance see Key information about your insurance on pages 16 - 32.

Our offer

Premium structures you can choose

We offer two types of premium structures that you can choose from:

- **Stepped premiums** – premiums change each year to reflect the increasing likelihood of claim as you age, and
- **Level premiums** – this structure spreads out the increasing likelihood of claim as you age by charging more at the start of the insurance, but less in the later years of the insurance.



For both premium types inflation proofing increases to the sum insured will also increase the premiums (inflation proofing is a feature of insurance that increases your sum insured in line with the Consumer Price Index). We may also need to change rates in the future, which would change the premiums you pay. Premium increases may also occur due to changes in government charges, such as stamp duty, or we might need to change our rates to reflect our insurance business experience, like the cost of claims.

For more information about stepped and level premiums, please see pages 38 - 39.

What your insurance includes

In this PDS you will find the following information about your insurance:

Benefit(s)	Are what we pay when a claimable event occurs. The benefit paid may be the full sum insured, a proportion of the sum insured, or another amount. Benefits can be either a one-off payment (lump sum), or a monthly payment for a period of time, or until you're no longer disabled. There may be more than one benefit available under your insurance, to cover different needs.
Setting(s)	Are a required selection for TPD, Income Protection and Business Expenses (that you select when you apply) which determines when benefits will be paid. Details on these settings can be found under the relevant insurance.
Feature(s)	Are built into your insurance. Some features will automatically apply to you, while others are available to be "turned on" according to the terms and conditions for that feature.
Option(s)	Are available for you to select when you take out your insurance. There are two types of options: <ul style="list-style-type: none"> • Options that expand your insurance, and increase your premiums, or • Options that limit when you can claim, and reduce your premiums.

What you need to know about the risks

There is a risk that the insurance you choose won't meet your needs.

Your financial adviser can assess your circumstances and help you choose insurance to suit your needs and the sum insured.

It's important to consider your future needs now as you may not qualify for some insurances if your circumstances change.

Need help?

Please speak with your financial adviser or call us on **13 65 25**.

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Insurance in action – a case study

Meet Jim

Jim is 33 and is married with two children. He decides it's time to get the insurance he needs to protect his family financially if he dies or can't work.



Jim's insurance

His adviser recommends insurances and sums insured to meet these needs.

LC	Life Cover	\$750,000 of Life Cover insurance.	Inside Super
TPD	Total and Permanent Disability (TPD)	\$500,000 of TPD insurance as an Extension to Jim's Life Cover. This comes with a built in 12 month Life Cover Buy Back feature.	Inside Super
CI	Critical Illness	\$500,000 of stand-alone Critical Illness Plus insurance.	Outside Super
IP	Income Protection	Income Protection insurance with a monthly benefit of \$6,000, until age 65.	Outside Super

To reduce his premiums	To expand his insurance
<p>Jim chooses a 2 year Waiting Period for his Income Protection insurance.</p> <p>A longer Waiting Period means lower premiums.</p>	<p>Jim chooses Critical Illness Plus.</p> <p>Even though Critical Illness Plus costs more than Critical Illness Standard, Jim decides the higher level of insurance will give him greater peace of mind.</p>

Saving money by holding some insurance in super

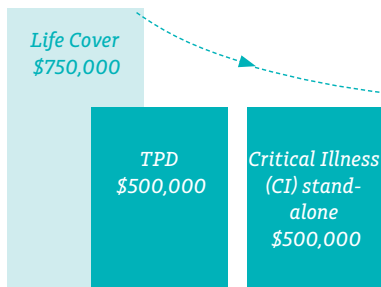
In addition, Jim chooses to pay some of his insurance premiums through super, which will help him save money by taking advantage of available tax concessions. This is because he isn't paying all of his premiums from his after tax income or savings.

Jim decides to buy insurance with MLC.

Structuring his insurance

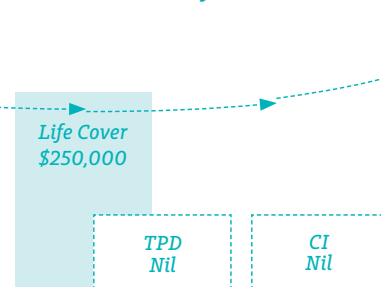
Helps Jim get the insurance he needs in a cost effective way.

Extension and stand-alone



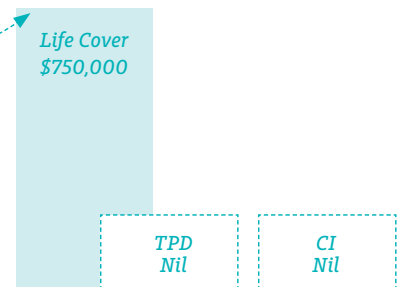
Jim takes TPD as an Extension to Life Cover, and Critical Illness as stand-alone.

Claim paid – TPD Benefit and Critical Illness Benefit



When a benefit is paid for both TPD and Critical Illness, his Life Cover is reduced by the TPD Extension, but not by the Critical Illness as it is stand-alone.

Buy back (after 12 months)



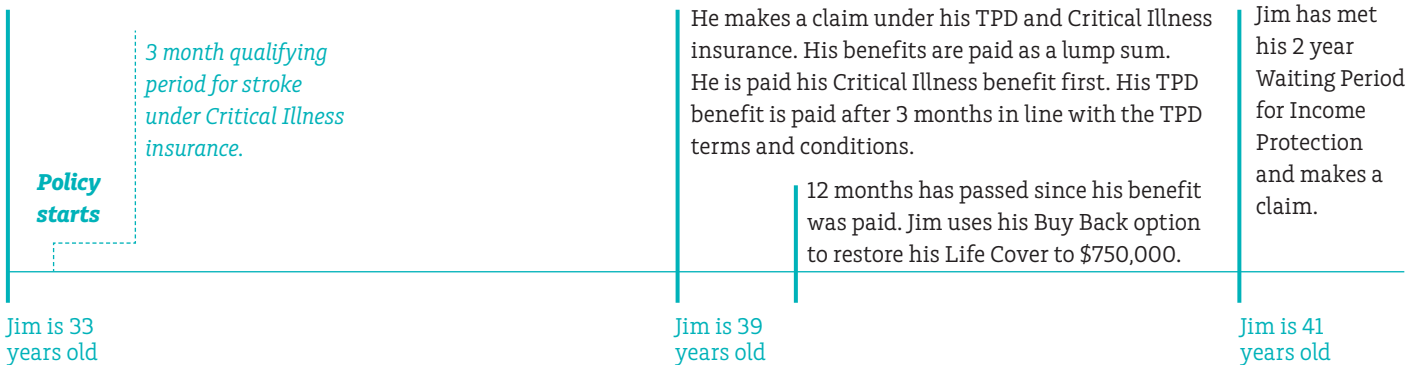
After 12 months Jim can apply to restore his Life Cover back to \$750,000 using the Buy Back feature built in to his TPD insurance.

Making a claim

When Jim is 39, he tragically suffers a major stroke. Jim has paid his premiums and the policy is in force. He has met the relevant definitions, Qualifying Periods and Waiting Periods. Jim is able to claim against his insurance.

Jim is paid:

- \$500,000 lump sum from his TPD insurance
- \$500,000 lump sum from his Critical Illness insurance
- Once his 2 year Waiting Period is over, Jim is paid a monthly benefit of \$6,000 until the age of 65 from his Income Protection insurance



The above is an example for illustrative purposes only and the outcome for you will depend on your circumstances and the terms applicable to your policy.



2

**Key information about
your insurance**



Life Cover insurance

Provides financial support for your family or business if you die or you're diagnosed with a terminal illness

Application age (next birthday)

Level premiums

(*inside and outside super*): 16-60

Stepped premiums

outside super: 11-70

inside super: 16-65

For Terminal Illness Support insurance

option: 19-60

For Business Safeguard Option: 19-60

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

Outside super: 100

Inside super: 74 (at which time a conversion option is available to continue as a non-super policy, which expires at the Review Date after age 100). You'll find more information on pages 42 - 43.

For Terminal Illness Support insurance: 65

For Business Safeguard Option: 65. You'll find more information on pages 53 - 54.

Minimum sum insured

\$25,000

Maximum sum insured

No general maximum, but special terms may apply for benefits greater than \$15 million.

For Terminal Illness Support

insurance option: Lesser of \$250,000 and 50% of Life Cover insurance

For Business Safeguard Option:

\$15 million

Claim structures available

Stand-alone 

Extension/Connection 

See page 50

Types of Life Cover insurance












There is only one type of Life Cover insurance.

Life Cover settings you choose

There are no settings for Life Cover insurance.

Life Cover insurance - benefits, features and options

Details are available at the page number listed.

Benefit(s)	Feature(s)	Option(s)
Life Cover Benefit Page 61 	Increases without further medical evidence Pages 59 - 61 	Terminal Illness Support insurance Page 62 
Terminal Illness Benefit Page 62 	Economiser Page 59 	Business Safeguard Option Pages 53 - 54 
Accidental Injury Benefit Pages 52 - 53 	Inflation Proofing Page 39 	Premium Waiver insurance Pages 62 and 65 
Advance Death Benefit Page 53 		
Financial Planning Benefit Page 59 		

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Total and Permanent Disability (TPD) insurance

Helps you financially if you suffer Total and Permanent Disability

Application age (next birthday)

Stand-alone and Extension to Life Cover: 16-60

Extension to Critical Illness : 19 - 60

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

Outside super

Stand-alone and Extension to Life Cover: 100

Extension to Critical Illness: 65

Inside super

Extension to Life Cover: 74 (at which time a conversion option is available to continue as a non-super policy, which expires at the Review Date after age 100).

Extension to Critical Illness: 65

You'll find more information on page 50.

Minimum sum insured

\$25,000

Maximum sum insured


Stand-alone and Extension to Life

Cover: \$5 million for certain professional occupations such as surgeons, accountants and solicitors.

\$3 million for other occupations see page 63.

Extension to Critical Illness: \$2 million

Claim structures available

Stand-alone 
(outside super only)

Extension/Connection 



See page 50

Types of TPD insurance


There is only one type of TPD insurance.

TPD insurance settings you choose


More information is available at the page number listed under each definition.

Definition setting		Overview
Own Occupation Pages 94 - 95 and page 104		When assessing your claim, we'll assess your likely ability to work again based on your own occupation, even if you may be able to work in another occupation.
Any Occupation Page 94 and page 102		We'll assess your likely ability to work again based not only on your occupation, but also any occupation that you're reasonably suited to by way of education, training or experience.

You can also package Any and Own Occupation insurance cost effectively

TPD Optimiser Page 63		This efficiently packages your insurance inside super (under an Any Occupation definition) with a policy outside super (with an Own Occupation definition).
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From the Policy Review Date after you turn 65, the definition used to assess your claim will change to Loss of Independence

Loss of Independence Page 91		After age 65, your eligibility to be paid a benefit will be assessed on non-work based criteria.
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Extra conditions apply if your TPD insurance is inside super, (refer to Permanent Incapacity on page 104).

TPD insurance - Benefits, Features and Options

Details are available at the page number listed.

Benefit(s)		Feature(s)		Option(s)	
Total and Permanent Disability Benefit Pages 94 - 96		Increases without further medical evidence Pages 59 - 61		Double TPD (Life Cover Buy Back with Premium Waiver) Pages 58 - 59	
Partial Payment Benefit Page 61		12-month Life Cover Buy Back Pages 51 - 52		14-day Life Cover Buy Back Page 52	
Death Benefit (TPD stand-alone only) Page 57		Economiser Page 59		Business Safeguard Option Pages 53 - 54	
Financial Planning Benefit Page 59		Inflation Proofing Page 39		Premium Waiver insurance Pages 62 and 65	

Critical Illness insurance

Helps you financially if you become critically ill

Application age (next birthday)

19 - 60

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

75

Minimum sum insured

\$25,000

Maximum sum insured

\$2,000,000

Claim structures available

Stand-alone ✓

Extension/Connection ✓

See page 50

Types of Critical Illness insurance

CI+ Critical Illness Plus

Critical Illness Plus provides our highest level of insurance with the most conditions insured.

Your critical illness definitions will only change where we improve them in your favour.

CI Critical Illness Standard

Critical Illness Standard provides our standard level of insurance, which insures fewer medical conditions. It cannot be taken out as stand-alone insurance.

While we may make improvements to the critical illness definitions in your favour, we may also change the types of critical illness and critical illness definitions as advances are made in treatment and diagnostic techniques, to ensure they:

- remain appropriate with regard to medical terminology and classification;
- take into account effective cures, vaccines and modern diagnostic procedures;
- include some diseases considered appropriate in the future; and
- exclude some diseases which are found to have become minor in the future.

We will let you know if we make a change. Changes will apply to all policy owners. You won't be singled out for a change.

For more information see pages 55 - 56.

Important information about Critical Illness insurance

Where you make a critical illness claim for cancer, a heart attack or a stroke, we will assess your claim against the most favourable of:

- the applicable definition in our PDS/Policy Document linked to the full benefit amount; and
- if different, the corresponding medical definition in the Life Insurance Code of Practice (The Code) (or other minimum standard endorsed in final form by the Financial Services Council and that we accept) that is current at the time the claimable event occurs.


In the case of stand-alone insurance, you'll receive your full Critical Illness insurance benefit if you survive for 14 days after suffering a critical condition.

Critical Illness insurance settings you choose

















There are no settings for Critical Illness insurance.

Critical Illness insurance - Benefits, Features and Options

Details are available at the page number listed.

 Available on both Critical Illness Plus and Critical Illness Standard

 Available on Critical Illness Plus only

Benefit(s)		Feature(s)		Option(s)	
 Critical Illness Benefit Pages 22 - 23, and pages 86 - 93	 Outside Super	 Increases without further medical evidence Pages 59 - 61	 Outside Super	 Extra benefits option – partial Benefits Page 24	 Outside Super
 Death Benefit (Stand-alone only) Page 57		 Economiser Page 59		 Double Critical Illness (Extension / Connection only) Pages 57 - 58	
 Child Support Benefit Pages 54 - 55		 Inflation Proofing Page 39		 12-month Life Cover Buy Back (Extension / Connection only) Page 51	
 Financial Planning Benefit Page 59				 Critical Illness Buy Back Pages 56 - 57	
		 Business Safeguard Option Pages 53 - 54			
		 Premium Waiver insurance Pages 62 and 65			

Critical Illness insurance

What critical conditions are insured?

Insurance for some critical conditions starts after the Qualifying Period.

This means that you won't be insured for conditions that first appear, first happen or are first diagnosed in the Qualifying Period.

An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required.

The following table sets out the critical conditions insured by Critical Illness Standard and Plus, and their Qualifying Periods. The detailed definitions can be found in the Key medical and disability definitions section on pages 86 - 93.

Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period
Aorta Repair – excluding less invasive surgeries		Y	3 months
Aplastic Anaemia – of specified severity		Y	
Bacterial Meningitis – of specified severity		Y	
Benign Brain Tumour – of specified severity		Y	
Blindness – of specified severity		Y	
Cancer – excluding specified early stage cancers	Y	Y	Standard: 6 months Plus: 3 months
Cardiomyopathy – of specified severity		Y	
Chronic Kidney Failure – requiring permanent dialysis or transplantation		Y	
Chronic Liver Failure – of specified severity		Y	
Chronic Lung Failure – of specified severity		Y	
Coma – with specified criteria		Y	
Coronary Artery Angioplasty*		Y	3 months
Coronary Artery Angioplasty - Triple Vessel		Y	3 months
Coronary Artery Bypass Surgery – excluding less invasive procedures	Y	Y	3 months
Deafness – permanent		Y	
Dementia or Alzheimer's Disease – permanent and of specified severity		Y	
Encephalitis – of specified severity		Y	
Heart Attack – with evidence of heart muscle damage	Y	Y	3 months
Heart Valve Surgery – of specified severity		Y	3 months
HIV Contracted Through Medical Procedures		Y	
HIV Contracted Through Your Work		Y	
Intensive Care – requiring continuous mechanical ventilation for 7 days		Y	
Loss of Independence – of specified severity	Y	Y	
Loss of Speech – total and permanent		Y	
Major Brain Injury – of specified severity		Y	
Major Burns – of specified severity		Y	

Critical Conditions	Critical Illness Standard	Critical Illness Plus	Qualifying Period
Major Organ or Bone Marrow Transplant		Y	
Meningococcal Septicaemia – of specified severity		Y	
Motor Neurone Disease		Y	
Multiple Sclerosis – of specified severity		Y	
Muscular Dystrophy – unequivocal diagnosis		Y	
Open Heart Surgery		Y	
Out of Hospital Cardiac Arrest		Y	
Paralysis		Y	
Parkinson's Disease – of specified severity		Y	
Parkinson-Plus Syndrome		Y	
Pneumonectomy – complete removal of entire lung		Y	
Primary Pulmonary Hypertension – of specified severity		Y	
Severe Diabetes – of specified severity		Y	
Severe Osteoporosis – before age 50 and of specified severity		Y	
Severe Rheumatoid Arthritis – of specified severity		Y	
Stroke – in the brain and of specified severity	Y	Y	3 months

* Coronary Artery Angioplasty – This benefit will only apply if your Critical Illness benefit is \$100,000 or more. The benefit payable for Coronary Artery Angioplasty is 10% of your Critical Illness benefit up to \$20,000 per event. For more information on this condition, please see Critical Illness definitions on pages 86 - 93.

Critical Illness insurance

Extra benefits option – partial benefits

This option is available if you have Critical Illness Plus insurance. You'll be paid a partial (20%) benefit for the additional critical conditions insured, subject to the maximum partial benefit payable listed in the table below.

This benefit is only payable if it's at least \$10,000.

Your Critical Illness insurance will be reduced by the amount of any partial benefit payment made for these additional critical conditions.

You can only claim once for each critical condition.

The specific definitions of these conditions, including the level of severity required for benefits to be payable, are described on pages 86 - 93.

Additional critical conditions	Qualifying Period	Maximum partial benefit
Adult Onset Insulin Dependent Diabetes Mellitus		\$200,000
Deafness in One Ear – total and irreparable		
Early Stage Benign Brain Tumour – of specified type		
Loss of One Foot or One Hand – total and irrecoverable		
Loss of Sight in One Eye – of specified severity		
Advanced Endometriosis – of specified severity		\$100,000
Carcinoma In Situ of the Breast – of specified severity	3 months	
Early Stage Chronic Lymphocytic Leukaemia – of specified severity	3 months	
Early Stage Prostate Cancer – of specified severity	3 months	
Facial Reconstructive Surgery and Skin Grafting – of specified severity		
Serious Accidental Injury		\$50,000
Congenital Abnormalities of a Child – of specified severity	12 months	
Inability of a Child to Gain Independence – of specified severity	12 months	
Intensive Care – requiring continuous mechanical ventilation of 5 days		\$20,000
Carcinoma In Situ of the Female Reproductive Organs – of specified severity	3 months	
Early Stage Melanoma – of specified severity	3 months	
Guillain-Barre Syndrome – of specified severity		
Orchidectomy (as Required to Diagnose Carcinoma In Situ Of the Testicle) – with specific requirements	3 months	
Specified Complications of Pregnancy	12 months	

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Child Critical Illness insurance

Helps you financially if your child becomes critically ill

Application age (next birthday)

3 - 18 (age of your child)

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

21 (age of your child)

Minimum sum insured

\$10,000

Maximum sum insured

\$200,000

You can insure a maximum of 5 children.

Claim structures available

Stand-alone 

Extension/Connection 

See Page 50

You can only apply for Child Critical Illness insurance if the child's parent or guardian holds one of the following:

- Life Cover insurance;
- Total and Permanent Disability insurance;
- Critical Illness insurance;
- Income Protection insurance; or
- Business Expenses insurance.

Types of Child Critical Illness insurance



There is only one type of Child Critical Illness insurance.

Child Critical Illness insurance settings you choose

There are no settings for Child Critical Illness insurance.

Child Critical Illness insurance - Benefits, Features and Options

Details are available at the page number listed.

Benefit(s)	Feature(s)	Option(s)
Child Critical Illness Benefit Page 56 	Conversion to an adult policy Page 56 	Premium Waiver insurance Pages 62 and 65 
Financial Planning Benefit Page 59 		

Important information about Critical Illness insurance

Where you make a critical illness claim for cancer, a heart attack or a stroke, we will assess your claim against the most favourable of:

- the applicable definition in our PDS/Policy Document linked to the full benefit amount; and
- if different, the corresponding medical definition in the Life Insurance Code of Practice (The Code) (or other minimum standard published by the Financial Services Council) that is current at the time the claimable event occurs.

Critical conditions

Insurance for some critical conditions starts after the Qualifying Period. This means that you won't be insured for conditions that first appear, first happen or are first diagnosed in the Qualifying Period.

An appropriate Specialist and our medical adviser must both agree that the definition for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required.

The following table sets out the critical conditions insured by Child Critical Illness insurance, and their Qualifying Periods. The detailed definitions can be found in the Key medical and disability definitions section on pages 86 - 93.

Critical Condition	Qualifying Period
Aplastic Anaemia – of specified severity	
Bacterial Meningitis – of specified severity	
Benign Brain Tumour – of specified severity	
Blindness – of specified severity	
Cancer – excluding specified early stage cancers	3 months
Cardiomyopathy – of specified severity	
Chronic Kidney Failure – requiring permanent dialysis or transplantation	
Chronic Liver Failure – of specified severity	
Coma – with specified criteria	
Deafness – permanent	
Encephalitis – of specified severity	
Heart Attack – with evidence of heart muscle damage	3 months
Heart Valve Surgery – of specified severity	3 months
HIV Contracted Through Medical Procedures	
Intensive Care – requiring continuous mechanical ventilation for 7 days	
Loss of Speech – total and permanent	
Major Brain Injury – of specified severity	
Major Burns – of specified severity	
Major Organ or Bone Marrow Transplant	
Meningococcal Septicaemia – of specified severity	
Open Heart Surgery	
Out of Hospital Cardiac Arrest	
Paralysis	
Pneumonectomy – complete removal of entire lung	
Primary Pulmonary Hypertension – of specified severity	
Stroke – in the brain and of specified severity	3 months

Occupationally Acquired HIV, Hepatitis B or C Infection insurance

Helps medical professionals financially if they're accidentally infected with HIV, Hepatitis B or Hepatitis C at work

Application age (next birthday)

19 - 60

This insurance is only available for certain medical occupations such as doctors, surgeons, dentists, nurses and ambulance officers.

Your adviser can help you work out if your occupation is eligible.

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

70



Minimum sum insured

\$25,000

Maximum sum insured

\$1,000,000

Claim structures available

- Stand-alone 
- Extension/Connection 
- See page 50

Types of Occupationally Acquired HIV, Hepatitis B or C Infection insurance




There is only one type of Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

Occupationally Acquired HIV, Hepatitis B or C Infection insurance settings you choose

There are no settings for Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

Occupationally Acquired HIV, Hepatitis B or C Infection insurance – Benefits, Features and Options

Details are available at the page number listed.

Benefit(s)	Feature(s)	Option(s)
Occupationally Acquired HIV, Hepatitis B or C Infection insurance Benefit  Page 61		Premium Waiver insurance Pages 62 and 65 
Financial Planning Benefit  Page 59		

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Income Protection insurance

Helps replace part of your earnings if you can't work due to sickness or injury

Application age (next birthday)

Benefits up to \$40,000 per month: 19-60
Benefits from \$40,000-\$60,000 per month: 19-55

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

Outside super

IPP 70 **IP** 70 **IPSR** 65

Special terms apply to insurance after age 65. See pages 77 - 78 and page 83 for details.

Inside super: 65. Insurance can continue to age 70 subject to special conditions. See pages 42 - 43, and page 83.

Minimum sum insured

A monthly benefit of \$1,500

Maximum sum insured

- A monthly benefit of \$30,000
- For certain occupations, a monthly benefit of \$60,000

You'll find more information on page 68.

Claim structures available

Stand-alone

Extension/Connection

See page 50

Types of Income Protection insurance

IPP **Income Protection Platinum** provides our highest level of insurance

IP **Income Protection** provides our standard level of insurance

IPSR **Income Protection (Special Risk)** designed for people in hazardous occupations. After the first 3 years we'll review your insurance each year and may offer to renew it, but we won't guarantee its renewal.

For more information see pages 97 - 100.

Income Protection settings you choose

1. Choice of Waiting Period

IPP	IP	IPSR
14 days		
30 days		
90 days		
1 year		
2 years		

There is a Waiting Period before your benefit is paid.

A shorter Waiting Period means your benefit will be paid sooner.

Your premiums will cost more for shorter Waiting Periods.

For details see page 105.

2. Choice of benefit period

IPP	IP	IPSR
Two years		
Five years		
Up to age 65		
Up to age 70		

You'll receive your monthly benefit for your chosen benefit period.

A longer benefit period means your benefit can be paid for a longer period of time.

Your premiums will cost more for longer benefit periods.

3. Choice of Indemnity or Agreed Value

Indemnity cover - Your monthly benefit may be reduced because of a change in your Earnings.


Agreed Value cover - Your monthly benefit won't be reduced because of a change in your Earnings. Agreed Value cover will cost more than indemnity cover for this reason.




















































Both are available for all types of income protection insurance.

For details see pages 68 - 69.

Income Protection insurance — Benefits, Features and Options

Details are available at the page number listed.

	Available on all types of income protection		Available on Income Protection Platinum only
	Available on Income Protection Platinum and Income Protection only		Available on Income Protection (Special Risk) only

Benefit(s)		Feature(s)		Option(s)		
 Total Disability Benefit Pages 97 – 100		 Premium Waiver Page 80		 Accommodation Benefit Page 72		
 Partial Disability Benefit Pages 97 – 100		 Return to work during the Waiting Period Page 70			 Advance Payment Benefit Page 72	
 Rehabilitation Expenses Page 80		 Waiting Period Conversion Page 81			 Critical Illness Benefit Pages 72 – 73	
 Rehabilitation Bonus Page 81		 Recurring Disability Benefit Page 80			 Home Assistance Page 73	
 Death Benefit Page 77		 Increases without further medical evidence Page 78				 Nursing Care Benefit Page 73
 Elective Surgery Benefit Page 77		 Extended Cover Renewable to age 70 Pages 77 - 78			 Transportation Benefit Page 73	
 Child Support Income Benefit Pages 76 – 77		 Inflation Proofing Page 39			 Total Disability and Partial Disability definitions relating to Income Protection Platinum with Extra Benefits Option Pages 74 – 75	
				 Indexed Claims Benefit Page 78		
				 Short Waiting Period for Accidental Injury Page 81		
				 Lump Sum Benefit Option (Platinum Only) Pages 78 – 80		
Options that reduce premiums						
				 Premium Saver Option Page 80		
				 Non-Occupational Cover Option Page 80		

Business Expenses insurance

Helps keep your business going if you can't work due to sickness or injury

Application age (next birthday)

19 - 60

Expiry age (insurance expires on the policy anniversary after reaching the age noted below)

65

Minimum sum insured

A monthly benefit of \$1,500

Maximum sum insured

A monthly benefit of \$60,000

Claim structures available

Stand-alone 

Extension/Connection 

See Page 50

Types of Business Expenses insurance

BEP **Business Expenses Platinum Option** provides increased insurance with an extended definition of Totally Disabled and the option to receive a benefit if you become Partially Disabled.

BE **Business Expenses** provides our standard level of insurance.

For more information see Page 101.

Business Expenses setting you choose









Choice of Waiting Period

You can choose a Waiting Period of 14 or 30 days.

Business Expenses insurance - Benefits, Features and Options

Details are available at the page number listed.

 Available on Business Expenses Platinum only

Benefit(s)	Feature(s)	Option(s)
Business Expenses Benefit Page 101 	Premium Waiver Page 80 	 Partial Disability Benefit Page 101 
Death Benefit Page 77 	Recurring Disability Benefit Page 80 	
	Return to work during the Waiting Period Page 70 	
	Inflation Proofing Page 39 	

3

Your insurance journey



Your insurance journey

1. Choosing and buying your insurance

MLC offers a range of insurance to meet your needs. You'll need to choose the type of insurance you need and the amount (known as the sum insured).

Your financial adviser can help you choose the insurance that is right for you and will provide you with a Statement of Advice, a quote for how much the premiums will cost, a copy of this PDS for you to read, and can assist you to complete the application.

Specific information you need to know:

- How to apply
- Payments to financial advisers and third parties
- Nominating beneficiaries

2. Assessment and underwriting

We'll assess your individual circumstances to determine if we can provide insurance, and if we need to apply special terms to your insurance.

We'll get in touch with you if we have any questions about your application.

Specific information you need to know:

- How your application is assessed
- Temporary insurance you have while we assess your application (Interim Accident Insurance)

3. Your insurance policy

When we accept your application we'll issue your policy. You will receive:

- an insurance policy document, which sets out the terms and conditions of your insurance, and
- a schedule which sets out details of what you're insured for (including the sum insured, specific settings and options selected, special terms that you have, etc).

4. Paying your premiums

Your premium is the amount you pay for your insurance. We'll recalculate your premiums each year and we'll send you a new policy schedule with details of your insurance for the year ahead, including your premium amount.

Specific information you need to know:

- What are premiums
- How much is your premium
- Paying your first premium
- Minimum premiums
- Choosing your premium structure
- Payment methods
- Inflation proofing
- Changes to your premium
- What happens if your premium isn't paid
- Refunding your premiums when you cancel your insurance
- Premiums inside super - super contributions
- Policy fees
- Family law changes
- Government charges

In this section you'll find:

- Specific information you need to know about each stage of your insurance journey, as well as
- important taxation, Life Insurance Code of Practice and resolving complaints.

5. Updating your insurance

We'll review your insurance and update it from time to time. You should also review your insurance with your financial adviser and make changes in line with your change in needs.

Specific information you need to know:

- Guarantee of upgrade
- Changing your insurance
- Renewing your insurance
- Insurance in super - continuing your policy past age 65
- Transferring your insurance between non super and super policies
- Converting MLC Insurance (Super) policies
- Replacing your existing insurance
- Cancelling your insurance

6. Making a claim

You or your beneficiaries can make a claim if a claimable event occurs while you're insured.

If you or your beneficiaries need to make a claim please call us on 1300 125 246 as soon as possible. We'll send out the necessary paperwork.

Specific information you need to know:

- How to claim

7. Paying benefits

If your claim is approved the benefit is paid. The insurance terms and conditions describe when the benefit paid will be:

- The sum insured for that insurance, or
- A proportion of the sum insured, or
- Another specified amount.

Specific information you need to know:

- Benefits for all your insurance
- Benefits for insurance in super and the conditions of release

In addition, this section has the following legislative, regulatory and procedural information about your insurance that you need to know:

- taxation
- the Life Insurance Code of Practice, and
- resolving complaints.

1. Choosing and buying your insurance

Below is some important information about how to apply, how you can choose who receives death benefits, and what payments we make to your financial adviser and other third parties.

How to apply

To apply for your insurance, please complete the:

- Application form which has been included with this PDS, or
- Our online application which your financial adviser can help you access.

For MLC Insurance (Super) and insurance purchased through your MLC super wrap account, your application is made to the Trustee, who applies to us for insurance on your behalf.

For insurance held by a SMSF Trustee, the Trustee has to complete the application as the policy owner.

You'll need the assistance of a financial adviser to apply for your insurance.

They can help you with each step of the application process, including preparing a quote, completing and submitting the application, and following up any additional requirements we may have.

Nominating a beneficiary for insurance outside super

Who receives your death benefit?

On your application form, you can nominate up to six beneficiaries to receive your death benefit along with the portion you'd like each beneficiary to receive.

If any of your beneficiaries die before you, their portion of the death benefit will be paid to their estate.

If you don't nominate a beneficiary, your death benefit will be paid to the policy owner or your estate, unless we're legally required to pay the benefit to someone else.

If the policy owner changes (for instance if you move your insurance from non-super to super insurance) your nomination will be automatically cancelled.

What happens if there's more than one policy owner?

If there are multiple policy owners, they own it jointly. If one policy owner dies, the policy will be owned by the remaining policy owner, or jointly owned by all the remaining policy owners.

If all policy owners have died, we'll pay any benefits to the estate of the policy owner who died last, unless legally required to pay someone else.

Please speak with your financial adviser for more information.

Nominating beneficiaries

It's important to keep your beneficiary nomination up to date with changes in your personal circumstances.

You can cancel or change your nomination at any time by completing the Beneficiary Nomination Form available at mlcinsurance.com.au or call **13 65 25** to request the form.

You should speak with your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances and how the tax rules apply to your beneficiaries.

Nominating a beneficiary for insurance inside super

Your death benefit will be paid to the Trustee who will pay it according to super law.

Your beneficiary nominations need to be lodged with the Trustee.

Please refer to your Trustee for beneficiary nomination options that may be available to you.

Details will be available on your super provider's website, PDS or trust deed.

Payments to financial advisers

We have an agreement with your financial adviser to pay commission which is based on the premium paid.

This commission is included in the premium and is not an additional cost to you. If you don't have a financial adviser, your premium won't be less.

The actual remuneration your financial adviser receives, including any commission, will depend on your financial arrangement with them, and will be disclosed to you by them as required by law.

Third party payments

MLC may also pay third parties for the distribution, promotion or marketing of MLC's insurance products.

These third parties may include licensees (with whom your financial adviser is a representative).

Any such payment made by MLC to a third party is not an additional cost to you.

If applicable, any additional payments will be disclosed to you in the relevant Financial Services Guide which the third party must provide to you.

2. Assessment and underwriting

Below is some important information about how we assess your application, and temporary insurance that we offer while we are assessing your application.

How is your application assessed?

We'll assess your application, taking into account your occupation, lifestyle, leisure activities and medical history, to decide whether (and on what terms and conditions) insurance can be offered to you.

In some cases you may not be eligible for the insurance you ask for, or we might offer you insurance at a higher premium, or with an exclusion (for example, if you take part in a hazardous sport or have an existing health problem), or offer other alternative terms.

Depending on the insurance you apply for, we may need additional financial and medical information.

We may also ask you to undergo a medical examination or test.

We'll pay for any medical information asked for during the application process, (including extraordinary travel costs agreed in advance and the production of any report), unless we tell you otherwise.

We may also need to write to your Doctor seeking additional information (authorised by you).

We are legally required to send all communications about your policy to the policy owner. However, if the policy owner is different to you, the life insured, we will not communicate personal medical information about you to them unless you give consent for this.

We'll update your adviser with the progress of your application. If your application isn't accepted we'll let you know at the earliest possible time.

Interim Accident Insurance

While we assess your application, you'll have temporary insurance for each type of insurance you apply for, which will insure you for accidental events during this period. This insurance is called **Interim Accident Insurance**.

For all the important information about this insurance, including when it starts, what it does and does not insure, and when it will end, please see the Interim Accident Insurance Certificate on pages 111 - 112.

3. Your insurance policy

Below is some important information about when your insurance starts, and what happens if you change your mind after the insurance starts.

When your insurance starts

All the terms and conditions of your insurance are effective from the start date shown in your Policy Schedule.

What if you change your mind - the cooling off period?

If you give us a written request to cancel your insurance within the cooling off period, we'll refund premiums that you've paid.

The cooling off period is 14 days from the earlier of:

- you receiving the first Policy Schedule, or
- the end of the 5th day after the day on which your first Policy Schedule was issued.

For insurance inside super, any refund will be paid to the Trustee.

However, if you make an alteration or claim on your insurance during these 14 days, this will confirm your acceptance of your insurance and we won't refund any premiums paid.

4. Paying your premiums

Below is some important information about premiums and other charges.

What are premiums?

Your premium is the amount of money we charge for the insurance we provide.

Your premium for the types and amounts of insurance you initially apply for will be calculated by your financial adviser and confirmed by us.

If you don't have a financial adviser, please call us on **13 65 25** and we can put you in touch with one.

How much is your premium?

Your premium will depend on your individual circumstances including, but not limited to your:

- choice and combination of insurances
- age at the start of your insurance and chosen premium structure
- gender
- occupation – we or your financial adviser can provide you with more information
- smoking status – premiums are generally higher for smokers than non-smokers
- medical history – the state of your health and/or your family medical history
- lifestyle and leisure activities – the greater the risk of the activities you undertake, the higher the premium
- frequency of premium payments and applicable policy fee, and
- financial arrangement agreed with your financial adviser.

Your initial premium will be stated in your Policy Schedule.

Paying your first premium

If you pay your first premium before the policy is issued by direct debit, credit card or cheque, the payment will be held in a trust account until your application has been accepted or declined.

We will keep any interest earned on this money.

If your application is declined, we'll refund any premium you may have paid to you or, if required by super law, to your super account.

Minimum premiums

The minimum premium for both your initial insurance and for subsequent changes, excluding policy fees, will be:

Frequency of premium payments	Minimum premium (for new applications)	Minimum premium (for increases to existing insurance)	Minimum premium (for TPD and Critical Illness as a connected benefit only)
Monthly	\$20	\$10	\$10
Half-Yearly	\$130	\$65	\$65
Yearly	\$250	\$125	\$125

Choosing your premium structure

Once you've chosen the type of insurance you want you can choose which premium structure best suits you.

You can choose from a:

- stepped premium, or
- level premium.

You can make different selections for different types of insurance. You can also choose to split your insurance between different premium structures for the one type of insurance.

What are stepped premiums?

Stepped premiums change each year to reflect the increasing likelihood of claim as you age.

Your sum insured remains the same and your premiums will vary each year depending on your age and our premium rates at the time, subject always to any Inflation Proofing increases (over page), variations and other increases to your sum insured.

What are level premiums?

Level premiums spread out the increasing likelihood of claim as you age by charging more than stepped premiums at the start of the insurance, but less than stepped premiums in the later years of the insurance.

Your sum insured remains the same and your premium will be based on your age at the start date of your insurance.

When you renew your insurance, your premiums will only vary if a change is made to our premium rates.

Any increase in sum insured, including Inflation Proofing increases, will increase the premiums and that increase will be calculated using the stepped or level rates applicable to you, based on your age at the date of the increase (for the increased component only).

At the Review Date following age 65, we'll automatically continue your insurance on a stepped premium.

Payment methods

A range of payment methods is available and all premiums are paid in advance. Your annualised premium will generally be higher if you choose to pay more frequently. Monthly is the most expensive, followed by half yearly and yearly payments are the least expensive (see table).

We can change the frequency loading percentages at any time and will notify you of any material changes. Any changes will apply at your next Review Date.

MLC Insurance (Super) doesn't accept contributions from:

- directed termination payments
- personal injury payments
- small business sale proceeds, or
- transfers from overseas funds.

Frequency of payments	Payment Methods						Frequency Loadings
	Direct Debit	Credit Card	Cheque	BPay	Eligible MLC Account*	Rollover from external super account	
Monthly	Y	Y			Y		7%
Half-Yearly	Y	Y	Y	Y	Y		4%
Yearly	Y	Y	Y	Y	Y	Y	Nil

* See mlcinsurance.com.au/using-your-insurance/how-to-pay-your-insurance-premiums for a list of Eligible MLC Accounts and which type of premiums can be deducted from that account.

Inflation Proofing

If Inflation Proofing applies to your insurance then each year, on your Review Date, we'll automatically increase your sum insured to take inflation into account.

Your sum insured will increase in line with the Consumer Price Index (CPI) as follows:

- for Life Cover, TPD and Critical Illness the minimum increase to the sum insured at any one Review Date will be the greater of the increase in CPI or 5%.
- for Income Protection and Business Expenses, the increase to the sum insured at any one Review Date will be the increase in CPI (provided you are not being paid a benefit under the policy).

Your premium will increase to reflect this change. We'll let you know about the increase one month before your Review Date. Your premium will vary depending on the increased sum insured and your age.

If you don't want the CPI increase (in part or in full) for a particular year, please contact us within two months after your Review Date.

Inflation Proofing isn't available for Terminal Illness Support, Child Critical Illness, or Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

For Income Protection insurance, if Inflation Proofing increases your Indemnity cover sum insured above the maximum limits (see Maximum Monthly Benefit Limits Table on page 68) we will calculate the increase in the maximum sum insured limits as follows:

- for Income Protection Platinum and Income Protection, your maximum sum insured will be increased by 20% of your Earnings (at the time of your claim) in excess of \$2,360,000 a year.
- for Income Protection (Special Risk), your maximum sum insured will be increased by 50% of your Earnings (at the time of your claim) in excess of \$560,000 a year.

4. Paying your premiums Continued

Changes to your premium

Your premium may change each year at your Review Date.

We may change the way we calculate premiums at any time. Because of this, your premium may increase or decrease. However, we'll:

- give you one month's written notice before premiums change,
- only apply any change to your premiums on the Review Date following any change, and
- not single you out for a change in premiums.

What happens if your premium isn't paid?

If you haven't paid your premiums in full by the date they're due you'll receive a reminder letter.

If you don't pay your outstanding premiums in full by the due date in the letter:

- we'll cancel your policy and your insurance will end, and
- any benefits payable up to the due date will be reduced by the amount of any outstanding premiums due to us.

You can apply to reinstate your policy within six months of your insurance being cancelled due to non-payment of premiums. However:

- as part of your Duty of Disclosure you must tell us, in writing, about any event that could influence our decision whether to reinstate the policy

- your policy won't be reinstated until we've approved it (we're under no obligation to approve the reinstatement), and
- payment of overdue amounts won't automatically reinstate the policy.

If your insurance isn't reinstated, we'll refund to you or, if required by the super law, to your super account, any premiums sent by you or the Trustee on your behalf after your insurance was cancelled.

If your premiums aren't accepted, depending on your payment method, the premium will be returned to you or, if required by super law, to your super account, or to the Eligible MLC Account from which it was deducted.

Refunding your premium when you cancel your insurance

If you cancel your insurance and:

- you pay your premium monthly, your insurance will end on the next date we would have debited your premium if your insurance had not been cancelled, or
- you pay your premium half-yearly or yearly, your insurance will end when we receive your request to cancel your insurance. Any premium paid by you for a period after that date will be refunded to you or, if required by the super law, to your super account.

Premiums inside super – super contributions

When your insurance is held inside super, premiums you pay directly are considered to be super contributions.

While you can contribute as much as you like, you'll pay additional tax if your contributions exceed certain limits.

These limits may change from time to time.

Your contributions to pay for insurance premiums need to be added to any contributions you and your employer make for contribution cap limit purposes.

To find out the current limits and who can contribute, go to apra.gov.au or ato.gov.au

You can also speak with your financial adviser about these limits.

Policy fees

The premium you pay may include a policy fee for administering your policy, which will increase every year in line with the Consumer Price Index (CPI) at the Review Date. The latest policy fee information is available on mlcinsurance.com.au

The policy fee at the preparation date of this PDS is:

Frequency of premium payments	Policy fee	Annual equivalent
Monthly	\$6.81	\$81.72
Half-Yearly	\$39.73	\$79.46
Yearly	\$76.40	\$76.40

A policy fee applies to each policy you apply for.

The policy fee will be waived on the second policy as follows:

- where you purchase TPD and/or Critical Illness insurance as a connected benefit, and the Life Cover insurance is issued on a separate policy. The policy fee will be applied to the Life Cover insurance. If the connected Life Cover insurance policy is cancelled and the connected policy remains active, the current policy fee applicable at the time will be reinstated.
- where joint policy owners are applying for more than one insurance policy at the same time, the policy fee will apply to:
 - the policy containing an Income Protection insurance benefit, or
 - the MLC Insurance (Super) policy where there is no policy containing an Income Protection benefit, or
 - the policy insuring the youngest person insured where the above circumstances do not apply.

Your policy fee will also be waived if your premiums are deducted from an Eligible MLC Account.

See mlcinsurance.com.au/using-your-insurance/how-to-pay-your-insurance-premiums for the list of eligible accounts this applies to.

MLC reserves the right to change policy fees. We'll give you one month's written notice if we do.

Family law charges

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto breakdown.

We may be obliged to provide information to other parties and manage your policy in line with court orders. We reserve the right to charge the policy owner a fee if we have to comply with a Family Law injunction or order which alters the rights, liabilities or property interests of you and to recover any legal costs incurred by us in responding to matters arising from an order or injunction.

Government charges

We reserve the right to charge you an amount for any duty, tax, excise, impost, charge or deduction applied by the federal or state or territory governments as may apply to your policy and such amount will be calculated by reference to the relevant rate that applies at the time your annual premium is calculated.

There is currently no Goods and Services Tax (GST) charged on the premium.

5. Updating your insurance

Below is important information about how we might update your insurance over time, how you can update your insurance to suit your changing needs, and information you need to know about transferring and replacing your insurance.

Guarantee of upgrade

Whenever we improve the terms of a type of insurance you've chosen, and those improvements don't increase your premiums, we'll upgrade the terms of your policy.

Each new improvement only applies from its effective date – ie the date when the new definition or feature starts. So the improvement only applies to claims, health conditions and events which start or take place after the effective date.

The improvements won't apply to past or existing claims, or claims resulting from health conditions or events which started or took place before the effective date.

MLC will inform you of the effective date of any improvements to your policy. Should a situation arise where you are disadvantaged by the application of a policy term that has been changed under the Guarantee of upgrade since your policy started, then we will instead apply the prior version of that term that is most advantageous to you.

Changing your insurance

You can at any time make a request to change your insurance (using the appropriate form), including a change to a sum insured or to add or remove a type of insurance or option. Each change is subject to our approval so we'll let you know if we've accepted or declined your request. Your premium may also change as a result of your requested change. Your financial adviser can provide the relevant forms and help you decide whether to alter your insurance.

Renewing your insurance

As long as your premiums continue to be paid, we'll generally renew your insurance each year, even if your health worsens.

Your insurance will continue until the expiry is reached or a nominated event occurs that ends your insurance.

For some types of insurance, we will continue to renew the insurance after a claim.

For other types of insurance, after a set period of time you may be able to restore your sum insured back to the amount it was before the benefit was paid, without having to provide additional evidence of health, occupation or pursuits.

Further details on renewing insurance after a claim can be found in the Summary of the terms and conditions section of this PDS, which starts on page 50.

The following insurances are not guaranteed renewable and, after the first three years in force will be renewed as described below:

- we'll renew Critical Illness Standard insurance only on terms and conditions that apply at the time of renewal, and
- we'll renew Income Protection (Special Risk) insurance on a case-by-case basis.

Insurance in super - continuing your policy past age 65

When you reach age 65, there are some age-based regulations around making contributions to super. This includes meeting a work test.

You need to make sure you meet this test before making a contribution. If you don't meet the requirement, you must inform us within 14 days of making a contribution.

If you tell us you don't meet the work test, you'll be offered the opportunity to convert to a non-super policy.

Eligibility to contribute to super (Work test)

To satisfy the work test you must be Gainfully Employed on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.

From 1 July 2019, the Government introduced an exemption to allow retirees aged 65 to 74 with total super balances below \$300,000 to continue to make voluntary super contributions in the first year they don't meet the 'work test'.

This requirement may change from time to time.

Transferring your insurance between non-super and super policies

You can transfer your insurance between MLC Insurance and MLC Insurance (Super) as long as the insurance is still in place.

Transferring insurance involves replacing it with insurance on another policy. For example, Life Cover insurance outside super can be replaced with Life Cover insurance inside super.

Certain restrictions apply to transfers involving insurance inside super policies and your financial adviser can help you with this.

We reserve the right to refuse a transfer application if you have made a claim or are entitled to make a claim. If we do refuse your transfer application for any reason your existing insurance will continue unless you choose to cancel or your insurance ends.

More information on transferring your MLC Insurance (Super) policy to insurance outside super can be found in Converting MLC Insurance (Super) policies below.

Protecting your super

The Australian Government has introduced new laws to protect super savings.

From 1 July 2019 the Trustee will request us to cancel insurance cover in super where your super account hasn't received a contribution for 16 continuous months and you haven't elected in writing to keep your insurance cover, even if your account is inactive. You can avoid cancellation of your insurance by either:

- Paying a premium / contribution / rollover in to your super account at least once every 16 months, or
- Completing a 'keep my insurance' form, which will then exclude your policy / super account from this process.

Converting MLC Insurance (Super) policies

What is conversion?

This means your insurance inside super ends and a new policy will be issued outside super.

When does conversion happen?

You can convert your MLC Insurance (Super) policy to a non-super policy at any time before the Review Date after you turn 74 (ie the date your MLC Insurance (Super) ends).

If you pay your premiums via direct debit, credit card, cheque or Bpay[®], we have to convert the policy to a non-super policy if you become ineligible to contribute to super.

If you pay your premiums through deduction from your Eligible MLC Account, you're aged between 65 and 74, and no longer meet the work test, you can keep your MLC Insurance (Super) policy as long

as you've sufficient funds in your account to pay for your insurance premiums.

How does the conversion work?

On conversion, we'll cancel the MLC Insurance (Super) policy held by the Trustee for you and issue you with a non-super policy with similar types of insurances and sums insured.

The policy terms and conditions will be determined at the date of conversion.

In determining eligibility for insurance, the new policy will be taken to have started on the later of:

- the date similar insurance began under the super insurance policy, or
- the date the super insurance policy was last reinstated.

The sum insured under the new policy won't be more than it was under the old policy at the date of conversion.

Premiums under the new policy will be calculated in line with MLC's base premium rates at the time; taking into account the type of insurance, the sum insured, your age and acceptance of the terms of the policy.

Any beneficiary nomination made for one life insurance product doesn't apply to the new product when a conversion applies.

You'll need to make a new beneficiary nomination for the non-super policy by completing the Beneficiary Nomination Form available on mlcinsurance.com.au or call **13 65 25** to request the form.

Replacing your existing insurance

If you're replacing part or all of any insurance, you should compare the differences between the existing and replacement policies.

This way you can make sure your replacement insurance is suitable for you.

If the insurance you're replacing is issued by MLC Limited, then you agree that we will cancel part or all of that insurance once your MLC Insurance and/or MLC Insurance (Super) policy starts.

If the insurance you're replacing is with another provider, then once your MLC Insurance and/or MLC Insurance (Super) policy starts, it will be your responsibility to cancel part or all of your replaced insurance. If you don't, any amount payable under your replacement insurance will be reduced by any similar amount that you, your estate or nominated beneficiary would be entitled to receive under the insurance that was to be replaced.

Before you take steps to cancel and replace an existing life insurance policy, you should talk to your financial adviser or contact us on **13 65 25**.

A new policy may require you to re-serve Waiting Periods, additional health exclusions may apply, and the new policy may not provide you with the same insurance.

Importantly, do not cancel your existing policy before your replacement insurance is in place.

Cancelling your insurance

You can cancel your insurance at any time. If you want to cancel your insurance, please call us on **13 65 25**.

6. Making a claim

If you need to make a claim, please call us on 1300 125 246 between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday, to find out what you need to do and to get the relevant forms.

How to claim

When you need to make a claim, please let us know as soon as possible, preferably within 30 days of the event entitling you to make the claim, so we can start working on it.

Any delay in notifying us may make it difficult for us to assess your claim and this could impact your Benefit.

You or your representative can contact us and we'll tell you what you need to do and send you the necessary forms.

The sum insured for each type of insurance is shown in your Policy Schedule.

Different types of insurance may have special claim requirements and we may ask for further proof or information to help in assessing your claim.

Any proof or information you are asked to provide is at your cost. However, if we need a financial audit or medical examination by a person we appoint, we'll pay for it.

If we don't accept your claim, we'll let you know our reasons.

Specific notification period for HIV Contracted Through Medical Procedures and HIV Contracted Through the Life Insured's Work

You need to notify us within 14 days of HIV being contracted.

This doesn't apply if you or the Trustee weren't legally capable of providing information about the claim during that time.

7. Paying benefits

Benefit payments for all insurance

What benefits are paid

The benefit we pay will be:

- The sum insured, or
- A proportion of the sum insured, or
- Another specified amount,

as determined by the terms and conditions of your insurance.

In the case of Income Protection and Business Expenses insurance we'll review your benefit amount regularly in line with the terms and conditions of your insurance.

The terms and conditions of the insurance must be met for benefits to be payable.

Who do we pay

The benefits will be paid to:

- You, or
- the policy owner if they are someone else (including the Trustee for insurance in super), or
- each nominated beneficiary (according to their share of the benefit), or
- your personal legal representative (Your estate) if there is no Nominated Beneficiary.

Benefits inside super – and the conditions of release

For insurance inside super, the Trustee receives any benefits payable under the policy if you make a claim.

Your Trustee will release those benefits to you if permitted under super law, which sets out certain conditions of release that you have to meet.

If you don't meet a condition of release for any reason, the Trustee can't release the benefit to you.

If this happens the Trustee will hold the benefit in the Fund as a preserved benefit, until you satisfy a condition of release.

Since 30 June 2014, the Trustee has been required to ensure that insurance available through its fund are consistent with the conditions of release.

Conditions of release

The table below describes which insurance benefits inside super are consistent with the conditions of release.

Type of insurance	Related condition of release
Life Cover	Death
Accidental Injury Benefit and TPD	Permanent Incapacity – this means the Trustee must be reasonably satisfied that your ill health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by your education, training and experience.
Income Protection	Temporary Incapacity – in relation to where you've ceased to be gainfully employed (including where you have ceased temporarily to receive any gain or reward under a continuing arrangement for you to be gainfully employed), this means ill health (whether physical or mental) that caused you to cease to be gainfully employed but does not constitute permanent incapacity. The Trustee may not be able to pass benefits to you, or may reduce benefits if you receive any income provided or arranged by an employer, partnership or business, including fully paid leave such as sick leave, or if Government regulations otherwise limit the benefit that can be paid. A benefit can't be paid for longer than the period of Temporary Incapacity.
Terminal Illness	Terminal Medical Conditions – a terminal medical condition exists in relation to you at a particular time if the following circumstances exist: <ul style="list-style-type: none">• two Doctors (at least one of them a Specialist in the area of the related sickness or injury) have certified, jointly or separately, that you are suffering from an illness, or have incurred an injury, that is likely to result in death within a period (the certification period) that ends not more than 24 months after the date of certification, and• for each of the certificates, the certification period has not ended.

Irrespective of the conditions of release described above, the applicable insurance definition must be met for an insurance benefit to be payable.

Taxation, the Life Insurance Code of Practice and resolving complaints

Taxation

This section gives a brief summary of the way insurance is treated for tax purposes as at the preparation date of this PDS.

This isn't a comprehensive and complete guide, it is general information only.

MLC is not a registered tax (financial) adviser or a registered tax agent.

If you intend to rely on any advice to satisfy liabilities, obligations or claim entitlements that arise, or could arise under taxation law, you should seek advice from a registered tax agent or registered tax (financial) adviser.

For more information, go to treasury.gov.au

Tax laws change. To keep up to date, please visit ato.gov.au

Tax treatment of insurance outside super

The table below provides a general guide on the potential tax treatments of your insurance:

	Personal	Business
Life Cover insurance	<ul style="list-style-type: none"> Premium is not tax deductible. Benefit is tax-free. 	<ul style="list-style-type: none"> Premium is likely to be tax deductible when you insure a key person to protect against a revenue loss. Benefit is likely to be included in the business' assessable income.
Total and Permanent Disability, Terminal Illness Support, Critical Illness, Child Critical Illness and Occupational HIV, Hepatitis B or C Infection insurances	<ul style="list-style-type: none"> Premium is not tax deductible. Benefit is tax-free when you insure yourself, your Spouse or a qualifying relative. If you insure anyone else, a taxable capital gain may arise when the benefit is paid to you. 	<ul style="list-style-type: none"> Premium is likely to be tax deductible when you insure a key person to protect against a revenue loss. Benefit is likely to be included in the business' assessable income. In other circumstances the premium may not be tax deductible and a benefit may give rise to a capital gain when paid.
Financial Planning Benefit	<ul style="list-style-type: none"> Benefits are generally tax-free. However, seek tax advice specific to your circumstances. 	<ul style="list-style-type: none"> Seek tax advice specific to your circumstances.
Income Protection, Business Expenses insurances	<ul style="list-style-type: none"> If you are self-employed or an employee, the part of the benefit that replaces income is likely to be assessable as income and that part of the premium that relates to the benefit that replaces income is likely to be tax deductible. Where the life insured dies while receiving Income Protection benefits, the lump sum benefit paid is not likely to be assessable as income. 	
Premium Waiver insurance, Policy Fee	<ul style="list-style-type: none"> Where there is more than one insurance on your policy, the premium for Premium Waiver and the policy fees for each insurance may be deductible, partly deductible or non-deductible depending on the tax treatment of each type of insurance. 	

Tax treatment of insurance inside super

Any contributions used to fund your premiums will be reported to the Australian Taxation Office (ATO) for the purpose of calculating super contribution limits.

Where required by law, the Trustee will deduct any tax, duty or government fees and forward the money to the relevant authority.

The government may change how super is taxed. To find out more go to ato.gov.au

For more detailed information about taxation inside super, please refer to your Trustee.

You must provide your Tax File Number (TFN)

MLC and the Trustee need your TFN to complete your application for MLC Insurance (Super).

You should also be aware:

- MLC and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- it isn't an offence to decline to notify MLC and the Trustee of your TFN
- without your TFN, MLC and the Trustee may have difficulty (now or in the future) tracing your benefits in order to undertake any account consolidation or payment
- MLC and the Trustee are allowed to use your TFN only for lawful purposes (which may change in the future as a result of legislative changes), including if paying out monies, and if identifying and amalgamating super benefits for surcharge purposes, and

- your TFN will be disclosed to the ATO and will also be passed to other super providers if your benefits are transferred, unless you inform MLC and the Trustee in writing not to pass on your TFN.

The Life Insurance Code of Practice

MLC has adopted the Life Insurance Code of Practice which sets industry standards for customer service and MLC commits to these service standards.

To find out more about the Code of Practice you can visit our website at mlcinsurance.com.au/code-of-practice or the Financial Services Council's website at fsc.org.au/policy/life-insurance/code-of-practice

Resolving complaints

If you're disappointed with any of our products or services, we'd like an opportunity to put it right.

Please call us on **13 65 25** or international calls **+61 2 9121 6500** (charges apply) between 8.30am and 6pm (Melbourne/Sydney time), Monday to Friday to discuss your concerns. If we can't resolve your complaint over the phone, or you're not satisfied with the outcome, please write to us and include your address, phone number and email address so we can contact you easily. Write to:

The Complaints Manager
MLC Life Insurance Resolve
PO Box 23501
Docklands VIC 3008

We'll make every effort to resolve your complaint as quickly as possible, and let you know what's happening if the process takes longer than expected.

The law allows up to 90 days to address superannuation or traditional trustee service complaints and 45 days for other product and services.

If we haven't responded within this time, or you're not satisfied with our response, you can contact:

Australian Financial
Complaints Authority (AFCA)
GPO Box 3
Melbourne VIC 3001

Phone: **1800 931 678**
Email: info@afca.org.au
Web: www.afca.org.au

AFCA is an independent body that provides a complaint resolution service free of charge to consumers.



4

Summary of the terms and conditions



Summary of the terms and conditions for lump sum insurances

In this section you'll find a summary of:

- 1 General terms
- 2 Terms for specific insurances, benefits, features and options
- 3 General exclusions, and
- 4 General termination events.

The full terms and conditions that apply to your insurance are in the policy document, which we'll send to you when we accept your application.

1. General terms

Structuring your insurance (Stand-alone, Extensions, Connections and double benefits)

You can structure your insurance as:

- stand-alone
- an Extension to Life Cover and Critical Illness insurance:
 - on the same policy, or
 - as a connected benefit on a separate policy.

Your financial adviser can help you work out which structure is most appropriate for you.

What is stand-alone insurance?

This is insurance that can be purchased on its own and is independent of all other insurances you purchase. If a claim is paid on one of your insurances, your other insurances won't be reduced.

The insurances you can purchase as stand-alone are listed below.

Outside and inside super:

- Life Cover, and
- Income Protection.

Outside super only:

- Total and Permanent Disability (TPD)
- Critical Illness
- Occupationally Acquired HIV, Hepatitis B and C Infection, and
- Business Expenses.

What is Extension insurance?

Extension insurance allows one insurance type to be attached to another insurance type.

You'll pay less for this structure than stand-alone insurance because a claim payment will reduce the insurance to which it's attached.

The insurances you can purchase as Extensions are:

- Total and Permanent Disability insurance (TPD), and
- Critical Illness insurance.

You can also attach TPD as an Extension to your Critical Illness Extension insurance. If your Critical Illness insurance ends, you may be able to continue your TPD insurance as either an Extension to Life Cover or stand-alone insurance. Your premiums will change accordingly.

The combined amount of any insurances you choose as Extensions can't exceed the insurance benefit to which they're attached.

You can also choose to connect your Extension insurances both inside and outside super to maximise the cost-effectiveness of your insurance.

This can be on different policies and with different policy owners. This is known as 'connected benefits'.

Your financial adviser can help you work out which structure is most appropriate for you.

What are Double Benefits?

They are an Extension insurance that restores the Life Cover if you survive 14 days after a TPD or Critical Illness benefit is paid.

Double Benefits also include a premium waiver for the restored Life Cover premiums until age 65.

The insurances you can purchase as Double Benefits are:

- TPD (Extension to Life Cover),
- TPD (Extension to Critical illness), and
- Critical Illness Plus insurance (Extension to Life Cover).

You can also choose to connect your Double Benefits insurance, both inside and outside super, on different policies and with different policy owners.

Your financial adviser can help you work out which structure is most appropriate for you.

2. Summary of terms for:

- Life Cover
- TPD
- Critical Illness
- Child Critical Illness
- Occupationally acquired HIV, Hepatitis B, or C Infection insurances.

The full terms and conditions that apply to your insurance are in the policy document, which we'll send to you when we accept your application.

12-month Life Cover Buy Back Option (Available with Critical Illness Extension insurance only)

What is the benefit?

This optionally included feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness Benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When is cover restored?

You can include this option when you originally take out insurance. If you then receive a Critical Illness Benefit which reduces your Life Cover, you can apply to restore your Life Cover to the amount you had before your claim.

You can do this from the later of:

- 12 months after we receive your claim form (the date the form is received by our claims department), and
- 12 months after you first meet the full Critical Illness definition (the date your condition is confirmed in writing and received by our claims department).

You have up to 30 days after the later of the above dates to ask for your Life Cover to be restored.

What are the conditions (including exclusions)?

- The Accidental Injury Benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Critical Illness insurance.
- If a Terminal Illness Support Benefit or Financial Planning Benefit has previously been paid it will not be available under the Restored Life Cover.
- The policy owner and life insured will remain unchanged under the Restored Life Cover.
- You cannot exercise this 12-month Life Cover Buy Back Option if a benefit for terminal illness has been paid previously.
- You must ask us to restore your Life Cover before the Review Date after you turn 75.

12-month Life Cover Buy Back (Available with TPD Extension insurance only)

What is the benefit?

When you receive a benefit under your TPD insurance, your Life Cover insurance cover decreases by the amount of the TPD Benefit you received.

This included feature allows you to restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD Benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When is cover restored?

Your Life Cover can be restored 12 months after the date the full TPD Benefit is paid. You have up to 30 days after this date to apply to have your Life Cover restored.

What are the conditions (including exclusions)?

- The Accidental Injury Benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Total and Permanent Disability insurance.
- If a Terminal Illness Support Benefit or Financial Planning Benefit has previously been paid it will not be available under the Restored Life Cover.
- The policy owner and life insured will remain unchanged under the Restored Life Cover.

Summary of the terms and conditions for lump sum insurances

- You cannot exercise this 12-month Life Cover Buy Back if a benefit for terminal illness has been paid previously.
- This included feature is not available if you have exercised the 14-day Life Cover Buy Back Option.
- You must ask us to restore your Life Cover before the Review Date after you turn:
 - 75 for Total and Permanent Disability (Extension to Life Cover), or
 - 65 for Total and Permanent Disability (Extension to Critical Illness).

14-day Life Cover Buy Back Option (Available with TPD Extension insurance only)

What is the benefit?

This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD Benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover (including all loadings, exclusions and special terms).

When is cover restored?

Your Life Cover is automatically restored if you live for 14 days after we've paid your full TPD insurance Benefit.

What are the conditions (including exclusions)?

- The Restored Life Cover will be payable in the event of your death, Terminal Illness and Accidental Injury.
- If a Terminal Illness Support Benefit or Financial Planning Benefit has previously been paid it will not be available under the Restored Life Cover.
- The policy owner and life insured will remain unchanged under the Restored Life Cover.
- For your Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn:
 - 75 for Total and Permanent Disability (Extension to Life Cover), or
 - 65 for Total and Permanent Disability (Extension to Critical Illness).

Accidental Injury Benefit (Feature of Life Cover insurance)

If due to an Accident you lose:

- the use of both hands or both feet, or
- the sight in both eyes, or
- the use of one hand and one foot, or
- the use of one hand or one foot and the sight in one eye

you'll receive 100% of your Life Cover insurance Benefit, up to \$2 million.

Or, if due to an Accident you lose:

- the use of one hand or one foot, or
- the sight in one eye

you'll receive 25% of your Life Cover insurance Benefit, up to \$500,000.

Conditions that apply to the Accidental Injury Benefit

- Any loss must be total and permanent, be as a direct result of the Accident and occur within six months of the Accident.
- The maximum amount stated is the most you'll be paid, no matter how many MLC Insurance policies (inside or outside super) you hold that covers for an Accidental Injury Benefit.
- If you hold more than one MLC policy that covers for an Accidental Injury Benefit and the total of all those MLC policies is greater than the maximum amount, each policy will proportionally contribute to the maximum amount.
- If you also hold stand-alone Total and Permanent Disability insurance or stand-alone Critical Illness insurance with us, the maximum benefit payable under this Accidental Injury Benefit will be reduced by the total of any benefit paid under those insurances for an event that is also covered under the Accidental Injury Benefit.
- For insurance inside super that first commenced after 30 June 2014, you must also be Permanently Incapacitated as defined on page 104, as a result of the Accident, as defined on page 102, to be eligible for an Accidental Injury Benefit.

When won't a benefit be paid?

If you've already lost the use of one hand, foot or sight in one eye before your insurance started, or was last reinstated, we will either not pay a benefit or may pay a benefit of 25% of the Life Cover Benefit up to \$500,000.

We will not pay the Accidental Injury Benefit where the loss or loss of use, as the case may be, arises from or is contributed to by a self-inflicted injury.

How does a claim affect your insurance?

Your Life Cover insurance will be reduced by the amount of your Accidental Injury Benefit paid. If you also have Terminal Illness Support insurance, this insurance will also be reduced to the lesser of:

- \$250,000, and
- 50% of the reduced Life Cover insurance.

We'll reduce the premiums payable in line with the reduced insurance for both your Life Cover and Terminal Illness Support insurance.

If you receive the Accidental Injury Benefit, and you have any of the following insurances:

- TPD insurance held as an Extension to Life Cover insurance,
- TPD insurance held as an extension to Critical Illness Extension insurance or
- Critical Illness insurance held as an Extension to Life Cover insurance,

we will reduce your TPD and Critical Illness insurance benefits by the amount of the Accidental Injury Benefit paid.

We'll reduce the premiums payable in line with the reduced insurance for your Life Cover and Critical Illness insurance.

Advance Death Benefit (Feature of Life Cover insurance)

If your Life Cover insurance is \$20,000 or more and you die, we'll pay an initial once-off Advance Death Benefit payment of \$20,000. This will be paid to the remaining policy owner(s) or to your nominated beneficiaries, in the same proportions as requested for paying your Death Benefit.

We'll need a certified copy of your birth and death certificates, or an extract of death registration or other evidence of death satisfactory to us, along with a written request before we pay this advance.

If the Advance Death Benefit is paid, the final Life Cover benefit amount paid to the remaining policy owner(s) and/or beneficiaries will be reduced by \$20,000.

Payment of the Advance Death Benefit is not an admission of liability by us to pay the Life Cover insurance Benefit, and may be recovered by us if the Life Cover insurance claim isn't accepted.

Business Safeguard Option (Available with Life Cover, TPD and Critical Illness insurances)

If the insurance is used for one of the following nominated business purposes:

- an ownership (buy/sell) agreement where your share of the business is purchased by any remaining partners when certain events occur (for example,

your death, total and permanent disability or critical illness),

- asset protection (loan guarantee) insurance where you are personally responsible for a business loan (eg you enter a personal guarantee) or
- Revenue Protection (Key Person) insurance (outside super only)

you can apply to increase your Life Cover, TPD and Critical Illness insurances, without further medical evidence, when a business event happens. A business event is when the value of your financial interest in the business, loan guarantee, or the value of the key person to your business increases.

You must apply for the increase within 30 days of the first Review Date following the relevant business event. Your premiums will rise in line with the increased insurance.

You must provide proof of the business event to our satisfaction. Proof required may include, but is not limited to, company minutes, ownership (buy sell) agreements, audited company accounts and tax returns, or such other documents or evidence as we may require.

You can apply for this option between ages next birthday 19 to 60.

You can apply to increase your insurance under this option until the Review Date after you turn 65.

Summary of the terms and conditions for lump sum insurances

Maximum benefit increase

You can apply to increase your Life Cover, TPD and / or Critical Illness benefit under this option up to a maximum amount of the lesser of the increase in the value of your financial interest in the business, loan guarantee, or the value of the key person to your business and:

- For Life Cover:
 - three times your original insurance amount, or
 - \$15 million, and
- For TPD:
 - three times your original insurance amount, or
 - \$5 million for professional occupations such as accountants, solicitors and surgeons, or
 - \$3 million for other occupations, and
- For Critical Illness:
 - three times your original insurance amount, or
 - \$2 million.

These limits include the total of all relevant benefits from all life insurance companies covering you for any nominated business purpose or any other business protection purpose.

Conditions that apply to the Business Safeguard Option

- Any insurance increase must be approved by us.
- For TPD and / or Critical Illness insurance, as an Extension to Life Cover insurance (see page 53 - 54) – this option is only available where you've selected it with your Life Cover insurance.

- For TPD and / or Critical Illness insurance as an Extension to your Life Cover insurance or as a connected benefit the TPD insurance and / or Critical Illness insurance can't be more than your Life Cover insurance.
- For TPD insurance as an Extension to your Critical Illness insurance the TPD insurance can't be more than your Critical Illness insurance.
- The total increase to your Life Cover, TPD and / or Critical Illness insurances for all policies from all sources under the Business Safeguard Option can't exceed the value (as applicable) of:
 - your financial interest in the business
 - the loan guarantee, or
 - the key person to the business (outside super only).
- If your original Life Cover, TPD or Critical Illness insurances were less than 100% of the applicable value at the time, you can subsequently only increase the insurance to the equivalent percentage of value when you apply for an increase.
- During the first six months, after an increase for a loan guarantee, the increase amount protects you only for death, TPD and / or Critical Illness caused by an Accident.
- If the Business Safeguard Option isn't exercised within any three consecutive Review Dates (policy years), no further application for increases can be made unless you can demonstrate to our satisfaction that you were not eligible to apply for an increase under this option because the value of your financial interest in the business, loan guarantee, or the value of the key person to your business had not increased during that time.

- You can't apply to increase your insurance (as applicable) under this option when a claim is made or is entitled to be made.

When won't a benefit be paid?

We will not pay the Life Cover Benefit if you commit suicide within 13 months of the date the insurance started or was last reinstated.

We will not pay the Total and Permanent Disability Benefit or a Critical Illness Benefit for any disability, condition or loss suffered by you arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your Total and Permanent Disability insurance or Critical Illness insurances started or was last reinstated (unless disclosed to, and accepted by, us as a part of the application or reinstatement process).

Child Support Benefit (Feature of Critical Illness Plus insurance)

If a Child dies, or the first time a Child suffers a Child Support Benefit Condition:

- while this insurance is in force, and
- after the Review Date following the Child's second birthday

you'll receive the Child Support Benefit.

What we will pay

The Child Support Benefit payable for each Child is \$10,000. Payment of this Benefit will not reduce the Critical Illness Plus insurance benefit to which it is connected.

What conditions are covered?

The Child Support Benefit Conditions covered are:

- Aplastic Anaemia– of specified severity
- Bacterial Meningitis – of specified severity
- Benign Brain Tumour - of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Chronic Kidney Failure– requiring permanent dialysis or transplantation
- Chronic Liver Failure– of specified severity
- Coma– with specified criteria
- Deafness– permanent
- Encephalitis – of specified severity
- Heart Attack – with evidence of heart muscle damage
- Heart Valve Surgery*– of specified severity
- HIV Contracted Through Medical Procedures
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Loss of Speech – total and permanent
- Major Brain Injury – of specified severity
- Major Burns – of specified severity
- Major Organ or Bone Marrow Transplant*
- Meningococcal Septicaemia – of specified severity

- Open Heart Surgery*
- Out of Hospital Cardiac Arrest
- Paralysis
- Pneumonectomy* – complete removal of entire lung
- Primary Pulmonary Hypertension – of specified severity
- Stroke – in the brain and of specified severity
- Type 1 Diabetes

(* These are surgical conditions)

The definitions for these Child Support Benefit Conditions can be found in the Critical Illness definitions on pages 86 - 93.

The first time your Child has a Child Support Benefit condition:

- for surgical conditions, when the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and
- for all other conditions, when the condition first appears, happens or is diagnosed as meeting its definition.

Conditions that apply to the Child Support Benefit

The Child Support Benefit:

- will only be payable if the Critical Illness insurance benefit is \$100,000 or more, and
- is payable once only for any one Child.

When won't a benefit be paid?

We will not pay a benefit for any Child Support Benefit Condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or attempted suicide

- sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated
- sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's second birthday
- congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their children, before this Critical Illness Plus insurance started or was last reinstated
- congenital abnormalities that first appeared before the Review Date following the Child's second birthday, or
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Changes to Critical Illness insurance definitions

Critical Illness Plus

If you choose Critical Illness Plus, the critical illness definitions will only change where we improve them in your favour.

Critical Illness Standard

As advances are made in treatment and diagnostic techniques, we may need to change the types of, and definitions used in, Critical Illness Standard insurance for both new and existing policies to make sure they remain appropriate, take into account effective cures, vaccines and modern diagnostic procedures as well as include and exclude diseases where appropriate.

Summary of the terms and conditions for lump sum insurances

We don't guarantee to renew your insurance. Following the first three years of your Critical Illness insurance, we may continue your insurance with the same or different critical conditions and definitions.

Where a change is made, it will apply to all Critical Illness Standard policies, we won't single you out for a change.

We'll notify you of any change to your Critical Illness insurance terms or definitions on renewal.

You can accept the new conditions by continuing to pay your premiums and, therefore, entering into a new policy contract. You won't need to complete an application for the new policy and we'll continue to rely on the information you provided to us for your existing MLC policy.

You may refuse these changes by not making further premium payments and your policy will lapse.

Child Critical Illness insurance

This insurance pays you a lump sum if your Child dies, or the first time your Child has a critical condition.

Child Critical Illness insurance - Conversion to an adult policy

The Child may elect to convert this insurance to an equivalent adult Life Cover insurance and Critical Illness insurance (Extension to Life Cover) for the same insurance amount.

The Child won't need to provide medical evidence if they apply any time after the Review Date following their 18th birthday and before the Review Date preceding their 21st birthday.

The policy issued will be on the then current policy terms and premiums will be calculated at the then current rates.

Critical Illness Buy Back Option (Available with Critical Illness Plus insurance)

What is the benefit?

This optionally included feature allows you to restore your Critical Illness insurance (Restored Critical Illness insurance) by the same amount as the Critical Illness Benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

Your premium for the Restored Critical Illness insurance will be based on our premium rates at the time it is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Critical Illness insurance (including all loadings, exclusions and special terms).

When is cover restored?

Your cover can be restored 12 months after the date the Critical Illness Benefit (including a benefit for an Extra Benefits Option – Partial Benefits condition) is paid.

You can apply to have your Critical Illness insurance restored up to 30 days after this date.

What are the conditions (including exclusions)?

- If you have Critical Illness as an Extension or a connected benefit to your Life Cover insurance (see page 50) and:

- you have the option to Buy Back your Life Cover insurance after a claim, you must Buy Back the Life Cover Benefit at the same time you Buy Back your Critical Illness insurance, or
- you do not have the option to Buy Back your Life Cover insurance after a claim, your Restored Critical Illness insurance will be issued as a stand-alone Critical Illness insurance policy.

- What happens after a full Critical Illness Benefit has been paid?

- Where a Critical Illness Benefit has been paid, excluding a benefit paid due to an Extra Benefit Option – Partial Benefits condition, the Restored Critical Illness insurance will not provide cover and therefore a claim will not be payable, for a critical condition:

- for which a benefit, including a partial benefit, has been paid (excluding Coronary Artery Angioplasty), or

- which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any critical condition (or Extra Benefits Option - Partial Benefits condition) for which a benefit, including a partial benefit, has been paid,

except in the circumstances described below in respect of an Extra Benefits Option – Partial Benefits condition claim, or a Cancer or Heart Attack claim.

- What happens after an Extra Benefits Option – Partial Benefit has been paid?

- Where a benefit has been paid for an Extra Benefits Option – Partial Benefits condition, the Restored

Critical Illness insurance will not provide cover and therefore a claim will not be payable for:

- any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid, or
- any Extra Benefits Option – Partial Benefits condition which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any Extra Benefits Option – Partial Benefits condition for which a benefit has been paid.
- What happens after a full benefit for **Cancer or Heart Attack** is first paid?
 - Where a benefit has been paid for **Cancer or Heart Attack**, we will pay a benefit for a second **Cancer or Heart Attack** that occurs after the Critical Illness insurance has been restored.
 - In this case we will pay 10% of the Restored Critical Illness sum insured up to a maximum of \$50,000. The benefit is not payable if it is less than \$10,000.
 - The second **Cancer or Heart Attack** must be related to, arise from or be contributed to by (directly or indirectly, or wholly or partly) the cause of the original **Cancer or Heart Attack**.
- What happens after a second benefit has been paid for **Cancer or Heart Attack** on the Restored Critical Illness insurance?
 - The sum insured under the Restored Critical Illness insurance will reduce by the amount paid for the second **Cancer or Heart Attack**.
 - Critical Illness Buy Back will not be available for the amount paid in respect of the second **Cancer or Heart Attack**.
- The sum insured under any subsequent exercise of the Critical Illness Buy Back Option following any other Critical Illness claim will exclude the amount paid for the second **Cancer or Heart Attack**.
- Increases without further medical evidence and the Financial Planning Benefit (unless the Financial Planning Benefit has not previously been paid) are not available for the Restored Critical Illness insurance.
- The policy owner and life insured will remain unchanged under the Restored Critical Illness insurance.
- You must ask us to restore your Critical Illness insurance before the Review Date after you turn 75.

Death Benefit (feature of Critical Illness Plus insurance)

If the Critical Illness stand-alone benefit isn't payable, because you die within 14 days of suffering a critical condition, we'll pay a lump sum benefit of \$5,000.

Death Benefit (Feature of TPD insurance)

If the TPD stand-alone benefit isn't payable because you die within 14 days of becoming TPD, we'll pay a lump sum death benefit of \$5,000.

This benefit is in addition to any other amount payable under the policy.

We will not pay this benefit if you (sane or insane) commit suicide within 13 months after TPD insurance started, or was last reinstated.

Double Critical Illness Plus insurance – Life Cover Buy Back

What is the benefit?

This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the Critical Illness Benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

There is no cost in respect to the premium for the Restored Life Cover until the Review Date after you turn 65. The acceptance terms of the Life Cover (including all loadings, exclusions and special terms) will continue to apply to the Restored Life Cover.

After the Review Date following your 65th birthday, your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover.

When is cover restored?

If you receive your Critical Illness Benefit before the Review Date following your 65th birthday, and you live for a further 14 days, your Life Cover will be automatically restored.

If we receive your claim form after the Review Date following your 65th birthday, You can ask for your Life Cover to be restored 12 months from the later of:

- the date we receive your claim form, and
- the date you first meet the full Critical Illness Benefit definition.

Summary of the terms and conditions for lump sum insurances

You have up to 30 days after the later of the above dates to ask for your Life Cover to be restored.

What are the conditions (including exclusions)?

- The Accidental Injury Benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Double Critical Illness Plus insurance.
- If a Terminal Illness Support Benefit or Financial Planning Benefit has previously been paid it will not be available under the Restored Life Cover.
- The policy owner and life insured will remain unchanged under the Restored Life Cover.
- For your Life Cover to be restored, your Critical Illness claim must be paid before the Review Date after you turn 75.

Additional conditions that apply after the policy Review Date following your 65th birthday

You cannot exercise this Life Cover Buy Back if a benefit for terminal illness which covers you has been paid previously.

How payment of other benefits will reduce the Critical Illness benefit

If we pay:

- an Accidental Injury benefit under a policy that is an Extension or Connection to this insurance, or
- a TPD benefit under a policy that is an Extension or Connection to this insurance,

we will reduce your Critical Illness benefit by the benefit paid.

We will reduce future Critical Illness premiums in line with the reduced benefit.

Double Total and Permanent Disability insurance – Life Cover Buy Back

What is the benefit?

This optionally included feature will automatically restore your Life Cover insurance (Restored Life Cover) by the same amount as the TPD benefit paid, without you having to provide additional evidence of health, occupation or pursuits.

What is the cost of restoring cover?

There is no cost in respect to the premium for the Restored Life Cover until the Review Date after you turn 65. The acceptance terms of the Life Cover (including all loadings, exclusions and special terms) will continue to apply to the Restored Life Cover.

After the Review Date following your 65th birthday, your premium for the Restored Life Cover will be based on our premium rates at the time the Life Cover is restored, taking into account the benefit amount, your age, the premium and acceptance terms of the Life Cover.

When is cover restored?

If you receive your full TPD benefit before the Review Date following your 65th birthday, and you live for a further 14 days, your Life Cover will be automatically restored.

If you receive your full TPD benefit after the Review Date following your 65th birthday, and you live for a further 12 months, you can ask us to restore your Life Cover benefit.

You can ask us to restore your Life Cover benefit up to 30 days after this date.

What are the conditions (including exclusions)?

- The Accidental Injury Benefit under the Restored Life Cover will not be paid for any loss arising from or contributed to by sickness or injury for which a benefit has been paid under the original Double Total and Permanent Disability insurance.
- If a Terminal Illness Support Benefit or Financial Planning Benefit has previously been paid it will not be available under the Restored Life Cover.
- The policy owner and life insured will remain unchanged under the Restored Life Cover.
- For your Life Cover to be restored, your TPD claim must be paid before the Review Date after you turn:
 - 75 for Total and Permanent Disability insurance (Extension to Life Cover), or
 - 65 for Total and Permanent Disability insurance (Extension to Critical Illness).

Additional conditions that apply after the Policy Review Date following your 65th birthday

You cannot exercise this Life Cover Buy Back if a benefit for terminal illness has been paid previously.

How payment of other benefits will reduce the TPD benefit

If we pay:

- a Critical Illness benefit, or
- an Accidental Injury benefit

under a benefit that this insurance is an Extension or Connection to, we will reduce your TPD benefit by the benefit paid. We will reduce future premiums in line with the reduced benefit.

Economiser (Feature of Life Cover, TPD and Critical Illness insurances)

You can choose to freeze your Life Cover, TPD and Critical Illness insurance premiums (excluding the policy fee) by making a written request. It will take effect from the policy Review Date following your written request.

As a result:

- your premium will remain the same in the future, and
- your insurance amount will reduce at each Review Date, to an amount that can be purchased by the frozen premium.

Conditions for Economiser

- The Economiser is only available where your premium structure is a stepped premium (see page 38).
- The Economiser can only be exercised after the life insured's 30th birthday.
- Once the Economiser is exercised, Inflation Proofing, Increases without further Medical Evidence and Business Safeguard Option will cease to apply.
- The Economiser must be exercised at the same time for all insurances on the policy, and for any insurance that the insurance benefit is connected to as an Extension.
- The premium freeze will take effect from the Review Date after the Economiser is exercised.
- The policy fee may change on each Review Date as described on pages 40 - 41.

- The premium rate may change in the future as described on page 40.
- Any change to the insurance benefit (including increases, decreases and policy loading reviews) will reset the frozen premium at an amount applicable for the new insurance benefit as at the date of the change.
- Once Economiser is in place it can only be cancelled with our approval and cannot be cancelled while the premium is being waived.
- You must advise us in writing to take up Economiser.
- If the insurance benefit reduces to \$10,000 or less, the premium freeze ends, and we will recalculate the premium for the insurance so that the insurance benefit does not fall below this minimum level.

Financial Planning Benefit (Feature of Life Cover, Terminal Illness Support, TPD, Critical Illness, Child Critical Illness and Occupationally Acquired HIV, Hepatitis B or C Infection insurances)

We'll reimburse you part of the costs charged by a qualified financial adviser for a financial plan if we pay a lump sum benefit of \$100,000 or more. The maximum amount of this benefit is \$5,000. If there's more than one beneficiary of the insurance benefit, we'll divide the Financial Planning Benefit equally between those who each receive an insurance benefit of at least \$100,000.

The reimbursement:

- must be claimed within 12 months of the date on which we pay the lump sum benefit, and
- will apply only once for all MLC policies covering you.

Increases without further Medical Evidence (Feature of Life Cover, TPD and Critical Illness Plus insurances)

Until the Review Date after you turn 55, you can apply to increase your Life Cover, TPD and Critical Illness insurances without further medical evidence if a specified personal or business event happens (see page 60).

The increase must be applied for:

- between the day the relevant personal event happens and 30 days after the first Review Date following the event, or
- within 30 days of the first Review Date following the relevant business event.

You will need to provide financial evidence satisfactory to us that supports the increase requested, proof of the personal or business event and request the increase in writing.

Unless we otherwise agree, you can only apply for the increase as a result of a personal or a business event if:

- you were accepted for this insurance without any additional loadings due to your health,
- this insurance is not the result of applying the Life Cover Buy Back Option under Total and Permanent Disability insurance or Critical Illness insurance,

Summary of the terms and conditions for lump sum insurances

- this insurance is not the result of applying the Critical Illness Buy Back Option under Critical Illness insurance, and
- you have not made, or are not entitled to make, a claim under this insurance.

Your premiums will rise in line with the increased insurance.

Personal event

You can apply to increase your Life Cover, TPD and Critical Illness insurances by up to 25% of your original insurance amount. The maximum increase is \$200,000 for any one of the following events:

- you or your Spouse adopt or give birth to a child,
- you get married or divorced,
- you complete an undergraduate degree at a Government-recognised university,
- you receive an increase in your Earnings of at least 10% in the previous 12 months, or
- you have a Child who starts secondary school.

If you take out, or increase, a Mortgage to purchase or improve your home, the maximum increase we'll allow is the lesser of:

- 50% of your original insurance amount,
- the value of your new Mortgage,
- the value of the latest increase to your existing Mortgage, and
- \$200,000.

Business event

You can apply to increase your Life Cover, TPD and Critical Illness insurances if the insurance is issued for one of the following purposes:

- a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business,
- asset protection (loan guarantee) insurance, or
- Revenue Protection (Key Person) insurance if you're considered as such in the business (outside super only).

The increase will be in proportion to the increase in value since the last Review Date of your financial interest in the business or of the key person to your business (as agreed with us).

The maximum increase we'll allow is the least of:

- 25% of your original insurance amount, and
- for a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business, the increase, averaged over the preceding three years, in the net value of your financial interest in the business, and
- for asset protection (loan guarantee) insurance, the increase in that part of the business loan you are responsible for, which is averaged over the preceding three years, and
- for Revenue Protection (Key Person) insurance, five times the increase in your value to the business, averaged over the preceding three years, and
- \$200,000.

What conditions apply to increases without further medical evidence?

Number and frequency of increases

Until the Review Date after you turn 55, you can apply for increases as many times as the listed events occur while you have the policy. However, you may only apply for one increase during any 12-month period.

Limitations

The maximum amount you can increase your insurance by is the lesser of your original insurance amount of each insurance (Life Cover, TPD or Critical Illness) or \$2 million.

If you have more than one insurance policy with us, the maximum amount applies to the combination of all our insurance policies protecting you.

Each policy with the feature of increases without further medical evidence will proportionally contribute to any increase.

The maximum cumulative amount of all increases for Life Cover, TPD and Critical Illness insurances (as applicable) for all policies protecting you is the least of:

- the total of your Life Cover or TPD or Critical Illness insurances (as applicable), and
- \$2 million.

If you have TPD and/or Critical Illness insurance as part of your Life Cover, or as a connected benefit (see page 50), our maximum benefit limits for them still apply, and they can't collectively exceed your Life Cover insurance.

During the first six months after certain increases, the increased amounts cover you only for the following specified events caused by an Accident:

Life Cover: for marriage, divorce or Mortgage, the increase covers only death.

Critical Illness: for marriage, divorce or Mortgage, the increase covers only death and critical conditions.

TPD: whatever the reason for the increase, the increase covers only TPD. The increased insurance also doesn't cover you for any TPD claim caused by sickness or injury that first happened within six months before the increase date.

Your premiums will rise in line with the increase in benefits.

Life Cover Benefit

If you die while Life Cover insurance is in force, we will pay the Life Cover Benefit. It is paid to:

- each Nominated Beneficiary (according to their share of the benefit), or
- your personal legal representative (Your estate) if there is no Nominated Beneficiary, or
- the policy owner if they are someone else.

Occupationally Acquired HIV, Hepatitis B or C Infection insurance

If while Occupationally Acquired HIV, Hepatitis B or C Infection insurance is in force, you:

- become infected with:
 - human immunodeficiency virus (HIV),
 - hepatitis B, or
 - hepatitis C,

and

- the infection is a result of an accidental incident while:
 - at work, and
 - performing the normal duties of your occupation

we will pay the Occupationally Acquired HIV, Hepatitis B or C Infection Benefit.

You (or someone representing you) must tell us that:

- you may become infected within 14 days of the accidental incident, and
- you have become infected within 14 days of the diagnosis of infection.

We will send a claim form and/or instructions to you for the submission to us of proof of your entitlement to a benefit.

Documented proof must be provided by you to us that:

- the accidental incident did happen at work and involved a definite source of infection. The proof must include copies of the incident report, the name of the witnesses to the incident and confirmation of the source of infection, and
- the HIV, hepatitis B or hepatitis C is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within six months of the incident.

The proof will be based upon blood or body fluid samples tested by Australian Government-approved pathology laboratories. We must be allowed to independently retest the samples and take further samples for testing. If we do require retesting or further samples, we will pay for it.

Partial Payment Benefit (Feature of TPD insurance)

If you suffer the total and irrecoverable loss of:

- the sight in one eye, or
- one foot, or one hand

you'll receive the Partial Payment Benefit.

What we will pay

The Partial Payment Benefit payable will be the lesser of:

- 25% of the Total and Permanent Disability Benefit, and
- \$500,000.

This benefit is not payable if it is less than \$10,000.

Conditions that apply to the Partial Payment Benefit

The Partial Payment Benefit:

- will only be payable once, and
- will reduce the Total and Permanent Disability Benefit by the amount paid.

Definitions for the Partial Payment Benefit

- Loss of one foot or one hand. The total and irrecoverable loss, or loss of the use, of the following:
 - one foot, or
 - one hand.
- Loss of sight in one eye. The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.

Summary of the terms and conditions for lump sum insurances

Premium Waiver – When will we waive your premium?

You can apply for Premium Waiver insurance with Life Cover, TPD, Critical Illness, Child Critical Illness and Occupationally Acquired HIV, Hepatitis B or C Infection insurance.

Please note, Income Protection has its own Premium Waiver feature.

We'll waive your premiums for the insurances listed above if you're:

- suffering Total and Permanent Disability under the 'Any Occupation' definition for at least 3 continuous months. Premiums will be waived for the period of disability up to age 65, or
- retrenched. If you're retrenched we'll waive your premiums for 12 months, as long as you've had this insurance and been with the same employer, on a full-time basis, for at least a year. We'll waive your premiums due to retrenchment only once in any five-year period. We will also waive any Income Protection insurance premiums on your policy, or
- suffering Total Disability. If you remain Totally Disabled for more than three months, premiums will be waived after these three months while you are Totally Disabled, up to age 65. If you purchase Premium Waiver insurance on a policy where Income Protection insurance also applies, we'll waive the premiums for your other insurances on the policy.

For Premium Waiver:

- 'retrenched' means when your employer terminates your full-time employment because your position is no longer needed.

- 'Total Disability' and 'Totally Disabled' means that solely due to Sickness or Injury, you are:
 - unable to perform at least one of the important duties of your occupation which is necessary to producing your Earnings, and
 - not working for Earnings, payment or profit, and
 - being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Terminal Illness Benefit

If you are diagnosed as having a Terminal Illness while this Life Cover insurance is in force, we will pay the Terminal Illness Benefit.

You do not have to return to MLC the Terminal Illness Benefit paid if you survive the 24 month period.

For **insurance outside super**, Terminal Illness means an illness that, even with appropriate medical treatment, in the opinion of the treating Specialist, and where required, a further medical opinion from a Specialist approved by us, is likely to lead to death within a period that ends no more than 24 months from the date we are notified in writing by the approved Doctor.

For **insurance inside super**, Terminal Illness means an illness that, even with appropriate medical treatment, in the opinion of two Doctors, one of whom is a Specialist approved by us, is likely to lead to death within a period that ends no more than 24 months from the date the Doctors certify the condition ('the Certification Period'). We must be notified in writing of the Terminal Illness within the Certification Period.

Terminal Illness Support insurance

If while Terminal Illness Support insurance is in force you are:

- diagnosed as having a Terminal Illness, and
- survive for 30 days after we are notified of the Terminal Illness,

we will pay the Terminal Illness Support Benefit.

You do not have to return to MLC the Terminal Illness Support Benefit paid if you survive the 24 month period.

For **insurance outside super**, Terminal Illness means an illness that, even with appropriate medical treatment, in the opinion of the treating Specialist, and where required, a further medical opinion from a Specialist approved by us, is likely to lead to death within a period that ends no more than 24 months from the date we are notified in writing by the approved Doctor.

For **insurance inside super**, Terminal Illness means an illness that, even with appropriate medical treatment, in the opinion of two Doctors, one of whom is a Specialist approved by us, is likely to lead to death within a period that ends no more than 24 months from the date the Doctors certify the condition ('the Certification Period'). We must be notified in writing of the Terminal Illness within the Certification Period.

Total and Permanent Disability insurance – How much can you apply for?

You can apply for between \$25,000 and:

- \$5 million for certain professional occupations such as surgeons, accountants and solicitors, or
- \$3 million for other occupations.

Once you reach the review date following your 65th birthday:

- the definition of Total and Permanent Disability changes to a Loss of Independence definition, and
- if your benefit is over \$3 million at that date, your maximum benefits will be reduced to \$3 million.

Your financial adviser can help you work out which occupation group applies to you.

TPD Optimiser

You can apply for your TPD insurance using both Any and Own Occupation definitions.

However, if you select the TPD Optimiser option then the Any Occupation part of your TPD insurance is held inside super. The Own Occupation part of your TPD insurance is held outside super.

How does it work?

The total cost for your TPD Optimiser insurance is equivalent to Own Occupation TPD insurance.

The premiums will be split and consist of:

- the Any Occupation part, which will be paid through your insurance inside super,
- the Own Occupation part, which will be paid through your insurance outside super.

What happens if you claim?

If you become Totally and Permanently Disabled by meeting the 'Any Occupation' definition, your TPD benefit will be paid under the policy inside super. The part of your TPD insurance outside super will end.

If you become Totally and Permanently Disabled and don't meet the Any Occupation definition but do meet the Own Occupation definition, your benefit will be paid under your MLC Insurance policy (outside super), and the part of your TPD insurance inside super will end.

You can only receive a TPD Optimiser benefit under one of the benefit definitions.

A benefit paid on your TPD Optimiser insurance will end that insurance on both policies and reduce the Life Cover and/or Critical Illness insurance it's attached to, as described on page 50.

What are the conditions for TPD Optimiser?

- TPD Optimiser must have the same benefit amount and the same options (except for the definition of TPD) across both policies.
- All alterations, additions, reductions and cancellations of the TPD insurance must be applied equally to both policies.
- Your TPD insurance held outside super will end on the Review Date after you turn 65 as the TPD definition will change. Your TPD insurance inside super will continue using the Loss of Independence definition (see pages 95 - 96). The conditions for continuing to pay premiums through super are on pages 42 - 43.

Summary of the terms and conditions for lump sum insurances

3. General exclusions that apply to:

- Life Cover
- TPD
- Critical Illness
- Child Critical Illness
- Occupationally acquired HIV, Hepatitis B, or C Infection
- Premium Waiver

The general exclusions below apply to each insurance as described.

Certain benefits, features, options and definitions may have additional specific exclusions. These can be found in this PDS in the summary of the terms and conditions for the relevant benefit, feature or option, or in the relevant definition.

Life Cover – When won't a benefit be paid?

We won't pay a benefit for death or terminal illness arising from or contributed to by suicide or attempted suicide within 13 months after this insurance:

- started,
- was last reinstated, or
- was increased (for the increase in the Life Cover insurance benefit).

Terminal Illness Support insurance – When won't a benefit be paid?

We won't pay a benefit for terminal illness arising from or contributed to by an intentional self-inflicted injury or attempted suicide within 13 months after this insurance:

- started,
- was last reinstated, or
- was increased (for the increase in the insurance benefit).

TPD – When won't a benefit be paid?

You won't receive a benefit for any disability, condition or loss arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or

- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us as part of the application or reinstatement process).

For TPD stand-alone, you won't receive the death benefit of \$5,000 if you (sane or insane) commit suicide within 13 months after this insurance started or was last reinstated.

Critical Illness – When won't a benefit be paid?

We won't pay a benefit or partial benefit for any critical condition arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide, or
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process).

For Critical Illness stand-alone insurance, you won't receive the death benefit of \$5,000 if you (sane or insane) commit suicide within 13 months after this insurance started, or was last reinstated.

Child Critical Illness - When won't a benefit be paid?

You won't receive a benefit for any death or critical condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or suicide;
- sickness or injury that first appeared, happened or was diagnosed before the insurance started or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- an injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Occupationally Acquired HIV, Hepatitis B or C Infection – When won't a benefit be paid?

For Hepatitis B

You won't receive a benefit for any infection starting within six months after this insurance started or was last reinstated.

For HIV, Hepatitis B or C

We won't pay a benefit for any claim arising from or contributed to by:

- intentional self-inflicted infection,
- sickness, injury or infection that first appeared, happened or was diagnosed before this insurance started or was last reinstated (unless disclosed to, and accepted by, us as a part of the application or reinstatement process),

- diagnosis of infection first made after you die,
- infection after the appropriate Government body has recommended a preventative vaccine for use in your occupation, but only if you haven't taken this vaccine, or
- infection after the appropriate Government body has approved a treatment which makes infection inactive and non-infectious, but only if you don't undertake the treatment.

For any insurance increase you obtain in the 12 months before retrenchment, we'll only waive the premium which applied before the increase.

This insurance doesn't apply to any extra premium payable for insurance you add after you're retrenched or disabled, except where premiums are increased under Inflation Proofing (see page 39). We'll only waive the premium that applied before the addition.

Premium Waiver – When won't we waive your premium?

Due to disability or retrenchment arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide,
- normal and uncomplicated pregnancy or childbirth,
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to, and accepted by us, as part of the application or reinstatement process), or
- war or warlike operations.

Due to retrenchment if you're:

- self-employed,
- an independent contractor,
- employed by a member of your Family, a family company or family trust,
- a partner in a partnership,
- retrenched more than once from the same employment, or
- retrenched more than once in any five year period.

Summary of the terms and conditions for lump sum insurances

4. General termination events when the following insurances end:

- Life Cover
- TPD
- Critical Illness
- Child Critical Illness
- Occupationally acquired HIV, Hepatitis B, or C Infection
- Premium Waiver

The general termination events below apply to each insurance as described.

Certain benefits, features, options may have additional criteria for when they'll end. These can be found in this PDS in the summary of the terms and conditions for the relevant benefit, feature or option.

Life Cover – When will your insurance end?

Your Life Cover and Terminal Illness Support insurance will end when:

- you cancel your insurance
- we pay an amount equal to your full Life Cover or Terminal Illness Support insurance benefit (as applicable)
- your Life Cover is reduced to nil for any reason, for example if you receive a benefit for any Extension insurances linked to your Life Cover (see page 50)
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For insurance inside super your insurance will also end if it's replaced by a non-super policy as detailed on pages 42 - 43.

TPD – When will your insurance end?

Your TPD insurance will end when:

- you cancel your insurance,
- you receive an amount equal to your full TPD insurance benefit,
- this insurance is reduced to nil by payments of MLC Extension insurance benefits (see page 50),
- the Life Cover and/or Critical Illness insurance ends, to which this TPD insurance is an Extension,

- the Termination Date for this insurance is reached, as shown on your Schedule,
- we cancel your insurance because your premiums aren't paid,
- a fraudulent claim is made, or
- you die.

For insurance inside super your insurance will also end if it's replaced by a non-super policy as detailed on pages 42 - 43.

Critical Illness – When will your insurance end?

Your Critical Illness insurance will end when:

- you cancel your insurance
- you receive an amount equal to your full Critical Illness insurance benefit
- this insurance is reduced to nil by MLC Extension insurance benefit payments (see page 50)
- the Life Cover insurance ends, to which this Critical Illness insurance is an Extension
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Child Critical Illness – When will your insurance end?

Your Child Critical Illness insurance will end for a Child when:

- you cancel this insurance
- you receive your full Child Critical Illness insurance benefit for that Child
- the conversion to an adult policy is exercised
- the insurance for the last adult Life Insured under the policy ends
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made, or
- the Child dies.

Occupationally Acquired Hepatitis B or C Infection – When will your insurance end?

Your Occupationally Acquired HIV, Hepatitis B or C Infection insurance will end when:

- you cancel your insurance
- you receive your full Occupationally Acquired HIV, Hepatitis B or C Infection insurance benefit
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made, or
- you die.

Premium Waiver – When will your insurance end?

Your Premium Waiver insurance will end when:

- you cancel your insurance
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premium isn't paid (except while you're claiming under this insurance)
- a fraudulent claim is made, or
- you die.

Summary of the terms and conditions for Income Protection and Business Expenses

In this section you'll find a summary of:

1. General terms
2. Terms for Extra Benefits Option
3. Terms for specific insurance, benefits, features and options
4. General exclusions, and
5. General termination events.

The full terms and conditions that apply to your insurance are in the policy document, which we'll send to you when we accept your application.

1. General terms

How much insurance can you apply for?

A monthly benefit up to \$30,000 is available for all occupations. A monthly benefit up to \$60,000 is available for some professional occupations such as surgeons, accountants and solicitors.

The maximum monthly benefit you can apply for is based on your Earnings as follows:

Maximum monthly benefit limits

Your Earnings (per annum)	Your Earnings (per month)	Percentage of your Earnings	Maximum Monthly Benefit
First \$320,000	\$26,666	75%	\$20,000
From \$320,001 to \$560,000	\$26,667 to \$46,666	50%	\$20,001 to \$30,000
From \$560,001 to \$2,360,000*	\$46,667 to \$196,666	20%	\$30,001 to \$60,000
Over \$2,360,000	Over \$196,666	N/A	\$60,000

*Benefits over \$30,000 can only be applied for by certain professional occupations such as surgeons, accountants and solicitors. Your financial adviser can help you work out whether your occupation is eligible.

This maximum applies to the combination of all your income protection insurance policies from all sources.

Conditions for monthly benefits over \$30,000

Insurance above \$30,000 monthly benefit is only available if your insurance below that amount is with us.

The Waiting Periods available are 30, 90 or 365 days and the maximum benefit period is two years.

Style of benefit

Subject to the terms and conditions of your insurance and provided your

application is accurate, complete and acceptable to us when you apply, you can choose from two styles of benefits to address what happens if your Earnings decrease after your insurance is issued:

- Agreed Value of cover, or
- Indemnity cover.

Agreed Value cover

Your monthly benefit won't be reduced because of a change in your Earnings.

After the Review Date following your 65th birthday your benefit will be assessed as an Indemnity cover benefit (see page 69).

Where you apply for Agreed Value cover and:

- you provide satisfactory and accurate financial information when you apply,
- the information supports your Total Disability Benefit under your Income Protection insurance, and
- you fulfil your Duty of Disclosure,

we won't ask you to provide this information again to justify your benefit amount if you make a Total Disability claim.

Financial information may still be required if you make a claim. This information will be used to help with the claim assessment, determine your eligibility for other benefits under the policy and/ or to meet super and legislative requirements.

Indemnity cover

Your monthly benefit may be reduced if your Earnings Before Disability decrease (see page 103). Choosing this style of benefit may help lower your premiums.

The benefit payable will be the lesser of the benefit shown on your Schedule and the maximum insurable amount as calculated in the 'Maximum monthly benefit' table under 'How much insurance can you apply for?' on page 68.

How does partial disability work?

If, when your disability begins, you're Gainfully Employed or have been Gainfully Employed during the previous 12 months, and you return to work in a reduced capacity, your Partial Disability benefit will be calculated in proportion to your reduction in Earnings.

For Income Protection Platinum

If, when your disability begins, you're not Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, your Partial Disability benefit will be calculated differently.

The calculation will be in proportion to the reduction in the amount of Earnings you could reasonably be expected to generate if you were working to your pre-disability capacity. This will take into account available medical evidence (including the opinion of your Doctor), relevant occupational assessments and other considerations directly related to your medical condition (including information provided by you).

If you're receiving Total Disability benefits, you won't be eligible for Partial Disability benefits.

What if you can claim for loss of income from other sources?

When you receive benefits from other sources such as Workers Compensation or other legislated payments for loss of income, your benefits will be adjusted.

We won't make any adjustments for social security payments, benefits at common law, compensation paid for pain or suffering or super payments.

If you choose Agreed Value cover

Your benefits will be reduced so that the total amount you receive from this insurance together with benefits for loss of income from all other sources doesn't exceed:

- 75% of your Earnings Before Disability for Total Disability, or
- 100% of your Earnings Before Disability for Partial Disability.

We won't reduce your benefits if the total benefits you receive from this insurance and benefits for loss of income from all other sources, are less than your monthly benefit (as shown in your Schedule).

If you choose Indemnity cover

Your benefits will be reduced so that the total amount you receive from this insurance together with benefits from all other sources will be the lesser of:

- the benefit shown on your Schedule, and
- your maximum insurable amount calculated as described in the Maximum monthly benefit limits table (see page 68).

Where benefits from other sources are paid as a lump sum we'll treat the lump sum as though it is paid in equal monthly instalments for eight years and use that amount, to calculate the reduction in your benefit.

For Income Protection Platinum (Agreed Value and Indemnity)

For some professional occupations such as surgeons, accountants and solicitors, we won't adjust your benefit.

Your financial adviser will help you work out if your occupation is eligible.

For Income Protection (Special Risk) (Agreed Value and Indemnity)

If you have selected Non-Occupational Cover (see page 80), no benefit will be payable if you suffer any Disability caused by a sickness or injury:

- for which income benefits are payable from Workers Compensation or a similar compensation scheme regulated by legislation, or
- that happened at work or as a result of work.

Income Protection Benefits after the Advance Payment Benefit Period

If, at the end of the Advance Payment Benefit Period, you're still Totally or Partially Disabled you may receive a Total or Partial Disability Benefit.

The Advance Payment Benefit Period will count towards the Waiting Period.

Summary of the terms and conditions for Income Protection and Business Expenses

One benefit paid at a time

You'll only receive one benefit at a time. However, you'll also receive the following benefits at the same time as your Total or Partial Disability benefits:

- Rehabilitation Expense Benefit,
- Rehabilitation Bonus, and
- where you have selected the Extra Benefits Option:
 - Home Assistance Benefit
 - Transportation Benefit
 - Accommodation Benefit.

When do benefits end?

We'll continue to pay benefits until:

- you stop being Totally or Partially Disabled
- you reach your maximum benefit period
- you unreasonably refuse to undergo or comply with recommended medical treatment or rehabilitation to reduce your disability, or
- your Income Protection insurance ends.

For insurance inside super, you must also satisfy the definition of Temporary Incapacity on page 105 or another condition of release under super law. For more information, please see page 45.

Regular medical treatment

Income Protection benefits will only be paid while you are being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Regular treatment includes following the reasonable advice of your Doctor such as taking prescribed medication or complying with the recommended treatment regime.

For insurance inside super, you must also satisfy the definition of Temporary Incapacity on page 105 or another condition of release under super law.

For more information, please see page 45.

Return to work during the Waiting Period

Income Protection Platinum

You can return to work during the Waiting Period.

When your Waiting Period is 14, 30 or 90 days, and you remain at least Partially Disabled, your Waiting Period will not restart if you return to work during the Waiting Period.

If your Waiting Period is more than 90 days, and you return to work at full capacity, the Waiting Period will be extended by the number of days you work. If you return to work for more than 10 consecutive days, your Waiting Period will restart.

Income Protection, Income Protection (Special Risk) and Business Expenses (including Platinum Option)

You can return to work during the Waiting Period. The days you work don't have to be consecutive, but the Waiting Period will be extended by the number of days you work.

When your Waiting Period is 14 days or 30 days, and you return to work for more

than five consecutive days, your Waiting Period will restart.

If your Waiting Period is more than 30 days, and you return to work for more than 10 consecutive days, your Waiting Period will restart.

For Business Expenses insurance with the Platinum Option, return to work means that you've returned to work at full capacity.

What is sabbatical leave?

This means leave taken for study or travel as a normal part of your occupation.

Business Expenses

How does Business Expenses work?

If you're self-employed, or operate a small business, you'll be reimbursed for certain business expenses incurred while you're Totally Disabled, up to your monthly benefit amount for up to 12 months.

If there's more than one person who owns and operates the business, you'll receive your share of the covered business expenses proportionate to the share of the business that you own and operate.

If you're paid less than the full benefit over a year, we'll extend the benefit period while you continue to be disabled for the lesser of another 12 months or until you've been reimbursed an amount equal to the full 12 months' benefit.

If you change businesses, the policy is portable. You have the flexibility to apply this insurance to your new business.

This insurance isn't available if you work in a special risk occupation.

What is a business expense?

The covered expenses are the reasonable and regular normal operating expenses of the business you own and manage, including:

- rent or mortgage payments
- property levies, rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns,
- salaries of employees not generating business income
- costs of accounting services
- fees for memberships of professional associations
- business insurance premiums, and
- net cost of a locum.

You'll receive a proportion of your monthly benefit (1/30th each day) if you're disabled for part of a month.

Expenses which are paid for, or relate to a period of two or more months, will be allocated proportionally for the purpose of calculating the monthly benefit.

Summary of the terms and conditions for Income Protection and Business Expenses

2. Terms for Extra Benefits Option (outside super only)

The full terms and conditions that apply to your insurance are in the policy document, which we'll send to you when we accept your application.

As an additional option to your Income Protection insurance you can purchase this package of extra benefits:

Accommodation Benefit

You'll receive an additional \$500 every day if a Family member needs hotel or motel accommodation to be near you.

This applies if you're Totally Disabled, confined to bed and receiving full-time registered nursing care (not provided by a member of your Family) under a Doctor's direction and you are more than 100 kilometres from your usual place of residence. The benefit applies from the fourth day of your confinement to bed for a maximum of 30 days in any 12-month period.

Advance Payment Benefit

You'll receive a lump sum proportionate to your monthly benefit for the periods shown in the tables on this page, for certain injuries.

If one injury causes more than one of the losses or fractures shown in the tables on this page, you'll only receive a benefit for the loss or fracture with the largest benefit.

If, within 181 days of the injury, you completely and permanently lose the use of:	The Advance Payment Benefit period is:
Two or more limbs caused by damage to the nervous system (Paralysis)	The lesser of 5 years or your benefit period.
Both hands or both feet, or the sight in both eyes	2 years
A hand and a foot	2 years
A hand or foot and the sight in one eye	2 years
An arm or a leg	1.5 years
A hand or foot or the sight in one eye	1 year
Thumb and index finger on the same hand	180 days

If you completely fracture these bones so that they need a pin, traction, plaster cast, or other immobilising structure, diagnosed within 30 days of the injury that caused the fracture.	The Advance Payment Benefit period is:
Thigh (shaft)	90 days
Pelvis (except the coccyx)	90 days
Kneecap	
Lower leg (shaft, including the ankle but excluding the foot and toes)	
Shoulder blade	60 days
Skull (except the face or nose bones)	
Upper arm (shaft, including the elbow and shoulder)	
Collarbone	
Forearm (shaft, including the wrist but excluding the elbow)	45 days
Jaw	

You'll receive a lump sum equal to six times your monthly benefit if you suffer any of the following conditions as defined in the Critical Illness definitions on pages 86 - 93, even if you're not Totally Disabled or Partially Disabled.

The specified condition must satisfy the definition terms, be diagnosed by an appropriate Specialist, and confirmed by our medical adviser.

Critical Conditions	Qualifying Period
Aorta Repair – excluding less invasive surgeries	3 months
Aplastic Anaemia – of specified severity	
Benign Brain Tumour – of specified severity	
Cancer – excluding some early stage cancers	3 months
Cardiomyopathy – of specified severity	
Chronic Kidney Failure – requiring permanent dialysis or transplantation	
Chronic Liver Failure – of specified severity	
Chronic Lung Failure – of specified severity	
Coma – with specified criteria	
Coronary Artery Bypass Surgery – excluding less invasive procedures	3 months
Deafness – permanent	
Dementia or Alzheimer's Disease – permanent and of specified severity	
Encephalitis – of specified severity	

Critical Illness Benefit

Heart Attack – with evidence of heart muscle damage	3 months
Heart Valve Surgery – of specified severity	3 months
HIV Contracted Through Medical Procedures	
HIV Contracted Through Your Work	
Major Brain Injury – of specified severity	
Major Burns – of specified severity	
Major Organ or Bone Marrow Transplant	
Motor Neurone Disease	
Multiple Sclerosis – of specified severity	
Muscular Dystrophy – unequivocal diagnosis	
Open Heart Surgery	
Parkinson's Disease – of specified severity	
Parkinson-Plus Syndrome	
Pneumonectomy – complete removal of entire lung	
Primary Pulmonary Hypertension – of specified severity	
Stroke – in the brain and of specified severity	3 months

Qualifying Periods

Some critical conditions are covered only after a period of time known as a Qualifying Period. This means you're not covered for those conditions when they first appear, happen or are diagnosed within the Qualifying Period after your insurance started, was last reinstated or

increased. Please see pages 105 for more detailed information in the Glossary of common terms.

Conditions for the Critical Illness Benefit

The Critical Illness Benefit is:

- payable instead of the first 180 days of any Total or Partial Disability benefit or the Nursing Care Benefit,
- not payable if you're receiving the Advance Payment Benefit, and
- not payable if it is less than \$10,000.

You can only claim this benefit once for each critical condition.

If, at the end of six months, you're still Totally or Partially Disabled, you may receive a Total or Partial Disability Benefit. The payment period for the Critical Illness Benefit will count towards the Waiting Period.

Home Assistance

While you receive a Total Disability benefit, if you're at home, confined to bed or the house and dependent on home assistance or nursing care, you'll receive a further benefit to help you cover this cost.

If you need care at home and either:

- you hire a private registered nurse (who isn't a member of your Family), you'll receive \$150 per day, or
- your Spouse stops working at a full-time job solely to care for you at home (unless your Spouse worked for you or your employer before your disability), you'll receive for each day your spouse provides that care, the daily proportion of your monthly benefit.

The maximum benefit is the lesser of your monthly benefit or \$4,500 per month, for up to six months.

Nursing Care Benefit (payable during the Waiting Period)

You'll receive a proportion of your monthly benefit (1/30th each day) if you're confined to bed under a Doctor's direction, and receive full-time registered nursing care (not provided by a member of your Family).

The benefit applies if you're confined to bed for at least 72 consecutive hours. You will receive this benefit for each day of care during the Waiting Period for up to 180 consecutive days.

Transportation Benefit

If you become Totally Disabled for at least one month while you are:

- outside Australia, we'll reimburse the cost of transportation back to Australia, or
- inside Australia, more than 100 kilometres from home, we'll reimburse the cost of transportation back to your home.

We'll only pay this benefit once in any 12-month period, after deducting any reimbursements you're entitled to receive from other sources. You can receive a maximum benefit equivalent to three times your monthly Income Protection benefit.

Total Disability and Partial Disability definitions relating to Income Protection Platinum with Extra Benefits Option

(Income Protection Platinum with Extra Benefits Option) – Totally Disabled and Total Disability means that prior to the Review Date following your 65th birthday (or your 70th birthday if your benefit period is to age 70), and solely due to sickness or injury, you satisfy either (a), (b) or (c) below:

(a) Duties based

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and
- not working for Earnings, payment or profit

or

(b) Hours based

- unable to perform the important duties of your occupation for more than 10 hours per week (or five hours per week when you've worked less than 24 hours per week in the previous 12 months); and
- not working in any other occupation;

or

(c) Income based

- working in your occupation, or any other gainful employment, but are unable to generate more than 20% of your Earnings Before Disability;

and you are being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Totally Disabled and Total Disability instead means that, solely due to sickness or injury, you're:

- unable to perform any occupation for which you're reasonably suited by education, training or experience, and
- not capable of working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

After the Review Date following your 65th birthday (unless you have a benefit period to age 70) Total Disability instead means that solely due to sickness or injury you're:

- unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and
- not working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

Total Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday (unless you have a benefit period to age 70)

will be payable while you continue to be Totally Disabled for a maximum of 12 months.

Partial Disability and Partially Disabled

(Income Protection Platinum with Extra Benefits Option) – Partially Disabled and Partial Disability means solely due to sickness or injury you're:

- unable to fully perform the duties of your occupation, and
- working in a reduced capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor,

and as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Partially Disabled and Partial Disability instead means that, solely due to sickness or injury, you're:

- unable to fully perform any occupation for which you're reasonably suited by education, training or experience, and
- capable of working in a reduced capacity in either your occupation or another occupation for which you're reasonably suited by education, training or experience or, after your disability first began, you've returned

to work and are working in a reduced capacity in either your occupation or another occupation, and

- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and
- as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection Platinum insurance in superannuation, you must also have satisfied a period of Temporary Incapacity.

Partial Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday (unless you have a benefit period to age 70)

will be payable while you continue to be Partially Disabled for a maximum of 12 months.

Summary of the terms and conditions for Income Protection and Business Expenses

3. Summary of terms for:

- **Income Protection**
- **Business Expenses**

The full terms and conditions that apply to your insurance are in the policy document, which we'll send to you when we accept your application.

Age 70 Benefit Period (Available with Income Protection Platinum insurance)

If your benefit period is to age 70, the following additional conditions will apply to any claim under your Income Protection Platinum insurance as a result of disability which occurs after the policy anniversary following your 65th birthday unless the claim is as a result of a recurring disability:

- the insurance will only cover Total Disability and Partial Disability,
- any benefit we pay you will be assessed as Indemnity cover,
- the amount we pay you will be the lesser of:
 - a.
$$\frac{(\text{Earnings Before Disability}) - (\text{Earnings After Disability})}{\text{Earnings Before Disability}} \times \text{monthly benefit}$$

and

- b.
$$\frac{(\text{Earnings Before Disability}) - (\text{Earnings After Disability})}{\text{Earnings Before Disability}} \times \text{the maximum monthly benefit (described on page 68)}$$

subject to any adjustments as detailed in 'What if you can claim for loss of income from other sources?' (pages 69), and

- Inflation Proofing will continue to apply. All other benefits and options will cease.

Child Support Income Benefit

(Feature of all Income Protection insurances)

If a Child dies or first suffers a Child Support Income Benefit Condition:

- while this insurance is in force, and
- after the Review Date following the Child's second birthday,

you'll receive the Child Support Income Benefit.

What we will pay

The Child Support Income Benefit payable for each Child will be the lesser of:

- three times the monthly benefit, and
- \$25,000.

The Child Support Income Benefit will be paid as a lump sum. This benefit is not payable if it is less than \$10,000.

What conditions are covered?

The Child Support Income Benefit Conditions covered are:

- Aplastic Anaemia – of specified severity
- Bacterial Meningitis – of specified severity
- Benign Brain Tumour – of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Chronic Kidney Failure – requiring permanent dialysis or transplantation
- Chronic Liver failure – of specified severity
- Coma – with specific criteria
- Deafness – permanent
- Encephalitis – of specified severity
- Heart Attack – with evidence of heart muscle damage
- Heart Valve Surgery* – of specified severity
- HIV Contracted Through Medical Procedures
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Loss of Speech – total and permanent
- Major Brain Injury – of specified severity
- Major Burns – of specified severity
- Major Organ or Bone Marrow Transplant*
- Meningococcal Septicaemia – of specified severity

- Open Heart Surgery*
- Out of Hospital Cardiac Arrest
- Paralysis
- Pneumonectomy* – complete removal of entire lung
- Primary Pulmonary Hypertension – of specified severity
- Stroke – in the brain and of specified severity
- Type 1 Diabetes

*This is a surgical condition.

The definitions for these Child Support Income Benefit Conditions can be found in Critical Illness definitions on pages 86 - 93.

The Child first has a Child Support Income Benefit Condition when:

- for surgical conditions, the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and
- for all other conditions, the condition first appears, happens or is diagnosed as meeting its definition.

Conditions that apply for the Child Support Income Benefit

The Child Support Income Benefit is payable once only for any one Child.

When won't a benefit be paid?

We will not pay a benefit for any Child Support Income Benefit Condition arising from or contributed to by:

- the Child's intentional self-inflicted injury or attempted suicide
- sickness or injury that first appeared, happened or was diagnosed before or within three months of when this insurance started or was last reinstated

- sickness or injury that first appeared, happened or was diagnosed before the Review Date following the Child's second birthday
- congenital abnormalities that first appeared for the life insured, the life insured's Spouse or any of their children, before this insurance started or was last reinstated,
- congenital abnormalities that first appeared before the Review Date following the Child's second birthday, or
- injury maliciously inflicted on the Child for the purpose of gain from this insurance.

Death Benefit (Feature of Income Protection Platinum, Income Protection, and Income Protection (Special Risk) insurances)

Your estate will receive six months' benefit as a lump sum if you die while the policy is in force. The maximum benefit is \$60,000.

Death Benefit (Feature of Business Expenses insurance)

This insurance pays three months' benefit as a lump sum if you die while the policy is in force.

The maximum benefit is \$30,000.

Elective Surgery Benefit

You may be eligible for a monthly benefit if you're unable to work because you have undergone:

- elective surgery performed on the advice of an appropriately qualified Doctor
- an operation to improve your appearance as a result of a sickness or injury, or
- surgery to donate a body organ or bone marrow to another person.

The surgery must take place more than six months after this insurance started, was last reinstated or increased. If you undergo elective or cosmetic surgery within six months of an increase to your monthly benefit, we'll only pay the monthly benefit that applied before the increase.

In all cases the surgery must be performed by an appropriately qualified Doctor.

Extended Cover Renewable To Age 70 (Feature of Income Protection Platinum and Income Protection insurances)

Provided that you continue to work full-time in Gainful Employment and you are not receiving, or entitled to receive, a Total Disability or Partial Disability benefit at the Review Date following your 65th birthday you can continue to renew this Income Protection insurance until the earlier of:

- you turning 70, and
- the date you retire or cease full-time Gainful Employment.

Conditions that apply after the Policy Review Date following the life insured's 65th birthday.

The following additional conditions will apply to your Income Protection insurance beyond the Review Date following your 65th birthday:

- this insurance will only cover Total Disability,
- the most you'll receive in total is 12 months benefits for any related sickness or injury,
- the Waiting Period will be the greater of that shown in your current Schedule and 30 days,
- the amount we pay you will be the least of:

Summary of the terms and conditions for Income Protection and Business Expenses

- the benefit shown on your Schedule
- the maximum insurable amount calculated based on the formula described in the table on page 68
- \$30,000 per month subject to the section 'What if you can claim for loss of income from other sources?' on page 69, and
- Inflation Proofing will continue to apply.

All other benefits and options will cease.

Increases Without Further Medical Evidence (Feature of Income Protection Platinum and Income Protection insurances)

You can request an increase in your Income Protection Platinum and Income Protection monthly benefit, without needing to provide further medical evidence, by up to 20%, subject to the maximum insurable amount calculated based on the table on page 68 when any of the following events happen:

- you or your Spouse adopt or give birth to a child
- you get married or divorced
- you complete an undergraduate degree at a Government-recognised university
- you receive an increase in your Earnings of at least 10% in the previous 12 months
- you have a Child who starts secondary school, or
- if you take out, or increase, a Mortgage to purchase or improve your home.

You will need to provide financial evidence satisfactory to us to support the increase requested, proof of the event and request the increase in writing.

This increase will be in addition to any increases available under Inflation Proofing.

Conditions that apply to increases without further medical evidence

The application for an increase in the monthly benefit must be made between the date the relevant event happens and 30 days after the first Review Date following the event.

Under this feature you can only apply for one increase during any three-year period. However, you can bring forward an application for increase, so that you can apply for an additional increase during a 3 year period, subject to the following conditions:

- you can only bring forward an application for increase 4 times,
- if you bring forward an application for increase, the Review Date will then commence from the date of the increase for the purposes of Personal Event increases, and
- you cannot bring forward an application for increase if you're on claim under the policy including during the Waiting Period.

Your monthly benefit cannot be increased if:

- you are over age 55
- you are being paid a benefit or are eligible to make a claim for a benefit
- a medical loading or exclusion applies to your insurance, or
- the total amount of all income protection insurance issued by us which covers the life insured exceeds \$30,000 per month.

Indexed Claim Benefit

To make sure benefits keep pace with inflation, your benefits and Earnings Before Disability will be increased annually after benefits have been paid continuously for a full year. The increase will be equal to the most recent annual CPI increase available at the date we calculate the increase.

Lump Sum Benefit Option (For Income Protection Platinum outside super only)

If you select this option when your insurance starts, you may choose to receive the monthly benefits as a lump sum when you're Totally and Permanently Disabled as defined over page.

This option can only be selected with benefit periods to age 65.

There is no additional premium for this option.

This option is only available for certain occupation groups such as surgeons, accountants, solicitors, salespersons, and carpenters (this option isn't available if you work in a special risk occupation). Your financial adviser can tell you if you're in an eligible occupation.

Please refer to the Taxation Section on pages 46 - 47 for the tax implications of choosing this option.

If you selected this option when this insurance started, you may choose to receive the monthly benefits payable under your Income Protection Platinum insurance as a lump sum benefit instead of monthly payments if the life insured is Totally and Permanently Disabled as defined over page.

The lump sum benefit will be the lesser of:

- \$3 million, and
- a multiple of the monthly benefit, where the multiple is:
 - 180 (if the life insured is under age 40)
 - 156 (if the life insured is age 40 to 44)
 - 132 (if the life insured is age 45 to 49)
 - 108 (if the life insured is age 50 to 55), or
 - the number of complete months to the Review Date following the life insured's 65th birthday (if the life insured is age 56 or over).

The multiple described above is calculated based on the date you satisfy the Qualification Period described below.

The lump sum benefit will be reduced by all disability benefits paid after the Qualification Period has been satisfied.

The monthly benefit used in the calculation described above will be reduced by any benefits from other sources that would have applied had this option not been exercised, as described in 'What if you can claim for loss of income from other sources?' on page 69.

Conditions that apply to the Lump Sum Benefit Option

The Lump Sum Benefit Option can only be exercised by you if:

- you have satisfied the Qualification Period
- the life insured has not been diagnosed as terminally ill and likely to die within 12 months from the date the Qualification Period is satisfied, and
- you request in writing that the Lump Sum Benefit Option be exercised.

The Lump Sum Benefit Option, once selected, cannot be cancelled and, unless exercised, will end when the life insured turns 65.

When the Lump Sum Benefit Option is exercised, and the lump sum benefit is paid, this Income Protection Platinum insurance ends and no further benefits of any kind are payable under this insurance.

Definitions for the Lump Sum Benefit Option

Qualification Period - The Qualification Period means you have received Total Disability benefit payments for 24 continuous months solely as a result of the sickness or injury which caused or is related to the life insured's Total and Permanent Disability.

Totally and Permanently Disabled and Total and Permanent Disability - For the purposes of the Lump Sum Benefit Option, the life insured qualifies as Totally and Permanently Disabled if they have a disability caused by a sickness or injury and satisfy the criteria in paragraphs (a), (b) or (c):

For Occupation Groups except Group B*

(a) as a result of their disability:

- they are completely unable to work at their own occupation, and are unlikely ever to be able to do so again
- they are not working for Earnings, payment or profit, and
- these circumstances have existed continuously for at least three months

or

(b) they suffer a permanent impairment of at least 25% of Whole Person Function, and as a result of this impairment:

- they are completely unable to work at their own occupation, and are unlikely ever to be able to do so again, and

- they are not working for Earnings, payment or profit,

or

(c) they have suffered from the total and irrecoverable loss of:

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

For Occupation Group B

(a) as a result of their disability:

- they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again
- they are not working for Earnings, payment or profit, and
- these circumstances have existed continuously for at least three months

or

(b) they suffer a permanent impairment of at least 25% of Whole Person Function, and as a result of this impairment:

- they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again, and
- they are not working for Earnings, payment or profit

or

* Group B is the category for occupations that do manual, but not hazardous work (eg glazier, panel beater).

Summary of the terms and conditions for Income Protection and Business Expenses

(c) they have suffered from the total and irrecoverable loss of:

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

Non-Occupational Cover Option (Income Protection (Special Risk only))

You can choose to exclude disabilities:

- which happen at work or as a result of work, or
- for which you can claim benefits under Workers Compensation or a similar compensation scheme regulated by legislation.

Premium Saver Option

You can choose to exclude any disability, condition or loss arising from or contributed to by:

- chronic fatigue syndrome or fibromyalgia (as diagnosed by an appropriate specialist)
- Mental Disorder and/or alcohol, drug or chemical abuse or dependency except where you are confined indoors and, under the direction of an appropriately qualified Doctor, are receiving full-time nursing care or continuous supervision (not provided by a member of your Family) to protect yourself or other people.

Premium Waiver (Feature of Income Protection Platinum, Income Protection, and Income Protection (Special Risk insurances))

Your Income Protection premiums will be waived while you're receiving benefits.

Any premiums paid while you're disabled and receiving benefits, including during the Waiting Period, will be refunded.

Premiums for other types of insurances will still be due.

Premium Waiver (Feature of Business Expenses insurance)

Your Business Expenses insurance premiums, including premiums paid during the Waiting Period, will be refunded to you while you're disabled and you're receiving benefits.

Premiums for other types of insurances will still be due.

Recurring Disability Benefit (Feature of Income Protection insurance)

If your disability recurs while this insurance is in force, we'll consider it a continuation of your previous disability if you returned to work after your previous disability for no more than:

- six months, if your benefit period is five years or less, or
- six months, if the disability recurs after the Review Date following your 65th birthday, or
- 12 months, if your benefit period is more than five years and the disability recurs before the Review Date following your 65th birthday.

If this is the case, you can continue your claim as soon as the disability recurs, with no new Waiting Period.

The cause of the disability must be the same as, or related to, the previous disability for which you received a benefit.

The combined benefit period for both the previous disability and the recurring disability cannot exceed the total benefit period shown in your Schedule.

If the disability recurs after this time we'll treat it as a new claim.

Recurring Disability Benefit (Feature of Business Expenses insurance)

If your disability recurs after you returned to work, while this insurance is in force, and within six months of your return to full-time work, we'll consider it a continuation of your previous disability.

If this is the case, you can continue your claim as soon as the disability recurs, with no new Waiting Period.

The cause of the disability must be the same as, or related to, the previous disability for which you have received a benefit.

If the disability recurs after six months, we'll treat it as a new claim.

Rehabilitation Expenses (outside super only)

You'll receive an amount for rehabilitation services approved by us to help you return to work. This amount could be up to 12 times your monthly benefit and could include the cost of a rehabilitation course or special equipment.

This amount is in addition to any other Total or Partial Disability benefits.

Rehabilitation Bonus (outside super only)

You'll receive increased benefits while undergoing rehabilitation approved by us.

Your Total or Partial Disability benefit will be increased by 50% for up to 12 months.

Short Waiting Period for Accidental Injury Option (outside super only, only where 14 or 30 day Waiting Periods apply)

This option allows you to receive benefits sooner by paying you a benefit during the Waiting Period if your Total Disability:

- is caused by an Accident, and
- it begins within 30 days of the Accident.

To be eligible for this benefit you must be Totally Disabled as a result of an Accident for a period of at least three consecutive days from the day you first seek medical advice for your injury.

If you're already eligible for the Nursing Care Benefit under the Extra Benefits Option, you won't be eligible for this feature.

We will pay 1/30th of the monthly benefit amount for each day you are Totally Disabled during the Waiting Period.

This benefit will accrue from the first day that you are Totally Disabled and will continue until the earlier of:

- the end of the Waiting Period, or
- until you are no longer Totally Disabled.

This benefit will be paid in arrears.

Waiting Period Conversion (Feature of Income Protection Platinum and Income Protection insurances)

You can apply to change the Waiting Period of this insurance from 24 months to 90 days without further medical evidence if you have left your employer and your cover under an eligible Group Salary Continuance scheme or other similar arrangement (Salary Continuance Arrangement) ends and the conditions (outlined below) are met.

Apart from medical history, all aspects of your history will be assessed to determine whether we can offer to convert the Waiting Period and, if so, the conditions which may apply.

We may decline to accept the application to convert the Waiting Period on the basis of this evidence or information, when considered in light of our standard underwriting guidelines applicable at the time of the application to convert the Waiting Period.

Alternatively, we may accept the conversion subject to a change to the occupation category that applies or a change to the monthly benefit.

Conditions that apply to the Waiting Period Conversion

The Waiting Period Conversion can only be exercised by you if:

- when the insurance started the Waiting Period was 24 months,
- when the insurance started you were insured under a Salary Continuance Arrangement which has a 24 months benefit period,

- you have left your employer and your cover under the Salary Continuance Arrangement has ended,
- you don't exercise a continuation option under the Salary Continuance Arrangement,
- you are Gainfully Employed and your Earnings are greater than or equal to your average Earnings in the continuous 12-month period before cover under the Salary Continuance Arrangement ended,
- you have not ceased Gainful Employment due to sickness or injury,
- you have not made or are not eligible to make a claim under:
 - the Salary Continuance Arrangement,
 - any other policy providing disability income insurance with any life insurer, or
 - any TPD benefit with any life insurer,
- it is exercised within 60 days of the cover under the Salary Continuance Arrangement ending,
- the insurance is not part of a transfer from another MLC product or has not been issued as part of a continuation option, unless it has been fully underwritten,
- you provide evidence satisfactory to us to support the request to convert the Waiting Period,
- it is exercised before the policy anniversary following your 55th birthday.

A Salary Continuance Arrangement includes a Group Salary Continuance scheme, or similar arrangement provided by an employer that was issued by a life company registered in Australia.

Summary of the terms and conditions for Income Protection and Business Expenses

4. General exclusions that apply for:

- **Income Protection**
- **Business Expenses insurance**

The general exclusions below apply to each insurance as described.

Certain benefits, features, options and definitions may have additional specific exclusions. These can be found in this PDS in the summary of the terms and conditions for the relevant benefit, feature or option, or in the relevant definition.

Income Protection - When won't a benefit be paid?

You won't receive a benefit for any disability, condition or loss arising from, or contributed to, by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (doesn't apply to any benefit payable on your death).

We won't reimburse you for expenses such as:

- expenses you could claim from elsewhere
- payment or other benefits of any kind to you
- any expense not normally paid before the disability
- repayment of the principal of a loan or mortgage that started less than a year before the disability, or
- the cost of equipment or merchandise for your business.

Business Expenses - When won't a benefit be paid?

We won't reimburse you for expenses incurred for any disability, condition or loss arising from or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- sickness or injury that first appeared, happened or was diagnosed before your insurance started, or was last reinstated (unless disclosed to and accepted by us as part of the application or reinstatement process), or
- war or warlike operations (this exclusion doesn't apply to any benefit payable on your death).

5. General termination events when the following insurances end:

- **Income Protection**
- **Business Expenses insurance**

The general termination events below apply to each insurance as described.

Certain benefits, features, options may have additional criteria for when they'll end. These can be found in this PDS in the terms and conditions for the relevant benefit, feature or option.

Income Protection Platinum

Your Income Protection Platinum insurance will end when:

- you cancel your insurance
- you retire or stop doing paid work and don't intend to do paid work anymore for reasons other than disability
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made
- you die
- you have a two-year, five-year or to age 65 benefit period and you are entitled to receive a benefit at the Review Date following your 65th birthday, or
- after the Review Date following your 65th birthday you haven't done full-time paid work for six months, except when this is a direct result of Total Disability
- the Lump Sum Benefit Option is paid.

Income Protection

Your Income Protection insurance will end when:

- you cancel your insurance
- you retire or stop doing paid work and don't intend to do paid work anymore for reasons other than disability
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid

- a fraudulent claim is made
- you die
- you have a two-year, five-year or to age 65 benefit period and you are entitled to receive a benefit at the Review Date following your 65th birthday
- after the Review Date following your 65th birthday you haven't done full-time paid work for six months, except when this is a direct result of Total Disability, or
- you haven't done paid work for 12 months (or 24 months if you're on sabbatical leave from your occupation), except when this is a direct result of disability, or if we have agreed in writing that this insurance will continue for longer.

Income Protection (Special Risk)

Your Income Protection (Special Risk) insurance will end when:

- you cancel your insurance
- you retire or stop doing paid work and don't intend to do paid work anymore for reasons other than disability
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made
- you die
- you haven't done paid work for 12 months, except when this is a direct result of disability, or if we have agreed

in writing that this insurance will continue for longer, or

- we do not offer to continue this insurance at your Review Date.

Business Expense - When will your insurance end?

Your Business Expenses insurance will end when:

- you cancel your insurance
- you retire or stop work and don't intend to work anymore, for reasons other than disability
- you haven't done paid work for 12 months except when this is a direct result of disability, or if we agreed in writing that this insurance will continue for longer
- the Termination Date for this insurance is reached, as shown on your Schedule
- we cancel your insurance because your premiums aren't paid
- a fraudulent claim is made, or
- you die.

For insurance inside super your insurance will also end if it's replaced by a non-super policy.



5

Key medical and disability definitions



1. Medical Condition definitions relating to Critical Illness, Child Critical Illness and Income Protection

Note: The Life Insurance Code of Practice may define minimum standard definitions that apply for certain medical conditions under Critical Illness insurance where we issued your Life Insurance Policy on or after 1 July 2017, and may change from time to time.

Where you make a critical illness claim for cancer, a heart attack or a stroke, we will assess your claim against the most favourable of:

- the applicable definition in our PDS/Policy Document linked to the full benefit amount, and
- if different, the corresponding medical definition in the Life Insurance Code of Practice (The Code) (or other minimum standard endorsed in final form by the Financial Services Council and that we accept) that is current at the time the claimable event occurs.

Adult Onset Insulin Dependent Diabetes Mellitus (partial benefit)

The diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival.

Advanced Endometriosis – of specified severity (partial benefit)

The presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity.

Advanced endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometrial deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel for which surgical treatment is required.

Aorta Repair – excluding less invasive surgeries

The correction of narrowing, dissection or aneurysm of the aorta through the chest or abdominal wall, excluding angioplasty, intra-arterial procedures or other nonsurgical procedures.

Aplastic Anaemia – of specified severity

Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments:

- marrow stimulating agents
- bone marrow transplantation
- blood product transfusions
- immunosuppressive agents.

Bacterial Meningitis – of specified severity

Severe inflammation of the membrane that surrounds the brain and spinal cord which results in a permanent impairment of at least 25% of Whole Person Function. Bacterial meningitis as a result of HIV infection is excluded.

Benign Brain Tumour – of specified severity

The presence of a non-cancerous tumour of the brain or spinal cord which is histologically confirmed and results in:

- at least 25% permanent impairment of the Whole Person Function, or
- the undergoing of neurosurgical intervention for its removal.

The following are excluded:

- intracranial cysts, granulomas and haematomas
- intracranial malformation in or of the arteries and veins, and
- tumours of the pituitary gland.

Blindness – of specified severity

The permanent loss of all sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Carcinoma In Situ of the Breast – of specified severity (partial benefit)

The presence of histologically proven localised pre-invasive cancer in the breast, where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma.

This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.

Carcinoma In Situ - Female Reproductive Organs – of specified severity (partial benefit)

The presence of histologically proven carcinoma in situ of:

- corpus uteri
- fallopian tube
- ovary
- perineum (excluding skin equivalent cancers)
- vagina (excluding skin equivalent cancers)
- vulva (excluding skin equivalent cancers)
- cervix.

Carcinoma in situ means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The carcinoma in situ must be classified as Tis according to the TNM staging method or FIGO Stage 0.

Cancer – excluding specified early stage cancers

The presence of one or more malignant tumours, leukaemia or lymphomas.

The following are excluded:

- Chronic lymphocytic leukaemia in its early stages (less than RAI stage 1).
- Prostate cancer which is histologically described as TNM classification T1(a) or (b) or another equivalent or lesser classification with a Gleason score of 5 or less unless:
 - the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or
 - the tumour is completely untreatable.

- Carcinoma in situ, cervical dysplasia CIN1, CIN2, and CIN3, or premalignant tumours.
- Carcinoma In Situ of the Breast, except where it leads to the removal of the breast by a mastectomy or removal of the carcinoma in situ by breast conserving surgery (lumpectomy, complete local excision, wide local excision, partial mastectomy), together with radiotherapy or chemotherapy. The procedure must be performed as a direct result of the carcinoma in situ and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment.
- Skin cancer other than melanoma that:
 - shows signs of ulceration as determined by histological examination, or
 - is greater than 1.0 mm thick, or
 - is least Clark Level 3 of invasion.
- Hyperkeratosis or basal cell skin carcinoma.
- Squamous cell skin carcinoma unless it has spread to other organs
- All non-melanoma skin cancers unless having spread to the bone, lymph node or an other distant organ.

Cardiomyopathy – of specified severity

The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic Kidney Failure – requiring permanent dialysis or transplantation

The final stage of kidney disease that requires permanent dialysis or a transplant.

Chronic Liver Failure – of specified severity

The final stage of liver disease with at least two of the following conditions:

- permanent jaundice,
- ascites (abnormal retention of fluids within the abdominal cavity)
- deteriorating liver function tests, and
- encephalopathy (related brain disease).

Chronic Lung Failure – of specified severity

The final stage of lung disease, needing a permanent extra oxygen supply and with lung function tests known as FEV1 consistently showing results of less than one litre.

Coma – with specified criteria

A total loss of consciousness and responsiveness in which the life insured is incapable of sensing or responding to external stimuli that results in a documented Glasgow Coma Scale of 6 or less for at least 72 hours.

Congenital Abnormalities of a child – of specified severity (partial benefit)

If the life insured or life insured's Spouse gives birth to a child that survives for at least 28 days and is diagnosed with one of the following:

- Down's syndrome – a specific genetic abnormality caused by an extra

1. Medical Condition definitions relating to Critical Illness, Child Critical Illness and Income Protection

chromosome 21 that causes mental retardation and physical abnormalities.

- Spina bifida – defective closure of the spinal column due to neural tube deficit with a meningomyelocele or meningocele and resulting in neurological deficit.
- Tetralogy of Fallot – an anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.
- Transposition of great vessels – a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition.
- Congenital blindness – complete absence of the sense of sight from birth.
- Congenital deafness – complete absence of the sense of hearing from birth.

Congenital abnormalities that first appeared in a child, before this Extra Benefits Option started or was last reinstated, are excluded for any existing or future children.

Benefits are not payable if payment has been made under Inability of a Child to gain independence.

Coronary Artery Angioplasty

An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are excluded.

This critical condition applies only for policies where the Critical Illness benefit is \$100,000 or more.

The benefit payable for this critical condition is 10% of the life insured's Critical Illness benefit up to a maximum of \$20,000 per event.

After this benefit is paid, this insurance will continue, with the benefit reduced by the amount paid. Critical Illness premiums will be reduced in line with the reduced benefit.

A benefit will be paid for subsequent angioplasty procedures provided that they are necessary.

Coronary Artery Angioplasty - Triple Vessel

The actual undergoing of an operation to correct narrowing or obstruction of three or more different coronary arteries when considered the necessary and appropriate treatment.

This procedure can be completed in one procedure or via multiple procedures within a two month period.

The benefit payable for Coronary Artery Angioplasty – Triple Vessel is 100% of the life insured's Critical Illness benefit.

Coronary Artery Bypass Surgery

– excluding less invasive procedures

The surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction, excluding coronary artery angioplasty, intra-arterial procedures or other non-surgical procedures.

Deafness – permanent

Irreversible loss of hearing in both ears, after which the better ear:

- has an auditory threshold of greater than 90 decibels from the frequencies of 500 hertz to 3,000 hertz, even with amplification and
- is diagnosed and certified by an appropriate specialist Doctor, using standardised equipment.

Deafness in One Ear – total and irreparable (partial benefit)

The total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.

Dementia or Alzheimer's Disease – permanent and of specified severity

The unequivocal diagnosis of Dementia or Alzheimer's disease, by a Doctor, causing permanent failure of brain function.

A deterioration in the life insured's Mini-Mental State Examination score to 24 or less is required. Alternatively, we will consider other neuropsychometric tests acceptable to us that conclusively diagnose the condition to at least the same level of stated severity.

Early Stage Benign Brain Tumour – of specified type (partial benefit)

The presence of a non-cancerous tumour of the brain or spinal cord, giving rise to symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures, or sensory/motor skills impairment. The diagnosis must be confirmed by a consultant neurologist and the presence of the condition must be confirmed by imaging studies such as CT scan or MRI.

The following are excluded:

- intracranial cysts, granulomas and haematomas

- intracranial malformation in or of the arteries and veins, and
- tumours of the pituitary gland.

Early Stage Chronic Lymphocytic Leukaemia (CLL) – of specified severity (partial benefit)

The presence of chronic lymphocytic leukaemia diagnosed as less than RAI stage 1 (characterised by lymphocytosis and enlarged lymph nodes).

Early Stage Melanoma – of specified severity (partial benefit)

The presence of one or more malignant melanomas. The melanoma must be less than or equal to 1.0mm depth of invasion or Clark Level 3. The diagnosis must be by biopsy. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells.

Early Stage Prostate Cancer – of specified severity (partial benefit)

The presence of prostate cancer histologically described as:

- TNM classification T1 (a) or (b) (or another equivalent classification), or
- a Gleason score of five or less.

Encephalitis – of specified severity

Severe inflammation of brain substance which results in the life insured suffering either:

- permanent loss of at least 25% of either the brain's mental function or its physical control function, or
- permanent
 - loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, or

- severe cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to the need for continuous supervision to protect the life insured or other people. A Mini Mental State Examination tests various functions including arithmetic ability, memory and physical orientation to assess cognitive ability.

The permanent loss or impairment described above must have existed continuously for at least six months.

Encephalitis as a result of HIV infection is excluded.

Facial Reconstructive Surgery and Skin Grafting – of specified severity (partial benefit)

The undergoing of skin grafting and plastic or reconstructive surgery above the neck which is deemed medically necessary for the treatment of facial disfigurement as a direct result of an Accident requiring inpatient hospital treatment of the life insured. The Accident must occur while the insurance is in force.

Guillain-Barre Syndrome – of specified severity (partial benefit)

The unequivocal diagnosis by a Neurologist of Guillain-Barre Syndrome, requiring 6 consecutive weeks or more of inpatient hospitalisation and rehabilitation.

Heart Attack – with evidence of heart muscle damage

Heart Attack (Myocardial Infarction) means the death of part of the heart muscle because of inadequate blood supply, confirmed by a Cardiologist and evidenced by:

- typical rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference range together with any one of the following:
 - typical acute cardiac symptoms and signs consistent with heart attack, or
 - new serial ECG changes showing the development of any one of the following:
 - ST-T changes
 - left bundle branch block (LBBB), or
 - pathological Q waves, or
 - imaging evidence of new and irreversible:
 - loss of viable myocardium, or
 - regional wall motion abnormality, or
 - left ventricular ejection fraction less than 50%, at least three months after the event.

Elevated biomarkers and signs and symptoms that arise from causes other than heart attack, are excluded, including those as a result of elective percutaneous procedures and other acute coronary syndromes.

If the above tests are inconclusive or superseded by technological advances, we'll consider other appropriate and medically recognised tests.

Heart Valve Surgery – of specified severity

The surgical repair or replacement of a defective heart valve or valves, as a consequence of heart valve defects or abnormalities that cannot be corrected by non-surgical techniques.

1. Medical Condition definitions relating to Critical Illness, Child Critical Illness and Income Protection

HIV Contracted Through Medical Procedures

Accidental infection with Human Immunodeficiency Virus (HIV) as a direct result of one of the following medical procedures:

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

The procedure must have occurred in Australia and have been performed by a recognised and registered medical practitioner or dentist.

Any event that might lead to a claim must be reported to us within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the event.

We must have access to the blood sample tested and must be able to take further samples if we think this is needed.

Seroconversion must occur within six months of the event. A benefit will not be paid if any of the following are true:

- the HIV infection has any other cause, including sexual activity or recreational intravenous drug use, or
- the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

HIV Contracted Through Your Work

Infection with Human Immunodeficiency Virus (HIV) as a result of an injury while the life insured is working at their normal occupation.

You (or someone representing you) must tell us that the life insured:

- may have become infected within 14 days of the accidental incident, and
- has become infected within 14 days of the diagnosis of infection.

Documented proof must be provided by you to us that:

- The accidental incident happened at work and involved a definite source of infection. The proof must include copies of the incident report, the name of the witnesses to the incident and confirmation of the source of infection.
- The HIV is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within six months of the incident.

A benefit will not be paid if any of the following are true:

- the HIV infection has any other cause, including sexual activity or recreational intravenous drug use,
- before the injury the Australian Government has recommended an HIV vaccine for use in the life insured's occupation, but the life insured has not taken this vaccine, or
- the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

Inability of a Child to Gain Independence – of specified severity partial benefit

The life insured's Child, as a result of sickness or injury, will be permanently unable to perform any two or more of the following groups of activities of daily living without physical help from someone else:

- bathing or showering
- dressing

- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking
- using the toilet.

The life insured's Child also suffers an inability to gain independence which results in permanent loss of at least 25% of either the brain's mental function or its physical control function which leads to a need for continuous supervision of the Child to protect them or other people.

A claim can only be made once the initial assessment or diagnosis is reconfirmed after six months. Benefits are not payable:

- if the inability of an existing or future Child to gain independence is caused or contributed to by sickness or injury that first appeared, happened or was diagnosed before this Extra Benefits Option started or was last reinstated, and
- if payment has been made under Congenital Abnormalities of a child.

Intensive Care – requiring continuous mechanical ventilation for 5 days (partial benefit)

Mechanical ventilation by means of tracheal intubation for 5 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.

Intensive Care – requiring continuous mechanical ventilation for 7 days

Mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.

Loss of Independence – of specified severity

The life insured suffers a Loss of Independence as a result of sickness or injury if they:

- are permanently unable to perform two or more Activities of Daily Living (ADL) without physical help from someone else, or
- have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision of the life insured to protect them or other people.

A Mini Mental State Examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.

The Loss of Independence circumstances must have existed continuously for at least six months.

Loss of One Foot or One Hand – total and irrecoverable (partial benefit)

The total and irrecoverable loss, or loss of the use, of the following:

- one foot, or
- one hand.

Loss of Sight in One Eye – of specified severity (partial benefit)

The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.

Loss of Speech – of total and permanent

Total and permanent loss of ability to speak. A claim can only be made once the initial diagnosis is reconfirmed after three months.

Major Brain Injury – of specified severity

Physical head injury that results in the life insured suffering either:

- a permanent loss of at least 25% of the brain's mental or physical control function, or
- permanent:
 - loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, or
 - severe cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision to protect the life insured or other people.

A Mini Mental State Examination tests various functions including arithmetic ability, memory and physical orientation to assess cognitive ability.

The permanent loss or impairment described above must have existed continuously for at least six months.

Major Burns – of specified severity

Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.

Major Organ or Bone Marrow Transplant

The transplant, or placement on an Australian waiting list approved by us for:

- transplant of any of the following organs from a human donor to the life insured:
 - kidney
 - liver
 - heart

- lung
- pancreas
- small bowel, or
- bone marrow transplant.

This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a Specialist.

Meningococcal Septicaemia – of specified severity

Severe infection in the blood stream that causes blood poisoning which results in a permanent impairment of at least 25% of Whole Person Function.

Motor Neurone Disease

The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.

Multiple Sclerosis – of specified severity

The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The unequivocal diagnosis of Multiple Sclerosis must be by a consultant neurologist.

There must be more than one episode of defined neurological deficit with persistent abnormalities. Neurological investigation such as lumbar puncture, MRI (Magnetic Response Imaging), evidence of lesions in the central nervous systems and evoked visual responses are required to confirm diagnosis.

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Muscular Dystrophy – unequivocal diagnosis

The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.

Open Heart Surgery

Open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Orchidectomy (as required to diagnose Carcinoma In Situ of the testicle) – with specific requirements (partial benefit)

The removal of one or both testes by radical orchidectomy as required to positively or negatively diagnose Carcinoma in Situ (Tis) of the testicle. The removal must be the appropriate and necessary treatment.

Orchidectomy for any other reason is specifically excluded.

Out Of Hospital Cardiac Arrest

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.

Paralysis

Total and permanent loss of the function of two or more limbs caused by damage to the nervous system.

Parkinson's Disease – of specified severity

The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestations of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism (including but not limited to parkinsonism secondary to medication, vascular disease, drugs, metabolic conditions and infections) are excluded.

Parkinson-Plus Syndrome

The unequivocal diagnosis by a Neurologist of one of the following Parkinson-Plus (atypical parkinsonian) Syndromes:

- Multiple Systems Atrophy (MSA)
- Progressive Supranuclear Palsy (PSP)
- Corticobasal Degeneration/Syndrome (CBD)
- Dementia with Lewy bodies (DLB)

The conditions stated above must be irreversible.

All other types of parkinsonism (including but not limited to parkinsonism secondary to medication, vascular disease, drugs, metabolic conditions and infections) are excluded.

Pneumonectomy – complete removal of entire lung

The removal of an entire lung when considered the necessary and appropriate treatment.

Primary Pulmonary Hypertension – of specified severity

A condition associated with right ventricular enlargement established by cardiac catheterisation resulting in permanent physical impairment to the degree of at least Class 3 of the New York

Heart Association classification of cardiac impairment.

Serious Accidental Injury (partial benefit)

The life insured suffers a serious accidental injury resulting in confinement to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a Doctor.

Severe Diabetes – of specified severity

Severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- Severe Diabetic Neuropathy causing motor and/or autonomic impairment
- Diabetic Gangrene leading to surgical intervention
- Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range).

Severe Osteoporosis – before age 50 and of specified severity

The life insured:

- before the age of 50, suffers at least two vertebral body fractures and/or a fracture of the neck of femur, due to osteoporosis, and
- has bone mineral density reading with a T-score of less than -2.5 (ie 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Rheumatoid Arthritis – of specified severity

The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- at least a six-week history of severe rheumatoid arthritis which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands
 - metacarpophalangeal joints in the hands
 - metatarsophalangeal joints in the foot
 - wrist, elbow, knee, or ankle
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
- typical rheumatoid joint deformity, and
- at least two of the following criteria:
 - morning stiffness
 - rheumatoid nodules
 - erosions seen on x-ray imaging
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

Or, if the above criteria is not met we will also consider under the following definition:

The diagnosis must be supported and evidenced by all of the following criteria:

- a. diagnosis of Rheumatoid Arthritis as specified by the American College of Rheumatology and European League Against Rheumatism: 2010 Rheumatoid Arthritis Classification Criteria; and

- b. symptoms and signs of persistent inflammation (arthralgia, swelling, tenderness) in at least 20 joints or 4 large joints (ankles, knees, hips, elbows, shoulders); and
- c. the Insured person has failed at least 6 months of intensive treatment with two conventional disease modifying antirheumatic drugs (DMARDs). This excludes corticosteroids and non steroidal anti-inflammatories; and
- d. the disease must be progressive and non-responsive to all conventional therapy.

Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the 'specialised drugs' list for Rheumatoid Arthritis.

Degenerative osteoarthritis and all other arthritides are excluded.

Specified Complications of Pregnancy (partial benefit)

The life insured is diagnosed with one of the following:

- Disseminated Intravascular Coagulation (DIC) where there is a pregnancy related cause of the DIC which has resulted in a life threatening haemorrhage from multiple sites.
- Ectopic pregnancy – pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must be ended by laparotomy or laparoscopic surgery.
- Hydatidiform mole – the development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in death of the embryo.
- Stillbirth – the birth of an infant after at least 20 completed weeks of

gestation or of 400 grams or more of birth weight, which shows no signs of life after birth.

Elective termination of pregnancy is specifically excluded.

Stroke – in the brain and of specified severity

An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours.

There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred.

Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any blood vessel incident outside the cranium, except embolism resulting in stroke, are excluded.

Type 1 Diabetes (Child Support and Child Income Support benefit)

Means diabetes mellitus type 1 with an early onset, which requires insulin injections to control the disease.

2. Total and Permanent Disability (TPD) definitions

Notes

No Total and Permanent Disability Benefit will be paid unless the Life Insured satisfies all the terms of the relevant definition.

For a claim to be payable for stand-alone TPD you must survive for at least:

- 14 days to claim for TPD based on permanent impairment
- 14 days to claim for TPD based on the total and irrecoverable loss of limbs or sight.

TPD – Any Occupation Definition

(this applies until the Review Date after the Life Insured reaches age 65)

The Life Insured is Totally and Permanently Disabled if they have a disability caused by sickness or injury and they satisfy the criteria in paragraphs (a), (b) or (c):

(a)

- as a result of their disability, they are completely unable to work at any occupation they are reasonably suited to by way of education, training or experience that would result in a rate of Earnings of more than 25% of their rate of Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again; and
- these circumstances have existed continuously for at least 3 months,

or

(b)

- they suffer a permanent impairment of at least 25% of Whole Person Function; and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, training or experience, and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

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

In all cases, where the Policy is owned by the trustee(s) of a superannuation fund and this Total and Permanent Disability insurance first commenced after 30 June 2014, the Life Insured must also be Permanently Incapacitated.

If the Life Insured was performing full time domestic duties or child rearing:

- at the time of application for insurance, and
- for the 12 months prior to the disability, and
- at the time the disability begins,

the **Home Duties Definition** applies; otherwise the Any Occupation Definition above will continue to apply.

For the purposes of the above definitions, Earnings means:

- where the Life Insured is self-employed (ie directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the Life Insured

after the deduction of their appropriate share of business or practice expenses in generating that income,

- where the Life Insured is an employee (ie does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the Life Insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the Life Insured and
- whether the Life Insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.

TPD – Own Occupation Definition

(This applies until the Review Date after the Life Insured reaches age 65. For Total and Permanent Disability insurance inside super, Own Occupation cover is only available if it was selected and commenced before 1 July 2014).

The Life Insured's own occupation means the occupation in which they were engaged at the time of their application for this insurance unless they have changed their occupation since then.

Where the change is to an occupation or occupation category that is eligible for the Own Occupation definition, You may choose to have a claim assessed under either the Life Insured's occupation at the time of their application or their occupation immediately preceding their date of disability. Otherwise, Own Occupation means the most recent

occupation that the Life Insured was engaged in immediately preceding their date of disability.

The Life Insured is Totally and Permanently Disabled if they have a disability caused by sickness or injury and they satisfy the criteria in paragraphs (a), (b) or (c):

(a)

- as a result of their disability they are completely unable to work at their own occupation and are unlikely ever to be able to do so again; and
- these circumstances have existed continuously for at least 3 months,

or

(b)

- they suffer a permanent impairment of at least 25% of Whole Person Function; and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their own occupation and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

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

TPD – Home Duties Definition

(this applies until the Review Date after the Life Insured reaches age 65)

If the Life Insured was performing full time domestic duties or child rearing and these three criteria apply:

- at the time of application for insurance, and
- for the 12 months prior to the disability, and
- at the time the disability begins,

the Life Insured is Totally and Permanently Disabled if they have a disability caused by sickness or injury and they satisfy the criteria in paragraphs (a), (b) or (c):

(a)

- as a result of their disability they are completely unable to perform any Normal Physical Domestic Duties, and are unlikely ever to be able to do so again; and
- these circumstances have existed continuously for at least 3 months,

or

(b)

- they suffer a permanent impairment of at least 25% of Whole Person Function; and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to perform any Normal Physical Domestic Duties, and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

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

In all cases, where the Policy is owned by the trustee(s) of a superannuation fund and this Total and Permanent Disability insurance first commenced after 30 June 2014, the Life Insured must also be Permanently Incapacitated.

Normal Physical Domestic Duties means cleaning, cooking meals, doing the laundry, shopping for groceries and taking care of Children.

If the Life Insured was not performing full time domestic duties or child rearing within the three criteria referred to above, the Any Occupation Definition will apply.

TPD – Loss of Independence Definition

– (this applies on and from the Review Date after the Life Insured reaches age 65)

The Life Insured suffers a Loss of Independence if, continuously for at least 3 months, and as a result of sickness or injury, they satisfy the criteria in paragraphs (a), (b) or (c):

(a) they have suffered from the total and irrecoverable loss of:

- the use of both hands; or
- the use of both feet; or
- the sight in both eyes; or

2. Total and Permanent Disability (TPD) definitions

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

or

(b) they are permanently unable to perform any 2 or more of the following groups of activities of daily living without physical help from someone else:

- bathing or showering
- dressing
- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking
- using the toilet.

or

(c) they have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a 'Mini Mental State Examination'), which leads to a need for continuous supervision of the Life Insured to protect them or other people. A Mini Mental State Examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.

Where the Policy is owned by the trustee(s) of a superannuation fund and this Total and Permanent Disability insurance first commenced after 30 June 2014, the Life Insured must also be Permanently Incapacitated.

For a claim to be payable under stand-alone TPD you must survive for at least 14 days after the event leading to Total and Permanent Disability.

3. Total Disability and Partial Disability definitions relating to Income Protection and Business Expenses insurances

Income Protection Platinum with Extra Benefits Option

Totally Disabled and Total Disability

(Income Protection Platinum with Extra Benefits Option) – Totally Disabled and Total Disability means that prior to the Review Date following your 65th birthday (or your 70th birthday if your benefit period is to age 70), and solely due to sickness or injury, you satisfy either (a), (b) or (c) below:

(a) Duties based

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and
- not working for Earnings, payment or profit;

or

(b) Hours based

- unable to perform the important duties of your occupation for more than 10 hours per week (or five hours per week when you've worked less than 24 hours per week in the previous 12 months); and
- not working in any other occupation;

or

(c) Income based

- working in your occupation, or any other gainful employment, but are unable to generate more than 20% of your Earnings Before Disability;

and you are being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Totally Disabled and Total Disability instead means that, solely due to sickness or injury, you're:

- unable to perform any occupation for which you're reasonably suited by education, training or experience, and
- not capable of working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

After the Review Date following your 65th birthday (unless you have a benefit period to age 70) Total Disability instead means that solely due to sickness or injury you're:

- unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and
- not working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

Total Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday (unless you have a benefit period to age 70)

will be payable while you continue to be Totally Disabled for a maximum of 12 months.

Partial Disability and Partially Disabled

(Income Protection Platinum with Extra Benefits Option) – Partially Disabled and Partial Disability means solely due to sickness or injury you're:

- unable to fully perform the duties of your occupation, and
- working in a reduced capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor,

and as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Partially Disabled and Partial Disability instead means that, solely due to sickness or injury, you're:

- unable to fully perform any occupation for which you're reasonably suited by education, training or experience, and
- capable of working in a reduced capacity in either your occupation or another occupation for which you're reasonably suited by education, training or experience or, after your disability first began, you've returned to work and are working in a reduced

3. Total Disability and Partial Disability definitions relating to Income Protection and Business Expenses insurances

- capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and
- as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection Platinum insurance in superannuation, you must also have satisfied a period of Temporary Incapacity. Partial Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday (unless you have a benefit period to age 70)

will be payable while you continue to be Partially Disabled for a maximum of 12 months.

Income Protection Platinum

Total Disability and Totally Disabled (Income Protection Platinum) - Totally Disabled and Total Disability means that prior to the Review Date following your 65th birthday (or your 70th birthday if your benefit period is to age 70), and solely due to sickness or injury, you're:

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and
- not working for Earnings, payment or profit,

or

- unable to perform the duties of your occupation necessary to produce your Earnings for more than 10 hours per week with the result that your Earnings After Disability are reduced to 20% or less, of your Earnings Before Disability, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Totally Disabled and Total Disability means that, solely due to sickness or injury, you're:

- unable to perform any occupation for which you're reasonably suited by education, training or experience, and
- not capable of working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

After the Review Date following your 65th birthday (unless you have a benefit period to age 70) Total Disability means that solely due to sickness or injury you're:

- unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and
- not working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

Total Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday (unless you have a benefit period to age 70)

will be payable while you continue to be Totally Disabled for a maximum of 12 months.

Partial Disability and Partially Disabled (Income Protection Platinum) - Partially Disabled and Partial Disability means solely due to sickness or injury you're:

- unable to fully perform the duties of your occupation, and
- working in a reduced capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and

as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection Platinum insurance inside super, you must also have satisfied a period of Temporary Incapacity.

If, when disability begins, you weren't Gainfully Employed and haven't been Gainfully Employed during the previous 12 months, then Partially Disabled and Partial Disability means that, solely due to sickness or injury, you're:

- unable to fully perform any occupation for which you're reasonably suited by education, training or experience, and
- capable of working in a reduced capacity in either your occupation or another occupation for which you're reasonably suited by education, training or experience or, after your disability first began, you've returned to work and are working in a reduced capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and
- as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection Platinum insurance in superannuation, you must also have satisfied a period of Temporary Incapacity.

Partial Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday (unless you have a benefit period to age 70)

will be payable while you continue to be Partially Disabled for a maximum of 12 months.

Income Protection

Total Disability and Totally Disabled (Income Protection) - Totally Disabled and Total Disability means that, prior to the Review Date following your 65th birthday and solely due to sickness or injury, you're:

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and
- not working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection insurance inside super, you must also have satisfied a period of Temporary Incapacity.

After the Review Date following your 65th birthday, Total Disability means that solely due to sickness or injury you're:

- unable to perform the duties of any occupation for which you are suited by way of education, training or experience, and
- not working for Earnings, payment or profit, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Total Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or
- the Review Date following your 65th birthday

will be payable while you continue to be Totally Disabled for a maximum of 12 months.

Partial Disability and Partially Disabled

(Income Protection) - Partially Disabled and Partial Disability means solely due to sickness or injury you're:

- unable to fully perform the duties of your occupation, and

- working in a reduced capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and

as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection insurance inside super, you must also have satisfied a period of Temporary Incapacity.

The Partial Disability benefit must follow Total Disability of at least 14 days, or from the end of your Waiting Period, whichever is later.

For outside super only, where Partial Disability is due to one of the following specified conditions, a prior period of Total Disability isn't required for you to be eligible for certain benefits:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Parkinson-Plus Syndrome.

The specified condition must be diagnosed by a Specialist and confirmed by our medical adviser.

These specified conditions are defined in the Critical Illness definitions on pages 86 - 93.

Partial Disability benefits that start within 12 months before:

- the Termination Date (for all benefit periods), or

3. Total Disability and Partial Disability definitions relating to Income Protection and Business Expenses insurances

- the Review Date following your 65th birthday will be payable while you continue to be Partially Disabled for a maximum of 12 months.

Income Protection (Special Risk)

Total Disability and Totally Disabled (Income Protection (Special Risk)) - Totally Disabled and Total Disability means that solely due to sickness or injury, you're:

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Earnings, and
- not working for Earnings, payment or profit,

and

- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

For Income Protection (Special Risk) insurance inside super, you must also have satisfied a period of Temporary Incapacity.

Total Disability benefits that start within 12 months before the Termination Date will be payable while you continue to be Totally Disabled for a maximum of 12 months.

Partial Disability and Partially Disabled (Income Protection (Special Risk)) - Partially Disabled and Partial Disability means solely due to sickness or injury you're:

- unable to fully perform the duties of your occupation, and
- working in a reduced capacity in either your occupation or another occupation, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor, and

as a result of your inability, your monthly Earnings in that occupation are lower than your Earnings Before Disability.

For Income Protection (Special Risk) insurance inside super, you must also have satisfied a period of Temporary Incapacity.

The Partial Disability benefit must follow Total Disability of at least 14 days, or from the end of your Waiting Period, whichever is later.

For outside super only, where Partial Disability is due to one of the following specified conditions, a prior period of Total Disability isn't required for you to be eligible for certain benefits:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Parkinson-Plus Syndrome.

The specified condition must be diagnosed by a Specialist and confirmed by our medical adviser. These specified conditions are defined in the Critical Illness definitions on pages 86 - 93.

Partial Disability benefits that start within 12 months before the Termination Date will be payable while you continue to be Partially Disabled for a maximum of 12 months.

Business Expenses with Platinum Option

Total Disability and Totally Disabled (Business Expenses insurance with Platinum Option) - Totally Disabled and Total Disability means that solely due to sickness or injury, you're:

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Business Earnings, and
- not working for Earnings, payment or profit,

and

- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Partial Disability and Partially Disabled

(Business Expenses insurance with Platinum Option) - Partially Disabled and Partial Disability means that solely due to sickness or injury, you're:

- unable to fully perform the duties of your occupation, and
- working in a reduced capacity in the business, and
- not Totally Disabled, and
- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Business Expenses

Total Disability and Totally Disabled (Business Expense insurance) - Totally Disabled and Total Disability means that solely due to sickness or injury, you're:

- unable to perform at least one of the important duties of your occupation which is necessary to produce your Business Earnings, and
- not working for Earnings, payment or profit,

and

- being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Glossary of common terms

Accident Means an event where bodily injury is caused directly and solely by violent, external and visible means, independently of all other causes.

Activities of Daily Living Means:

- bathing or showering
- dressing
- moving from place to place, in and out of bed and in and out of a chair
- eating and drinking, or
- using the toilet

Agreed Value cover Your monthly benefit won't be reduced because of a change in your Earnings. After the Review Date following your 65th birthday your benefit will be assessed as an Indemnity cover benefit (see below).

Any Occupation If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account not only your occupation, but also any occupation which you're reasonably suited to by way of education, training or experience.

For full details of when a TPD insurance benefit may be payable, please see pages 94 - 96. For insurance inside super there may also be tax and super law implications, depending on your choice of definition. Please see page 45.

Business Earnings (Business Expenses insurance only) For the purposes of Business Expenses insurance, means the gross turnover of the business, less all the expenses, costs and overheads of running it, and before tax. Where more than one person owns and manages the business (directly or through a company) business earnings will mean only those Earnings generated by the life insured in proportion to their share of ownership of the business.

Business Earnings After Disability (Business Expenses insurance only) For the purposes of the Business Expenses Platinum Option, means the share of Business Earnings of the life insured while they are Partially Disabled.

Business Earnings Before Disability (Business Expenses insurance only) For the purposes of the Business Expenses Platinum Option, means your share of Business Earnings in the continuous 12-month period before you became Totally Disabled or Partially Disabled

(What is a) business expense? The covered expenses are the reasonable and regular normal operating expenses of the business you own and manage, including:

- rent or mortgage payments
- property levies, rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns
- salaries of employees not generating business income
- costs of accounting services
- fees for memberships of professional associations
- business insurance premiums, and
- net cost of a locum (see page 104).

Child For insurance policy purposes means a person who is:

- age 20 or younger, and
- the natural child, stepchild, adopted child or a child under the legal guardianship of the life insured.

Complying Super Fund Means a regulated superannuation fund that qualifies for concessional tax rates. A Complying Superannuation Fund must meet the requirements that are set out under section 40 of the Superannuation Industry (Supervision) Act 1993.

Connection Means an attached insurance where benefits are modified according to adjustments and benefit payments on another insurance on a different policy.

A Connection is a variation of an Extension, which is an attached insurance as described above on the same policy.

For more information on Extensions and Connections, see page 50.

Consumer Price Index (CPI) Means the 'Consumer Price Index: All Groups Index Weighted Average for Eight Capital Cities' published by the Australian Bureau of Statistics or, if that isn't available, any reasonable substitute chosen by us.

Doctor Means a registered medical practitioner in Australia or in another country approved by us. This does not include you or any of your family members. Where reasonable, we require the Doctor to be a Specialist.

Earnings Means:

- where the life insured is self-employed (ie directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the life insured after the deduction of their appropriate share of business or practice expenses in generating that income
- where the life insured is an employee (ie does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the

employer to the life insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the life insured, and

- whether the life insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.

Earnings After Disability (All Income Protection insurances only) Means the life insured's Earnings while they are Totally Disabled or Partially Disabled.

Earnings Before Disability (Income Protection Platinum and Income Protection insurances only) If you have Agreed Value cover (see page 68) outside super, means the life insured's highest average Earnings for any continuous period of 12 months between the date that is 24 months preceding the start of the insurance and the start of the Waiting Period.

If you have Agreed Value cover inside super, means the greater of:

- the life insured's highest average Earnings for any continuous period of 12 months during the three years immediately before the life insured was Totally Disabled, and
- the life insured's average monthly Earnings during the 12 months immediately preceding the start of the insurance.

For MLC Insurance and MLC Insurance (Super), if you have Indemnity cover (see page 69), means the life insured's highest average Earnings for any continuous period of 12 months during the three years immediately before they were Totally Disabled or Partially Disabled. If you have been on unpaid employer-approved maternity leave, paternity leave, sabbatical or study leave that commenced at any time

in the 12 months before your most recent period of disability, the three year period will be immediately before the leave commenced.

Earnings Before Disability (Income Protection (Special Risk) only) If you have Agreed Value cover (see page 68) outside super, means the life insured's highest average Earnings for any continuous period of 12 months between the date that is 24 months preceding the start of the insurance and the start of the Waiting Period.

If you have Agreed Value cover inside super, means the greater of:

- the life insured's highest average Earnings for any continuous period of 12 months during the three years immediately before the life insured was Totally Disabled, and
- the life insured's average monthly Earnings during the 12 months immediately preceding the start of the insurance.

For MLC Insurance and MLC Insurance (Super), if you have Indemnity cover (see page 69), means the life insured's average Earnings in the continuous 12-month period before they were Totally Disabled or Partially Disabled.

Exclusion(s) are specific events you are not covered for.

Standard exclusions apply to everyone who has a certain type of insurance and are described in this PDS.

Specific exclusions are based on your individual circumstances, including hazardous occupations or pastimes and pre-existing medical conditions. Specific exclusions are applied at the time we assess an application for insurance or an alteration for existing insurance. We will tell you before we apply any specific exclusions.

Extension Means an attached insurance where benefits are modified according to adjustments and benefit payments on another insurance.

An Extension may be on the same or a different policy.

Where an Extension is held on a different policy it is also known as a Connection.

For more information on Extensions and Connections, see page 50.

Family Means Spouse, children, parents, brother(s) or sister(s).

Gainfully Employed or Gainful Employment Means working for Earnings, payment or profit.

Indemnity cover Your monthly benefit may be reduced if your Earnings Before Disability decrease (see page 103). Choosing this style of benefit may help lower your premiums.

The benefit payable will be the lesser of the benefit shown on your Schedule and the maximum insurable amount as calculated in the 'Maximum monthly benefit' table under 'How much insurance can you apply for?' on page 68.

(What is a) Key Person This is an employee or business owner without whose knowledge or expertise the business would suffer material financial loss.

Revenue Protection (Key Person) insurance is used by a business or employer to protect against financial loss that may result from the loss of service of a key person in the event of death, sickness or injury.

Glossary of common terms

(Who is the) life insured? This is the person whose circumstances we assess and accept to be insured and is named in the Schedule. One person can be insured per policy.

Loading(s) are a higher premium that we charge for your insurance based on your individual circumstances, including hazardous occupations or pastimes and pre-existing medical conditions.

Loadings are applied at the time we assess an application for insurance or an alteration for existing insurance. We will tell you before we apply any loadings.

(What is a) locum? A locum is a person engaged to work in your business from an external source as a direct replacement for you.

Net cost of a locum means the cost incurred in engaging a locum less the gross sales, earnings or billings generated by the locum.

Mental Disorder Means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) or an equivalent publication approved by us which is current at the start of the period of Total Disability while the life insured is not working.

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

Mortgage Means a loan secured by a first mortgage over the life insured's home.

Normal Physical Domestic Duties Means cleaning, cooking meals, doing the laundry, shopping for groceries and taking care of children.

Own Occupation (available outside super only) If you choose this definition, we'll assess your likely ability to ever be able to work again, taking into account your own occupation. This means you may be eligible for your TPD insurance benefit if you can't work in your own occupation, even if you may be able to work in another occupation. You'll be charged a higher premium if you choose Own Occupation. Not all occupations are eligible for this definition.

Permanent Incapacity and Permanently Incapacitated Means the life insured's ill-health (whether physical or mental) which makes it unlikely that the life insured will ever engage in Gainful Employment for which the life insured is reasonably qualified by education, training or experience.

Terminal Illness

For **insurance outside super**, Terminal Illness means an Illness that, even with appropriate medical treatment, in the opinion of the treating Specialist, and where required, a further medical opinion from a Specialist approved by us, is likely to lead to death within a period that ends no more than 24 months from the date we are notified in writing by the approved Doctor.

For **insurance inside super**, Terminal Illness means an Illness that, even with appropriate medical treatment, in the opinion of two Doctors, one of whom is

a Specialist approved by us, is likely to lead to death within a period that ends no more than 24 months from the date the Doctors certify the condition ('the Certification Period'). We must be notified in writing of the Terminal Illness within the Certification Period.

(Who is the) policy owner? (MLCI) This is the person or entity that applies, and is accepted as the person who is entitled to receive benefits under the policy. The policy owner is named in the Schedule and is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

The policy owner can be an individual or individuals, a company, partnership or the trustee(s) of a family trust.

Ownership must be the same for all insurances under the one policy.

Income Protection insurance must generally be owned by the life insured.

(Who is the) policy owner? (MLCI SMSF) The Trustee of your SMSF takes out insurance on your behalf and becomes the policy owner. For more information go to page 9 and page 45.

(Who is the) policy owner? (MLCIS) When you take out MLC Insurance (Super), you become a member of the Fund. The Trustee of the Fund takes out insurance on your behalf and becomes the policy owner. You can find more detailed information on the Fund on page 9 and page 45.

(Who is the) policy owner? (MLCI Wrap Super) The Trustee for all MLC super wrap accounts is NULIS Nominees. They become the policy owner. For more information go to page 9 and page 45.

Qualifying Periods Some critical conditions are covered only after a period of time known as a 'qualifying period'. This means you aren't covered for those conditions if they first appear, first happen, or are first diagnosed within the qualifying period after your insurance began, was last reinstated or increased

For surgical procedures this means you're not covered when the underlying condition requiring the surgical intervention first appears, first happens, or is first diagnosed within the qualifying period.

If, because of the qualifying period you are unable to claim an insurance benefit, we'll still cover you for future unrelated critical conditions if they appear, happen, or are diagnosed after the qualifying period has ended.

If your insurance is replacing similar insurance, we'll waive your qualifying period for the amount that would have applied if that policy had continued.

Regular medical treatment

Income Protection benefits will only be paid while you are being regularly treated or monitored (as appropriate to your condition) by an appropriately qualified Doctor.

Regular treatment includes following the reasonable advice of your Doctor such as taking prescribed medication or complying with the recommended treatment regime.

Revenue Protection (Key Person) insurance Is insurance to protect a business or employer against financial loss that results from the loss of service of a key person due to their death, sickness or injury.

Review Date Is the date shown on your current Schedule on which the review of your benefits and premiums each year take effect.

(What is) sabbatical leave? This means leave taken for study or travel as a normal part of your occupation.

Schedule Means the schedule issued to you with the policy for MLC Insurance and MLC Insurance (Super) and updated from time to time. An updated schedule will be issued each year or any time there is a change in the benefits or types of insurance provided under the policy.

The updated schedule will replace the previous schedule from the time that it is issued by us.

Sickness Means an illness or disease that becomes apparent while this Policy is in force.

Specialist Means a Doctor who is an appropriate specialist in a relevant medical field.

Spouse Means a husband or wife or a partner in an equivalent de facto relationship, including same-sex relationships.

Temporary Incapacity and Temporarily Incapacitated Means the life insured's ill health (whether physical or mental) which causes the life insured to:

- cease to be Gainfully Employed, or
- cease temporarily to receive any gain or reward (including ceasing to be paid leave such as sick leave) under a continuing arrangement for the life insured to be Gainfully Employed.

Termination Date Is the date when your insurance ends. The termination date may vary for different types of insurance.

Waiting Period A Waiting Period means your benefit won't be paid straight after the claimable event happens. Once an event occurs you have to wait a certain period of time before you can make a claim.

Insurance with longer Waiting Periods cost less than insurance with shorter Waiting Periods because they only pay benefits for long term events.

Whole Person Function Is defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current as at the date of impairment, or an equivalent guide to impairment approved by us.

(What is the) work test? To satisfy the work test you must be Gainfully Employed on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made. This requirement may change from time to time.

Your duty of disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as a failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you.

In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate policies of life insurance.

If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for.

This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have.

However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Disclosure - MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (transfer application), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

Pre-existing conditions

If we ask you for medical information during the application process and you fully and accurately disclose a medical condition to us, we will not apply a pre-existing exclusion clause in relation to that condition unless we agree this with you and confirm it in writing when your policy is issued.

On the basis of your disclosure, we may not offer you insurance or may offer it on alternative terms.

Privacy Policy

This privacy notification covers MLC and the Trustee, who are collectively referred to as 'we, us and our' in this section of the PDS. The Trustee is part of the National Australia Bank (NAB) Group of Companies. MLC is no longer part of the NAB Group of Companies.

The Trustee is governed by the NAB's privacy policy, which covers entities within the NAB Group of Companies. MLC is governed by its own privacy policy. These privacy policies are available as follows:

MLC

mlcinsurance.com.au/privacy-policy or call 13 65 25;

Trustee

nab.com.au/privacy or call 13 26 52.

We encourage you to review the privacy policies of both entities for further information.

This notification tells you how we collect your personal information, what we use it for and who we share it with. By providing your personal information to us, you consent to the collection, use and disclosure of your personal information in accordance with this Privacy Notification.

What personal information is and the types of personal information we collect and hold

"Personal information" is information about a person who is reasonably identifiable from the information. We collect and hold a range of personal information about our customers and

people from our business partners, suppliers and service providers. The kinds of personal information that we may collect and hold can include:

- name, contact details (including address, email, phone number and social media handles);
- date of birth and gender;
- information about your interactions with us including complaints;
- personal information which is required to acquire a product or service from us and as may be needed during the lifecycle of that product or service;
- information required to underwrite an application for an insurance product or assess and manage an insurance claim, including previous insurance records and claims history, information about beneficiaries and nominated representatives, employment and income;
- financial details such as your tax file number and bank account details, superannuation or other insurance policy information;
- sensitive information (see "Sensitive Information" section below);
- any other information we think is necessary for you or others to acquire our products or for us (or our service providers or representatives) to provide services to you.

How we collect your personal information

We'll collect your personal information from you directly in many cases. This may include when you complete a form, call us, or use the websites (which may use cookies) on which we make our products

and services available. As insurer, MLC may collect information directly from you or from the Trustee when you complete an application for insurance, make a claim or request a change to your insurance cover. Sometimes we collect your personal information from third parties and other sources including:

- medical practitioners or medical facilities;
- our representatives and distributors, insurance brokers, other insurers and reinsurers;
- your relatives, representatives and legal advisers;
- your employer;
- related bodies corporate of both NAB and MLC (see further details below);
- service providers such as information brokers, investigators, lawyers, financial advisers, doctors and other medical and occupational experts;
- credit reporting agencies or information providers;
- social media platforms (eg if you log in for our services using your social media profile);
- devices (including wearable devices) in relation to which you agree to provide personal information to us; and
- external dispute resolution bodies, and public sources, including statutory or government organisations, and public registers.

See our privacy policies for further details of the information we collect online and how we handle it.

Privacy Policy

When the law authorises or requires us to collect information

We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax law, which require us to collect personal information. For example, we require personal information to verify your identity under Commonwealth Anti-Money Laundering law.

Sensitive information

Sometimes we need to collect and hold sensitive information about you, for example when you are applying for an insurance product. This will generally include information about your health, activities that may impact your health, your health history, fitness and physical activities. We may also give you the ability to provide your voiceprint to identify yourself to our call centres.

“Sensitive information” is information about a person’s health (this can include genetic or biometric information), racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association or trade union, sexual preferences or practices, criminal record, health information, genetic or biometric information.

We only collect, hold or use sensitive information with your specific consent or in other limited situations which the law allows. We will not disclose your sensitive information to anyone, other than in these circumstances.

How we use your personal information

We use your personal information to:

- provide you with the products and services you've asked for or under which you may receive cover or benefits;
- consider whether you are eligible for a product or service, including identifying or verifying you or your authority to act on behalf of another person;
- process and underwrite your application (including deciding whether or not to provide cover), determine your eligibility under insurance policies and provide you with products and services;
- administer products and services which includes answering your requests and complaints, managing claims and making payments, varying products and services, conducting market research, and managing our relevant product portfolios;
- develop and improve our products and services;
- assist us in running our business including performing administrative and operational tasks (such as training and managing staff, risk management, planning, research and statistical analysis, and systems development and testing);
- prevent or investigate any fraud or crime, or any suspected fraud or crime;
- tell you about other products or services that may be of interest to you, or running competitions and other promotions (this can be via email, telephone, SMS, iM, mail, or any other electronic means including via social networking forums), unless you tell us not to;

- identify opportunities to improve our service to you and improving our service to you;
- determine whether a beneficiary will be paid a benefit; and
- assist in arrangements with other organisations (such as loyalty program partners) in relation to a product or service we make available to you.

We may also collect, hold, use and disclose your personal information:

- as required by legislation or codes that are binding on us;
- for any purpose for which you have given your consent; and
- to combine the information that we hold about you with information about you collected from or held by external sources to enable the development of consumer insights about you so that we can better serve you. We may also use external parties to undertake the process of creating these insights.

Disclosing your personal information to entities within the NAB Group, MLC and Nippon Life Insurance Company

Your personal information may be disclosed to NAB Group companies and to related bodies corporate of MLC, including its parent entity, Nippon Life Insurance Company. Although MLC is no longer part of the NAB Group of Companies, NAB acts as a distributor of MLC's life insurance products. Information may need to be shared between NAB and MLC in order to manage and administer your life insurance products that are issued by MLC.

This includes sharing information to ensure:

- your insurance premium is calculated correctly;
- insurance claims and benefits are paid;
- both NAB and MLC can tell you about their respective marketing and product offers (including ensuring customers who hold MLC products are excluded from NAB Group campaigns marketing MLC's products)
- a smooth customer experience when you contact either NAB or MLC, including being transferred to the correct service centre, and
- where appropriate, the Trustee and MLC can co-operate in order to handle your complaint.

Some of the information exchanged will be stored and visible within NAB Group customer databases, with some of these databases being accessible to MLC for a transition period. All information stored in these databases is subject to the privacy policies of MLC and NAB, as well as security procedures and controls.

Unless you opt out, we may, to the extent provided by law, use your personal information to tell you about products and services that may be of interest to you, running competitions and other promotions (this can be via email, telephone, Instant Messaging, mail or any other means, including targeted advertisements through our websites). You can let us know at any time if you no longer wish to receive direct marketing materials from us. We will process your request as soon as practicable.

What happens if you don't provide your personal information to us?

If you don't provide your personal information to us, we may not be able to:

- provide you with the product or service you want;
- manage or administer your product or service, for example assess a claim or pay a benefit under a policy or product;
- personalise your experience with us;
- verify your identity or protect against fraud; or
- let you know about other products or services that may better meet your needs.

Disclosing your personal information

We may disclose your personal information with other organisations for any purposes for which we use your information. This includes disclosing your personal information to other third parties including:

- MLC's parent company, Nippon Life Insurance Company and its related bodies corporate;
- to NAB and its related bodies corporate
- those involved in providing, managing or administering any aspect of your product or service or any product under which you receive or may receive benefits;
- service providers such as information brokers, investigators, lawyers, financial advisers, doctors and other medical and occupational experts;
- authorised representatives of MLC or the NAB Group or other parties who sell our products or services;

- superannuation and managed funds organisations, and their advisers and service providers;
- to entities (and their representatives or service providers) involved in issuing, maintaining and providing administration support relating to your insurance product held within superannuation;
- medical professionals, medical facilities or health authorities who verify any health information you may provide;
- reinsurers, claim assessors and investigators;
- brokers or referrers who refer your application or business to us;
- organisations we sponsor and loyalty program partners, including organisations we have an arrangement with to jointly offer products or have an alliance with to share information for marketing purposes;
- police and other enforcement bodies and government agencies where we are required or authorised by law to help detect and prevent illegal activities;
- other government or regulatory bodies (including the Australian Securities and Investment Commission and the Australian Tax Office) as requested or as required or authorised by law (in some instances these bodies may share it with relevant foreign authorities);
- media or social networking sites that provide us with opportunities to place messages in front of you;
- service providers that maintain, review and develop our business systems, procedures and technology infrastructure, including testing or upgrading our computer systems;

Privacy Policy

- joint venture partners that conduct business with us;
- organisations that assist with our product planning, analytics, research and development;
- mailing houses and telemarketing agencies and media organisations who assist us to communicate with you;
- other organisations involved in our normal business practices, including our agents and contractors, as well as our accountants, auditors or lawyers and other external advisers; and
- credit reporting bodies or other approved third parties who are authorised to assess the validity of identification information;
- fraud reporting agencies (including organisations that assist with fraud investigations and organisations established to identify, investigate and/or prevent any fraud, suspected fraud, crime, suspected crime, or misconduct of a serious nature);
- organisations we sponsor and loyalty program partners, including organisations the NAB Group has an arrangement with to jointly offer products or has an alliance with to share information for marketing purposes;
- rating agencies to the extent necessary to allow the rating agency to rate particular investments;
- organisations involved in a corporate reorganisation or transfer of NAB Group assets or business;
- organisations that assist with NAB's product planning, analytics, research and development; and
- where you've given your consent or at your request, including to your representatives, or advisors.

Disclosing your personal information outside of Australia

Depending on the product or service we provide to you, we may disclose your personal information to organisations outside Australia. MLC may disclose your personal information to organisations in countries such as Japan, Switzerland, USA and India. The list of countries in which NAB Group entities may disclose your personal information is located at nab.com.au/common/privacy-policy/overseas-countries

We may store your information in the cloud or various other types of remote, networked or electronic storage. As electronic or networked storage can be accessed from various countries via an internet connection, it's not always practical to know in which country your information may be held. If your information is stored in this way, disclosures may occur in countries other than those listed.

Accessing or correcting information

You can access your personal information that we hold on request, subject to any legal restrictions or exemptions. We may charge you a small fee to cover our costs when giving you access, but we'll always check with you first. You can find out how to access and correct your personal information by reading the relevant Privacy Policy.

Complaints

If you have a complaint about a privacy issue, we want to hear from you. You can find out how to make a complaint and how we will deal with these complaints, by reading the Privacy Policy.

Contact us

You can contact MLC by:

- sending an email to privacy@mlcinsurance.com.au

Attention:

The Privacy Officer
MLC Limited

- calling the contact centre on **13 65 25** (Hearing impaired customers can call **TTY 13 36 77**)
- sending a letter to:
The Privacy Officer
MLC Limited
Level 7
40 Mount Street
North Sydney
NSW 2060 AUSTRALIA

You can contact the Trustee/NAB by:

- submitting an online Compliments, Suggestions or Complaints form via nab.com.au
- calling the contact centre on **13 26 52** (Hearing impaired customers can call **TTY 13 36 77**).

Interim Accident Certificate

This information is provided by MLC Limited ABN 90 000 000 402 AFSL 230694 (MLC), the issuer of this Interim Accident Insurance.

We are pleased to provide this Interim Accident Insurance, at no extra cost, while your application for MLC Insurance and/or MLC Insurance (Super), whether for a new policy or an addition to an existing policy, is being considered. This insurance is provided separately to MLC Insurance (Super) and is not part of the Fund. The Trustee has no liability or obligation to you for this Interim Accident Insurance.

The terms and conditions of this Interim Accident Insurance Certificate are set out below.

When will we pay?

You'll receive the benefits of the Interim Accident Insurance if the life insured dies, is Totally and Permanently Disabled, suffers a critical condition, or becomes Totally Disabled, as a result of a bodily injury caused by accidental means, which occurs while the life insured is covered by this insurance.

Life Cover and TPD insurance

If you applied for any of these insurances for a life insured, and that life insured dies within 12 months, or is totally and permanently disabled, as a result of a bodily injury which is caused by accidental means during the term of this insurance, you'll receive the lowest of:

- \$1,000,000
- the benefit you applied for, or
- the benefit we would allow under our assessment guidelines.

Critical Illness insurance

(Applicable outside super only)

If you applied for Critical Illness insurance for a life insured, and that life insured suffers one of the following critical conditions, as a result of bodily injury which is caused by accidental means during the term of this insurance:

- coma¹
- major burns¹
- major brain injury¹
- blindness¹
- paralysis¹ or
- loss of independence.

You'll receive the lowest of:

- \$600,000
- the Critical Illness Benefit you applied for on the life insured, or
- the Critical Illness Benefit we would allow for that life insured under our normal assessment guidelines.

The definitions of each critical condition that will apply are the definitions for those conditions set out in the current MLC Insurance policy document, and as outlined in the Product Disclosure Statement (PDS). Interim cover will only be provided for those conditions that are covered under the terms of the insurance for which you've applied.

Income Protection insurance

If you've applied for Income Protection insurance for a life insured, and that life insured is totally disabled as a result of a bodily injury which is caused by accidental

means during the term of this insurance, you'll receive the lowest of:

- \$10,000 a month
- the benefit you applied for, or
- the Income Protection benefit we would allow under our assessment guidelines.

You'll receive this benefit each month that the life insured is continuously totally disabled after the end of the Waiting Period you applied for, up to a maximum of 12 months. If the life insured is disabled for part of a month the benefit will be reduced proportionately.

Conditions

Other than as varied by these terms, the following (as set out in this PDS and the policy document), shall apply to this Interim Accident Insurance:

- the Any Occupation definition of Totally and Permanently Disabled
- the definition of totally disabled under Income Protection insurance, or
- the standard conditions, Waiting Periods, limitations and exclusions, subject to any options you applied for in your application for MLC Insurance and/or MLC Insurance (Super).

In applying the definitions to your Interim Accident Insurance, in respect of an application for MLC Insurance (Super), a reference to the Trustee as set out in the policy document issued by us for MLC Insurance (Super) should be read as a reference to you.

¹These conditions are not covered if you have applied for Critical Illness Standard.

Interim Accident Certificate

When does Interim Accident Insurance start?

Unless we nominate an earlier date, Interim Accident Insurance starts when we or the Trustee receive an application for MLC Insurance or MLC Insurance (Super) at any of its offices together with one of the following:

- one full installment of the premium
- a fully completed Direct Debit Request Schedule or Credit Card Deduction Authority or Direct Payment, or
- an Eligible MLC Account Deduction Authority.

If the application is submitted electronically, Interim Accident Insurance will start upon submission.

If your application isn't accepted, any premium received by us will be refunded, less any Government charges or taxes, to you or to the Trustee for MLC Insurance (Super) members.

Your Interim Accident Insurance is void if the premium payment for either MLC Insurance and/or MLC Insurance (Super) is dishonoured.

Your Duty of Disclosure

Interim Accident Insurance will only be available if you and the life insured nominated in the application for MLC Insurance and/or MLC Insurance (Super) have completed the application accurately and honestly and have complied with your Duty of Disclosure as set out in your application.

Your Duty of Disclosure doesn't end on completion of your application and personal statement. Your duty continues until we accept your application and issue a Schedule and a policy document to you.

We pay one benefit

We won't pay more than one benefit under this Interim Accident Insurance for any one Accident to any life insured.

Benefit limits

If you're applying to replace an existing policy, the amount of any benefit will be limited to the amount (if any) by which the sum proposed to be insured under the MLC Insurance and/or MLC Insurance (Super) application exceeds the sum insured under the policy to be replaced.

When won't we pay?

In addition to our standard exclusions (as set out in the current MLC Insurance and/or MLC Insurance (Super) policy document and outlined in this PDS), we won't pay under this insurance for death or disability arising from or contributed to by:

- any condition that you or the life insured knew about before applying for MLC Insurance and/or MLC Insurance (Super), or
- the life insured engaging in any occupation, sport or pastime that we wouldn't cover under our assessment guidelines.

Furthermore, we won't pay if:

- the cover applied for would have been declined under our assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the underwriting process.

When does Interim Accident Insurance end?

We will cancel your Interim Accident Insurance by notice in writing on the earliest of the following:

- 90 days after the start of this Interim Accident Insurance unless before then we tell you a different date
- the date we issue a Schedule following our acceptance of your application for MLC Insurance and/or MLC Insurance (Super) (or in the case of additional insurance, when we issue a revised Schedule to you)
- when we advise you that your application hasn't been accepted
- when we advise you that your Interim Accident Insurance has ended, or
- when you withdraw your application.

Your application for MLC Insurance and/or MLC Insurance (Super)

If you claim under your Interim Accident Insurance for any life insured, we'll take this into account in considering your application for MLC Insurance and/or MLC Insurance (Super) on the life insured. We may decide not to accept your application on this basis.

We may accept or reject your application. No insurance will take effect (apart from this Interim Accident Insurance) before we accept your application and issue a policy to you (or in the case of additional insurance, when we issue a revised Schedule to you).

No financial adviser or other person is authorised to change these conditions, whether in writing or otherwise. No changes will be binding upon MLC.



**For more information
call MLC Life Insurance
from anywhere in
Australia on 13 65 25,
international callers
+612 9121 6500 or contact
your financial adviser.**

Postal address

MLC Limited
PO Box 200
North Sydney
NSW 2059

You can find our registered address
in the Contact Us section of our website
mlcinsurance.com.au

MLC Super Fund – Retail Insurance in Super: for MLC Insurance (Super) Product Disclosure Statement

Preparation date
1 November 2019

Issuer
NULIS Nominees (Australia) Limited
ABN 80 008 515 633
AFSL 236465

in its capacity as Trustee for
the MLC Super Fund (the Fund)
ABN 70 732 426 024

Insurer
MLC Limited
ABN 90 000 000 402
AFSL 230694





**Protection for you
and your family**

Important information

This Product Disclosure Statement (PDS) is issued by NULIS Nominees (Australia) Limited ABN 80 008 515 633, AFSL 236465 (the Trustee), as trustee of the MLC Super Fund ABN 70 732 426 024 (the Fund).

References within the PDS to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

The information in this PDS may change from time to time. Where applicable we'll let you know of changes that are material or significant. Changes in relation to information that aren't materially adverse will be updated and made available to you at mlc.com.au but you may not be directly notified of these updates.

This PDS is a summary of significant information about membership in the MLC Super Fund, and MLC Insurance (Super) insurance available through your membership of the Fund. We're the issuer of the superannuation interest referred to in this PDS.

The insurance referred to in this PDS is issued by MLC Limited ABN 90 000 000 402, AFSL 230694 (**Insurer**).

Before you direct us to acquire, or otherwise make a decision about, the insurance offered through this product, please read:

- the PDS for this superannuation interest; and
- the current Insurance PDS issued by the Insurer.

The full legal terms and conditions for the insurance cover provided by the Insurer are contained in the respective Policy Documents issued by the Insurer, copies of which will be provided to you.

The Insurer does not issue, underwrite or guarantee the superannuation interest(s) described in this PDS.

You should consider all this information before making a decision about the product. The information in this document is general information only and doesn't take into account your objectives, financial situation or needs. Because of that, before acting on this information, you should consider its appropriateness, having regard to your objectives, financial situation and needs.

This offer is made in Australia in accordance with Australian laws, and is regulated by these laws. MLC Insurance (Super) is only offered in Australia.

Any statement made by a third party or based on a statement made by a third party in this PDS has been included in the form and context in which it appears with the consent of the third party, which has not been withdrawn as at the date of this document.

NULIS Nominees (Australia) Limited is part of the National Australia Bank Group of Companies (NAB Group). MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not part of the NAB Group.

We aren't an authorised deposit taking institution. Neither NAB nor any of its related bodies corporate guarantees, underwrites or accepts liability in respect of MLC Insurance (Super).

A superannuation interest and/or insurance interest held in the Fund doesn't represent a deposit or liability of NAB or other related bodies corporate of NAB, nor is it guaranteed by NAB.

We aren't a registered tax agent. If you wish to rely on the general tax information contained in this PDS to determine your personal tax obligations, we recommend you seek professional advice from a registered tax agent.

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You may want to have insurance as part of your superannuation arrangements.

This PDS sets out how you can instruct us to take out insurance cover on your behalf through the MLC Super Fund.

Importantly, there is no investment and no investment earnings in relation to the superannuation interest as described in this PDS. Your interest in the Fund will be membership of the Fund and the insurance cover you instruct us to take out for you.

For a copy of the Insurance PDS that sets out the terms and conditions of the insurance cover provided through MLC Insurance (Super), please go to mlc.com.au/personal/forms-and-documents/pds/insurance.

The Fund and your Trustee

The Fund is the MLC Super Fund.

It is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 and is not subject to a direction under section 63 of that Act.

The Trustee is NULIS Nominees (Australia) Limited.

The Trustee is responsible for the operation of the Fund, including management and administration.

The full legal terms which govern your membership of the Fund are contained in the Fund Trust Deed. The full legal terms which govern the insurance cover provided through MLC Insurance (Super) are contained in the insurance Policy Document.

How insurance in super works

When you apply for insurance in super you become a member of the Fund, and the insurance cover is purchased through the Fund.

You'll be the person covered by the insurance however the insurance is issued to us, and we'll hold it on your behalf.

The money you pay into the Fund for the insurance will be treated as super contributions¹.

We'll then use those contributions to pay insurance premiums. Holding insurance through the Fund will affect what happens when you make a claim, the benefit payments, and the tax treatment and cost of the insurance premiums.

You should discuss whether this structure is appropriate for you with your financial adviser and registered tax agent.

What documents will be issued to us and to you

Certain documents are referenced in this PDS. Below is a summary to help you understand what they are, and who issues them:

Document	What is it?	Issued by us as the Trustee	Issued by the Insurer
Super PDS	This PDS, which sets out information you need to know about membership of the MLC Super Fund.	Yes	
Trust Deed	The document which outlines the full legal terms which govern your membership of the Fund.	Yes	
Annual Statement	A document which summarises all transaction details for the financial year, as well as providing information about any material changes.	Yes	
Insurance PDS	The PDS which sets out the information you need to know about the insurance.		Yes
Insurance Contract	The insurance which is issued to you. It comprises the Policy Document and the Policy Schedule.		Yes
Policy Document	The document which outlines the full legal terms of the insurance.		Yes
Policy Schedule	The document which outlines the types of insurance, the amount of the insurance and premium that applies for that year.		Yes

You can request a free copy of the PDSs, change communications, Policy Documents, or the Fund Trust Deed referred to in this PDS by contacting us on **132 652**.

¹ Either as concessional (pre-tax) or non-concessional (after tax) contributions

Insurance you can apply for

You can personally choose the insurance cover to be held through the Fund.

The types of insurance available through the Fund may include:

- Death cover,
- Total and Permanent Disability (TPD) cover, and
- Income Protection cover.

For more information about the insurances available through the Fund, and the terms and conditions of the insurance, you'll also need to read the Insurance PDS.

You must be provided with the Insurance PDS before you can apply for insurance through the Fund.

All references in this PDS to 'Insurance PDS' means the Product Disclosure Statement for MLC Insurance and MLC Insurance (Super), issued by MLC Limited, the Insurer.

The Insurance PDS contains information about insurance both inside and outside of super, and transactions you can undertake including increasing existing benefits, altering or taking out new benefits or other insurance options.

For the terms and conditions of your existing insurance please refer to your relevant Policy Document. For any matters relating to insurance outside of super contact the Insurer directly. You should consider the Product Disclosure Statement for MLC Insurance and MLC Insurance (Super) issued by MLC Limited, in deciding whether to acquire, or continue to hold, such insurance cover.

For a copy of the Insurance PDS or for further information about an insurance product, speak to your adviser. You can also contact us on **132 652** or go to **mlc.com.au/personal/forms-and-documents/pds/insurance** to obtain a copy of the Insurance PDS.

How to apply

To apply for insurance in super you will need to complete the insurance application form, answering all the medical and personal history questions.

We will use your completed insurance application form to apply for insurance on your behalf.

The Insurer will then consider your application.

Information about how the Insurer assesses your application, including any special terms the Insurer may apply, is set out in the Insurance PDS.

The insurance

Insurance cover starts when your application is accepted and the Insurance Contract is issued.

The Insurance Contract is made up of the Policy Document and Policy Schedule. You'll receive a copy of the Policy Document. You'll also receive a new Policy Schedule each year, close to the anniversary of the insurance.

We're the owner of the Insurance Contract but you'll be given a copy.

The Policy Schedule will confirm the type of insurance being held in the Fund, the amount of the insurance and also inform you about the premium that applies for that year.

What you need to know about the risks in relation to your insurance

There is a risk that the insurance won't meet your needs. Your adviser can thoroughly assess your circumstances and help you choose a type and amount of insurance to suit your needs.

They can help you consider your future needs now as you may not qualify for some insurances if your circumstances change. If you're replacing part or all of any insurance, you should compare the differences between the existing and replacement policies.

This way, you can help ensure the replacement insurance is suitable for you. If you are replacing insurances, do not cancel that insurance before the new insurances are in place (after the insurance is issued).

Paying for insurance, costs and fees

Insurance costs

The cost of the insurance cover is known as the premium.

Stamp duty and other government charges may also be payable in respect of the insurance.

The Insurer will provide you or your adviser with a quote which sets out the expected cost of the insurance.

There are a number of ways to pay for insurance, including directly (by making contributions into the Fund to cover the cost of the premiums), by deduction from another MLC Super Fund account, or by rollover from an external super fund.

To understand all of the fees and costs that might be payable for the insurance cover (including how these are calculated), please refer to the sections below in this PDS and the Insurance PDS.

Payments into the Fund to cover the cost of insurance premiums will be considered to be superannuation contributions.

Contributions can be made by you, your employer or your spouse. Contributions may be made subject to your age and certain work related circumstances.

There are limits on the amount you can contribute into super before you have to pay additional tax (known as superannuation contributions caps²).

These contribution caps apply across all contributions you make into super or those made on your behalf, including employer super contributions and other personal contributions you make across all superannuation accounts that you have, even where those accounts are with different superannuation providers.

For more information about taxation implications of insurance arrangements in super refer to page 16.

To find out who can contribute go to apra.gov.au or ato.gov.au. You can also speak to your financial adviser.

How is the first premium treated?

Any premium paid by direct debit, credit card or cheque stays in a trust account while the application is being considered until the application is accepted or declined (in which case the premium is refunded). Any interest earned on monies in the trust account will be retained.

Trustee fees

As at the date of preparation of this PDS, we do not charge a fee for your membership of the Fund for this superannuation interest or for setting up your insurance through the Fund.

If this changes, we'll let you know at least three months before introducing the fee.

Family Law Charges

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto relationship breakdown.

We may be obliged to provide information to other parties and manage the insurance in line with court orders. We may charge a fee for any costs we incur.

² From 1 July 2017 the concessional contribution cap is \$25,000 and the non-concessional cap is \$100,000.

Claiming on the insurance

We will make a claim on your behalf to the Insurer by submitting your completed claim forms to the Insurer. Please refer to your Insurance PDS for how to make a claim.

You'll need to satisfy the insurance terms for the insurance benefit to be paid.

The insurance terms are described in the Insurance PDS and will also be set out in the Policy Document.

Any insurance benefits paid in respect of insurance held through MLC Insurance (Super) are part of your super and will be paid to us as the Trustee of the Fund.

We'll then release the benefits to you providing you meet a condition of release set by law.

The condition of release that may be relevant for each type of insurance is shown in the table below:

Type of insurance	Related conditions of release
Accidental Death Benefit and Life Cover	Death
Accidental Injury Benefit and TPD	Permanent Incapacity – this means the Trustee is satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training and experience.
Income Protection	Temporary Incapacity – means ill health (whether physical or mental) that caused you to cease to be gainfully employed but does not constitute permanent incapacity. This applies where you've ceased to be gainfully employed (including where you have ceased temporarily to receive any gain or reward under a continuing arrangement for you to be gainfully employed). A benefit can't be paid for longer than the period of Temporary Incapacity.
Terminal Illness	Terminal Medical Condition – A terminal medical condition exists in relation to you at a particular time if the following circumstances exist: <ul style="list-style-type: none"> • two registered medical practitioners have certified, jointly or separately, that you are suffering from an illness, or have incurred an injury, that is likely to result in death within a period (the certification period) that ends not more than 24 months after the date of the certification • at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person, and • for each of the certificates, the certification period has not ended.

Irrespective of the conditions of release described above, the applicable insurance definition in the Policy Document must be met for an insurance benefit to be payable.

For new insurance benefits inside superannuation that commenced after 30 June 2014, superannuation trustees are required to provide insurance benefits that are consistent with the conditions of release.

Therefore, all new insurance through the Fund after that date will be consistent with a relevant condition of release.

This means that all valid claims for such insurance benefits will meet the relevant condition of release, and we will be able to release to you the benefit we receive from the Insurer.

Most benefits can be paid to you or your beneficiary following a valid claim. However in rare cases you may not meet a condition of release, and we therefore can't release the benefit to you.

In such a case, the benefit must be held in a superannuation fund as "preserved benefits", until you do meet a condition of release. We'll seek instructions from you about where you would like the benefit to be held.

The law is strict about how and when you can access preserved benefits.

You can generally access preserved benefits when you reach age 65.

Before then you can generally access preserved benefits if you fully retire after you reach your preservation age (between ages 55 and 60, depending on your date of birth) or if you satisfy another condition of release.

For more information about the conditions of release, go to **apra.gov.au** or **ato.gov.au**

Death Benefits and nominating a Beneficiary

We'll generally pay any insurance death benefit we have received to your eligible beneficiaries (typically your dependants) or your estate in accordance with superannuation laws.

Nominating a Beneficiary

You're able to nominate how insurance benefits are to be distributed on your death, as described below.

Beneficiary Nomination Option	What this means
Non-lapsing binding death benefit nomination	<p>You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of the insurance benefits payable to each.</p> <p>If your nomination is valid and has been accepted by us, we must pay the insurance benefit to those you nominated in your latest nomination, in the proportions you requested. This type of beneficiary nomination doesn't expire.</p>
Non-binding death benefit nomination	<p>Under this option, we'll determine who receives the insurance benefit, taking into account your nominated beneficiaries and other factors.</p> <p>Your nomination will guide us as to your wishes, but it will not be binding. We have absolute discretion to determine who will receive the insurance death benefits.</p>

You will need to complete the nomination of beneficiary section of the relevant application form if you wish to make a nomination. For a binding death benefit nomination to be binding on us, the nomination must be valid. A court order may override a binding beneficiary nomination.

If you haven't made an insurance death benefit nomination, we'll have absolute discretion over who receives the benefit in the event of your death.

You can change the insurance death benefit nomination or replace it with a different type of death benefit nomination by completing the beneficiary nomination form. You can cancel a nomination at any time by writing to us.

Who can you nominate?

When you make a death benefit nomination, you can only nominate:

- your spouse (including a de facto spouse or same-sex partner)
- children including adopted children, step-children, a child of your spouse or someone who is your child within the meaning of the Family Law Act 1975
- individuals who are financially dependent on you at the time of your death
- your legal personal representative (either the executor under your Will or a person(s) granted letters of administration for your estate if you die without having left a valid Will), or
- someone in an 'Interdependency Relationship' (see definition in the next column) with you.

If you don't have any such beneficiaries at the time of your death, then we may pay the benefit to another person. When nominating beneficiaries you should take these restrictions into account.

A dependant for superannuation purposes is your spouse (including de facto and same sex partner), any of your children and any other dependant, being a person with whom you had an interdependency relationship or who was financially dependent on you.

An interdependency relationship exists if two persons (whether or not related by family) have a close personal relationship, live together, one or each of them provides the other with financial support, and one or each of them provides the other with domestic support and personal care.

Two persons will still have an interdependency relationship if they have a close personal relationship and they don't satisfy the other requirements set out above if the reason they don't satisfy the other requirements is that:

- they are temporarily living apart, or
- if either of or both of the two persons suffer from a disability that prevents them from satisfying the other requirements.

It is important that you review your nomination regularly and keep your beneficiary nomination up to date with changes in your personal circumstances.

If you make a non-lapsing binding death benefit nomination your nomination will not automatically become invalid in the event of marriage, divorce or any other life-changing event. In these circumstances, your last valid nomination may no longer reflect your intentions and, unless you update it, we'll still pay the person named in the nomination so long as they are still an eligible beneficiary.

We'll confirm the details of your nomination each year via your annual statement. You can cancel or change your nomination at any time by completing the relevant form available from mlc.com.au or by calling us on **132 652**.

You should speak to your financial adviser, estate planner or legal representative and registered tax agent to determine which type of nomination will best suit your circumstances and how the complex tax rules about death benefits and beneficiaries may affect you.

Non-lapsing binding death benefit nominations

How do you make a valid non-lapsing binding death benefit nomination?

In order to make a valid non-lapsing binding death benefit nomination, it must:

- be in writing, stating the full name and, unless the nomination is to your legal personal representative, the date of birth of eligible beneficiaries and their relationship to you
- be signed and dated by you in the presence of two adult witnesses who are not nominated beneficiaries
- contain a signed and dated declaration from the witnesses that your beneficiary nomination was made in their presence, and
- for multiple beneficiaries, specify the proportions of the benefit to go to each beneficiary (the total must add up to no more than 100%).

We must confirm our acceptance of your nomination.

Can your non-lapsing binding death benefit nomination become invalid?

Yes. Your non-lapsing binding death benefit nomination can become invalid for any beneficiary who is not an eligible beneficiary at the time of your death. In this case we'll have discretion over who receives the benefit amount allocated to that beneficiary.

You can contact us for our nomination forms.

When insurance in super ends

If premiums are paid and the terms of the insurance are met, it will continue until the expiry date of the insurance is reached, or a termination event happens. See the Insurance PDS for further details.

Cancelling insurance and the cooling off period

You can cancel the insurance at any time by request to the Insurer.

If the insurance is cancelled within the applicable cooling off period, the Insurer will refund to us all premiums paid.

We will then refund the amount to you subject to super preservation requirements.

If the monies paid include preserved or restricted non-preserved benefits, you must nominate another complying super fund or rollover vehicle to which these amounts are to be rolled over.

However, if you make an alteration to the insurance or claim on the insurance during the cooling off period, this will confirm acceptance of the insurance and any premiums paid won't be refunded.

For further details about the applicable cooling off period and cancelling the insurance, please see the Insurance PDS.

Your eligibility to contribute to super changes at age 65

When you reach age 65, there are certain age-based superannuation regulations that restrict your ability to make contributions to super. This includes meeting a work test.

You must tell us if you no longer meet the work test and are no longer able to make contributions into super.

If you pay premiums directly by making contributions into the Fund, then not meeting the work test means you can't make contributions and therefore can't pay premiums and the insurance will need to end.

What is the work test?

To satisfy the work test, you must be gainfully employed on at least a part-time basis, for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.

From 1 July 2019, the Government introduced an exemption to allow retirees aged 65 to 74 with total super balances³ below \$300,000 to continue to make voluntary super contributions in the first year they don't meet the 'work test'.

This requirement may change from time to time.

If premiums are paid by deduction from an eligible MLC superannuation account, you are aged between 65 and 74 years, and you don't meet the work test, the insurance in super can continue as long as there are sufficient funds in your eligible MLC super account to pay for insurance premiums.

Converting to insurance outside of super

If you're unable to continue the insurance because of age-based superannuation requirements, the Insurer will offer you the opportunity to convert the insurance held inside of super to insurance held outside of super.

Conversion is not just for members over the age of 65. You can convert the insurance in super to insurance outside of super at any time, as long as the insurance is still in place.

How does conversion work?

On conversion the Insurer will cancel the insurance through super, and issue you a new insurance policy outside super, with similar types of insurance and amounts of insured benefits.

At that point your interest in the insurance product offered through the Fund ends. Your membership of the Fund and entitlement to receive any insurance benefits through super ends also.

Any beneficiary nomination for the insurance in super will also end when the insurance through super ends.

The amount of insured benefits under the new insurance will not be more than it was under the old insurance at the date of conversion.

Premiums under the new insurance will be calculated in line with the Insurer's premium rates for the cover at the time of conversion.

Any beneficiary nomination made for the insurance in super will not apply to the new insurance outside of super. To make a new beneficiary nomination for your insurance outside of super you will need to complete the Insurer's nomination of beneficiary forms.

See the Insurance PDS for further details.

Inactive Accounts

If your super account hasn't received a contribution or a rollover for a continuous period of 16 months, it's defined as an inactive account and by law we're required to cancel your insurance cover.

We'll contact you before this happens and give you the option to retain your cover.

Alternatively, if you wish to keep your insurance cover regardless of whether or not your account is inactive, complete and return the form Choose to Keep My Insurance Cover available at mlc.com.au/superinsurance

³ Total Super Balances (TSB): Your total super balance for a financial year is the value, at 30 June of the previous financial year, of all of your accumulation or pre-retirement phase accounts, retirement phase accounts, such as an account based pension, and funds in the process of being transferred from one super account to another (known as 'in-transit rollovers'). You can find out your TSB by logging in to your www.my.gov.au account.

Taxation

The information in this section is of a general nature and only reflects our current understanding of the tax laws at the preparation date of this document. We recommend that you seek professional tax advice regarding your own taxation position. We're not registered tax (financial) advisers or registered tax agents. If you intend to rely on any advice to satisfy liabilities, obligations or claim entitlements that arise, or could arise under taxation law, you should seek advice from a registered tax agent or registered tax (financial) adviser.

Tax laws change. To keep up-to-date, please visit ato.gov.au

Any contributions used to fund premiums will be reported to the Australian Taxation Office (ATO) for the purpose of calculating superannuation contribution limits.

Where required by law, we'll deduct any tax, duty or government fees and forward the money to the relevant authority.

How are superannuation contributions taxed?

Contributions are generally either tax free or taxed at a concessional rate of 15%.

These include, but aren't limited to, contributions from your employer (including salary sacrifice) or, if you're eligible, personal contributions for which you can claim a tax deduction.

An additional 15% tax may also apply on the concessional contributions of high income earners whose income (for surcharge purposes) exceeds \$250,000 pa. This tax will be assessed by the ATO and will be charged to the individual.

Insurance premiums may be tax deductible to the Fund.

Where the premium is deductible to the Fund, we are able to offset the tax payable on contributions by the amount of the deduction. This may reduce the amount of tax you pay on a taxable contribution.

If you choose to fund insurance premiums by rollover from an external super account you should consider the impact on the tax and preservation components on each of your super interests.

To find out more about the taxation implications and the preservation components inside super, speak to a financial adviser or registered tax agent.

What are the maximum contribution amounts?

Your contributions for the payment of insurance premiums are added to any contributions you and your employer make across all your superannuation accounts for the purpose of applying contributions caps.

You may have to pay additional tax if contributions exceed your contribution cap limits. These limits may change from time to time.

Broadly, from 1 July 2017 members with a total superannuation balance of over \$1.6 million will no longer be able to make non-concessional contributions.

In addition, the government has also limited the amount that a member can hold in the exempt retirement phase to \$1.6 million or \$100,000 indexed annually for certain income streams.

To find out more about current contribution limits, the taxation implications of exceeding these limits, or the new super changes, go to ato.gov.au and/or speak to your registered tax agent.

Do you intend to claim a tax deduction for contributions used to fund the insurance premium?

From 1 July 2017, individuals under the age of 75⁴ will be permitted to claim a tax deduction for personal contributions (ie the 10% income test will no longer apply from 1 July 2017).

If you intend to claim a tax deduction for any contributions used to fund premiums, you'll need to provide us a Notice of Intent to Claim form within the relevant time limits.

To find out more go to ato.gov.au and/or speak to your registered tax agent.

Also, if your application for insurance is not finalised before the end of the income year, we will not record the contribution as being received until the following income year when your application is approved.

This could have implications for the income year in which you are entitled to a tax deduction and can also impact your contribution limits.

How are insurance benefits taxed?

The rules relating to the taxation of benefits are complex and you should seek professional tax advice from a registered tax agent.

Where required we or our agent will withhold tax from benefit payments and forward the money to the ATO.

Providing your Tax File Number (TFN)

Under the *Superannuation Industry (Supervision) Act 1993*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account/s
- the tax on contributions to your superannuation account/s will not increase

- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits, and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

You should provide your tax file number (TFN) to us. If we don't have it, your application for MLC Insurance (Super) cannot be accepted.

Also, without a TFN you may be taxed at the highest marginal tax for the benefits that are paid to you.

We will verify your TFN with the ATO. For more information visit ato.gov.au

⁴ Those aged between 65 and 74 need to satisfy the work test in order to be eligible to contribute to super.

Resolving complaints

If you have a complaint, we can usually resolve it quickly over the phone on **132 652**, or if you'd prefer to put your complaint in writing you can email us or send us a letter.

We'll conduct a review and provide you a response in writing. For more information, visit mlc.com.au/complaint. If you're not satisfied with our resolution, or we haven't responded to you in 90 days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides an independent financial services complaint resolution process that's free to consumers. You can contact AFCA by writing to:

Australian Financial
Complaints Authority
GPO Box 3
Melbourne VIC 3001

at their website (afca.org.au),
by email at info@afca.org.au,
or by phone on **1800 931 678** (free call).

If you have a complaint about financial advice you receive, you should follow the complaint resolution process explained in the Financial Services Guide provided by your financial adviser.

Other information

Keeping you informed

Each year, we'll provide you with the following information so you can stay informed about the insurances and any changes that may arise:

- A statement of the insurance with a summary of all transaction details for the financial year
- Information in relation to any material changes, and
- Confirmation of non-routine transactions you make on the insurance.

We may provide this information to you by mail, email or by making the information available on mlc.com.au.

We'll let you know when information about the insurance has been made available online. If you prefer to receive updates about your account by mail, please let us know.

Information in this PDS may change from time to time. Updates in relation to information that are not materially adverse will be made available on mlc.com.au but you may not be directly notified of these updates.

Anti-Money Laundering

We're required to comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) (Cth) and the Australian Sanctions laws.

We may need to collect information from you, anyone acting on your behalf or your related parties.

All documents we request need to be dated, and must be an original or a certified copy of original document(s) (not a photocopy of a certified copy of original document(s), not faxed or scanned copies) and must be valid at the time you send them to us. Amongst its other AML/CTF obligations, we are required to adhere to AUSTRAC's reporting requirements.

We may decide to delay or refuse any request to process any transaction, including suspending a withdrawal application, freeze accounts or restrict access to funds (where permissible under any applicable legislation), if we're concerned that the request or transaction may breach any obligation we have under the AML/CTF Act, or cause us to commit or participate in an offence, under any law.

We'll incur no liability to you if we do so.

Privacy Information

We and the Insurer collect your personal information from you directly wherever we can, but in some cases we may collect it from third parties such as your adviser.

We do this to determine your eligibility and to administer the product.

If personal information is not provided, we or the Insurer may not be able to provide you the product or a service, or administer it appropriately. We may collect information about you because we are required or authorised by law to collect it. There are laws that affect financial institutions, including company and tax law, which require us to collect personal information. For example, we require personal information to verify your identity under Anti-Money Laundering law.

We may disclose your personal information to other NAB Group members and MLC Limited, and to external parties for purposes that include: insurance management, product development and research. For more information refer to mlc.com.au/privacy

We may also need to share your information with organisations outside Australia — a list of those countries is at nab.com.au/common/privacy-policy/overseas-countries.

We and other NAB Group companies may use your personal information to contact you about products and for marketing activities.

You can let us know at any time if you no longer wish to receive these direct marketing offers by contacting us.

More information about how we collect, use, share and handle your personal information is in our Privacy Policy (mlc.com.au/privacy), including how to access or correct information we collect about you and how to make a complaint about a privacy issue.

Contact us for a paper copy or if you have any questions or comments.

For more information about the collection of your personal information by the Insurer, please refer to the Insurance PDS.



Contact us

For more information (including to obtain a copy of this PDS and the important information that forms part of the PDS, or to obtain a copy of the Insurance PDS) visit mlc.com.au or call us from anywhere in Australia on 132 652 or contact your financial adviser.

Postal address

PO Box 200
North Sydney NSW 2059

Registered office

Ground Floor, MLC Building
105–153 Miller Street North Sydney NSW 2060



Application form

MLC Insurance

MLC Insurance (Super)

Issue 10

Preparation date: 28 April 2020

Important information

Before you complete this application form please read the relevant Product Disclosure Statements (PDSs) and any supplementary PDS. These documents will help you understand the different products, how they work and decide if they are appropriate for you. The PDSs that are relevant to you are:

- For MLC Insurance and MLC Insurance (Super) – MLC Insurance and MLC Insurance (Super) Product Disclosure Statement (Insurance PDS), issued by the insurer, MLC Limited.
- For MLC Insurance (Super) – please also read the MLC Super Fund - Retail Insurance in Super: for MLC Insurance Super Product Disclosure Statement (Super PDS) issued by the Trustee, NULIS Nominees (Australia) Limited.

This application form is jointly issued by the insurer and the trustee with the purpose of collecting information each requires to be able to provide the insurance and superannuation products you want.

Information about genetic tests

If you've had a genetic test, you only need to disclose this to us if your total insurance cover will be more than the amounts listed below. When considering your total insurance cover amounts you need to include the cover you're applying for, your cover held in superannuation and your cover held with other life insurers. The total insurance cover you can have and not disclose if you've had a genetic test are:

- \$500,000 life cover, or
- \$500,000 Total and permanent disability cover (TPD), or
- \$200,000 critical illness (trauma) cover, or
- \$4,000 a month income protection cover, salary continuance cover or business expenses cover.

You also need to consider all cover that may have been arranged through a financial adviser, or directly with a life insurance company, or cover held under a group insurance arrangement.

If you've had a favourable (negative) genetic test result you can provide this information regardless of the amount of cover applied for.

Your duty of disclosure to us, the insurer

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as a failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate policies of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (**transfer application**), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

Trustee

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

Fund

MLC Super Fund
ABN 70 732 426 024

Insurer

MLC Limited
ABN 90 000 000 402 AFSL 230694

The Trustee of the Fund is part of the National Australia Bank Limited (NAB) group of companies (NAB group). Your insurance is not a liability of, and is not guaranteed by, NAB. MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the NAB Group of Companies. MLC Limited ABN 90 000 000 402 AFSL 230694.

For completion by the Financial Adviser

Section 1 Cover details

Please tick which product you are applying for:

Policy 1: MLC Insurance (Super) MLC Insurance MLC Insurance (Wrap or SMSF)

Policy 2: MLC Insurance

Policy 3: MLC Insurance

Please note: Select MLC Insurance (Wrap or SMSF) if you are applying for insurance using your MLC wrap platforms account or for a self managed super fund.

- New application Replace existing MLC policies
 Adding insurance to an existing MLC Insurance, MLC Insurance (Super) or MLC Insurance (Wrap or SMSF) policy

Existing policy number(s) to be replaced

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Please tick this box to confirm that a copy of the Premium Illustration (quote) from us has been attached to this Application form.
It forms part of the Application form and your application cannot be assessed without it.

Policy 1 Purpose of cover

- | | |
|--|--|
| <input type="checkbox"/> Personal Protection needs:
<input type="checkbox"/> Individual/Family Protection
<input type="checkbox"/> Estate Protection
(Estate equalisation, Estate debts) | <input type="checkbox"/> Business Protection needs:
<input type="checkbox"/> Asset (Debt) Protection
<input type="checkbox"/> Revenue Protection
<input type="checkbox"/> Business Expenses
<input type="checkbox"/> Ownership Protection – Has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Policy 2 Purpose of cover

- | | |
|--|--|
| <input type="checkbox"/> Personal Protection needs:
<input type="checkbox"/> Individual/Family Protection
<input type="checkbox"/> Estate Protection
(Estate equalisation, Estate debts) | <input type="checkbox"/> Business Protection needs:
<input type="checkbox"/> Asset (Debt) Protection
<input type="checkbox"/> Revenue Protection
<input type="checkbox"/> Business Expenses
<input type="checkbox"/> Ownership Protection – Has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Policy 3 Purpose of cover

- | | |
|--|--|
| <input type="checkbox"/> Personal Protection needs:
<input type="checkbox"/> Individual/Family Protection
<input type="checkbox"/> Estate Protection
(Estate equalisation, Estate debts) | <input type="checkbox"/> Business Protection needs:
<input type="checkbox"/> Asset (Debt) Protection
<input type="checkbox"/> Revenue Protection
<input type="checkbox"/> Business Expenses
<input type="checkbox"/> Ownership Protection – Has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Business partnership (if application is for Business Protection needs)

Is more than one business partner applying for a policy at the same time as this application?

Yes Please complete the details below:

Company	Partnership/Trust name

Business partner name	Date of birth (DD/MM/YYYY)	Application or policy number (if known)
1		
2		
3		

If there are more than three partners, please attach a photocopy of this page with additional information.

No Go to Section 2

For completion by the Life to be Insured

Section 2 Life to be Insured's details

Mr Mrs Miss Ms Dr Other:

First name

Middle name

Family name

Maiden name (if applicable)

Gender Male Female Date of birth (DD/MM/YYYY)

Residential address

Your residential address cannot be a Post Office (PO) Box

Unit number Street number Street name

Suburb State Postcode Country

Postal address

Same as residential address

Complete postal address **only** if the Life to be Insured is also the Policy Owner of this application and the postal address is different from the residential address

Unit number Street number PO Box Street name

Suburb State Postcode Country

Contact details

Home telephone Mobile phone number Business telephone

Email (Please provide your email address so notices relating to your application can be sent to you) NAB customer number (NAB Adviser use only)

For completion by the Policy Owner

Section 3 Policy Owner details

If you wish to apply for two or more policies please complete details for Policy 1, Policy 2 and Policy 3 as required.

Owner details for Policy 1

Is this Policy 1 application for:

MLC Insurance (Super) Cover is issued to NULIS Nominees (Australia) Limited and held in the MLC Super Fund. If you are only applying for this policy, please go to Section 4, otherwise go to Policy 2.

MLC Insurance (Wrap or SMSF) Cover can be owned by a self-managed super fund or by using an MLC wrap platforms superannuation account. Please complete the details under 'Who owns this policy' below.

Who owns this policy?

MLC wrap platforms superannuation account. This policy will be owned by NULIS Nominees (Australia) Limited. If you are only applying for this policy, please go to Section 4, otherwise go to Policy 2.

Self-managed super fund (SMSF) including MLC wrap platforms self-managed super accounts. Please complete the 'SMSF name' under Policy Owner 1A. If the trustee of the SMSF is a company please also complete 'Company/Trust Company name' in Policy Owner 1A. If the SMSF has individual trustees please complete the 'Individual details' for all trustees in Policy Owner 1A and Policy Owner 1B sections. If there are more than two individual trustees, please provide additional details on a separate sheet and sign and date it.

MLC Insurance Cover can be owned by individual(s) a business partnership, company or trust. Please complete details under 'Who is to own this policy?' below. Please note that if you are applying for Income Protection Insurance, the Life to be Insured must be the sole Policy Owner – unless the Policy Owner is a business of which the Life to be Insured owns at least 25%.

Who owns this policy?

Life to be Insured. You don't have to complete Policy Owner details. If you are only applying for this policy, please go to Section 4, otherwise go to Policy 2.

Individual(s) other than the Life to be Insured. Please complete the 'Individual details' in Policy Owner 1A and Policy Owner 1B (if applicable) sections. If more than two individuals are to own this policy, please provide additional details on a separate sheet and sign and date it.

Business Partnership. Please provide the 'Business Partnership/Trust name' under Policy Owner 1A. Please also provide details of all persons that comprise the partnership in the 'Individual details' in Policy Owner 1A and Policy Owner 1B sections. If more than two partners are to own this policy, please complete additional details on a separate sheet and sign and date it. If the partnership is a company, please also complete 'Company/Trust Company name'.

Trust. Please complete the 'Business Partnership/Trust name' under Policy Owner 1A and also complete the 'Individual details' section for all relevant parties in Policy Owner 1A and Policy Owner 1B (if applicable) sections. If more than two individuals are to own this policy, please complete additional details on a separate sheet and sign and date it.

Company (including a Trust Company). Only one corporate entity can own this policy. Please complete the 'Company/Trust Company name' and also complete the 'Individual details' section for all relevant parties in Policy Owner 1A and Policy Owner 1B (if applicable) sections.

Policy Owner 1A

Company/Trust/SMSF details

Please also ensure details of the Director and Company Secretary, all individual Trustees or all Partners are provided in the 'Individual details' section below.

Business Partnership/Trust name

Company/Trust Company name

SMSF name

NAB customer number (NAB Adviser use only)

SMSF Address

Is this the same address as Policy owner 1A? If yes, you do not need to complete the address below.

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Section 3 Policy Owner details continued

Individual details (including Individual Trustees, Partners, Directors or Company Secretaries)

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name Middle name

Family name Maiden name (if applicable)

Date of birth (DD/MM/YYYY) NAB customer number (NAB Adviser use only)

Policy Owner 1A

Postal address

Please note: This is the address we will send all policy information to.

Unit number Street number PO Box Street name

Suburb State Postcode Country

Contact details

Home telephone Mobile phone number Business telephone

Email (Please provide your email address so notices relating to your application can be sent to you)

Policy Owner 1B (Second Individual / Partner / Director or Secretary / Individual Trustee)

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name Middle name

Family name Maiden name (if applicable)

Date of birth (DD/MM/YYYY) NAB customer number (NAB Adviser use only)

Policy Owner 1B

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode Country

Contact details

Home telephone Mobile phone number Business telephone

Email (Please provide your email address so notices relating to your application can be sent to you)

Section 3 Policy Owner details continued

Owner details for Policy 2

Only complete this section if you are applying for two policies.

Is this Policy 2 application for:

MLC Insurance Cover can be owned by individual(s), a business partnership, trust or company. Please complete details under 'Who is to own this policy?' Please note that if you are applying for Income Protection insurance, the Life to be Insured must be the sole Policy Owner—unless the Policy Owner is a business of which the Life to be Insured owns at least 25%.

Who will own this policy? (MLC Insurance only)

- Life to be Insured.** You don't have to complete Policy Owner details. Please go to Section 4.
- Individual(s) other than the Life to be Insured.** Please complete the 'Individual details' in Policy Owner 2A and Policy Owner 2B (if applicable) sections. If more than two individuals are to own this policy, please provide additional details on a separate sheet and sign and date it.
- Business Partnership.** Please provide the 'Business Partnership/Trust name' under Policy Owner 2A. Please also provide details of all persons that comprise the partnership in the 'Individual details' in Policy Owner 2A and Policy Owner 2B sections. If more than two partners are to own this policy, please complete additional details on a separate sheet and sign and date it. If the partnership is a company, please also complete 'Company/Trust Company name'.
- Trust.** Please complete the 'Business Partnership/Trust name' under Policy Owner 2A and also complete the 'Individual details' section for all relevant parties in Policy Owner 2A and Policy Owner 2B (if applicable) sections. If more than two individuals are to own this policy, please complete additional details on a separate sheet and sign and date it.
- Company (including a Trust Company).** Only one corporate entity can own this policy. Please complete the 'Company/Trust Company name' and also complete the 'Individual details' section for all relevant parties in Policy Owner 2A and Policy Owner 2B (if applicable) sections.

Policy Owner 2A

Is this the same Policy Owner as 1A or 1B ? If yes, you do not need to complete Policy Owner details

Company/Trust details

Please also ensure details of the Director and Company Secretary, all individual Trustees or all Partners are provided in the 'Individual details' section below.

Business Partnership/Trust name

Company/Trust Company name

NAB customer number (NAB Adviser use only)

Individual details (including Individual Trustees, Directors or Company Secretaries)

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name

Middle name

Family name

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

NAB customer number (NAB Adviser use only)

Section 3 Policy Owner details continued

Policy Owner 2A postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email address so notices relating to your application can be sent to you)

Policy Owner 2B (Second Individual / Partner / Director or Secretary / Individual Trustee)

Is this the same Policy Owner as 1A or 1B ? If yes, you do not need to complete Policy Owner details.

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name	Middle name
<input type="text"/>	<input type="text"/>

Family name	Maiden name (if applicable)
<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	NAB customer number (NAB Adviser use only)
<input type="text"/>	<input type="text"/>

Policy Owner 2B postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email address so notices relating to your application can be sent to you)

Section 3 Policy Owner details continued

Owner details for Policy 3

Only complete this section if you are applying for three policies.

Is this Policy 3 application for:

MLC Insurance Cover can be owned by individual(s), a business partnership, trust or company. Please complete details under 'Who is to own this policy?' Please note that if you are applying for Income Protection insurance, the Life to be Insured must be the sole Policy Owner—unless the Policy Owner is a business of which the Life to be Insured owns at least 25%.

Who will own this policy (MLC Insurance only)?

- Life to be Insured.** You don't have to complete Policy Owner details. Please go to Section 4.
- Individual(s) other than the Life to be Insured.** Please complete the 'Individual details' in Policy Owner 3A and Policy Owner 3B (if applicable) sections. If more than two individuals are to own this policy, please provide additional details on a separate sheet and sign and date it.
- Business Partnership.** Please provide the 'Business Partnership/Trust name' under Policy Owner 3A. Please also provide details of all persons that comprise the partnership in the 'Individual details' in Policy Owner 3A and Policy Owner 3B sections. If more than two partners are to own this policy, please complete additional details on a separate sheet and sign and date it. If the partnership is a company, please also complete 'Company/Trust Company name'.
- Trust.** Please complete the 'Business Partnership/Trust name' under Policy Owner 3A and also complete the 'Individual details' section for all relevant parties in Policy Owner 3A and Policy Owner 3B (if applicable) sections. If more than two individuals are to own this policy, please complete additional details on a separate sheet and sign and date it.
- Company (including a Trust Company).** Only one corporate entity can own this policy. Please complete the 'Company/Trust Company name' and also complete the 'Individual details' section for all relevant parties in Policy Owner 3A and Policy Owner 3B (if applicable) sections.

Policy Owner 3A

Is this the same Policy Owner as 1A , 1B , 2A or 2B ? If yes, you do not need to complete Policy Owner details.

Company/Trust details

Please also ensure details of the Director and Company Secretary, all individual Trustees or all Partners are provided in the 'Individual details' section below.

Business Partnership/Trust name

Company/Trust Company name

NAB customer number (NAB Adviser use only)

Individual details (including Individual Trustees, Directors or Company Secretaries)

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name

Middle name

Family name

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

NAB customer number (NAB Adviser use only)

Section 3 Policy Owner details continued

Policy Owner 3A postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email address so notices relating to your application can be sent to you)

Policy Owner 3B (Second Individual / Partner / Director or Secretary / Individual Trustee)

Is this the same Policy Owner as 1A , 1B , 2A or 2B ? If yes, you do not need to complete Policy Owner details.

Mr Mrs Miss Ms Dr Other:

Individual / Partner / Director or Secretary / Individual Trustee

First name	Middle name
<input type="text"/>	<input type="text"/>

Family name	Maiden name (if applicable)
<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	NAB customer number (NAB Adviser use only)
<input type="text"/>	<input type="text"/>

Policy Owner 3B postal address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Home telephone	Mobile phone number	Business telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (Please provide your email address so notices relating to your application can be sent to you)

Section 4 Payment Authorities

If the person paying the premium is not the Life to be Insured or the Policy Owner, please complete the following details.

Please note: You do not need to complete this section for policies where the premium is being paid by regular deduction from an eligible MLC super or MLC pension account.

If the payer is an Individual:

Name

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Date of birth (DD/MM/YYYY)

If the payer is a Company:

Please note: If we already have your Company details, please only complete 'Name of Authorised Person'.

Company name

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

ABN

Name of Authorised Person

How do you wish to pay?

Payment Method	Complete section	Policy 1	Policy 2	Policy 3
Direct debit request / Credit card deduction	4A			
Payment by cheque	4B			
MLC super or MLC pension account deduction	4C			
MLC wrap platforms account deduction	4D			
Rollover from external super fund – annual premium for MLC Insurance (Super) only	4E			

Please note: If we do not receive your payment (Direct debit request, Credit card deduction, cheque, MLC super or MLC pension account deduction or MLC wrap platforms account deduction or Rollover from external super fund), Interim Accident Insurance cannot commence.

If you wish to use the same payment method but with a different account for the second or third policies, please attach a photocopy of this section with the additional details and specify which policy this applies to.

Section 4 Payment Authorities continued

4A Direct Debit Request / Credit Card Deduction

Only complete this section if you want to pay your premiums by automatic deduction from your nominated Financial Institution account or credit card.

Direct Debit Request details

If you're with one of the smaller banks or a credit union you need to check if they can accept a direct debit request from the Bulk Electronic Clearing System (BECS). This information should be available on your recent bank statement, on the bank's website, or call their customer service number.

I/We,

Family name (or company/business name)

Given name(s) (or ABN)

Family name

Given name(s)

Request and authorise **MLC Limited (Nippon) ABN 90 000 000 402 User ID 534289** to arrange, through its own financial institution, a debit to my/our nominated account any amount **MLC Limited (Nippon)** has deemed payable by me/us.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our account held at the financial institution I/we have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name of Financial Institution

Name of account to be debited

Address of Financial Institution

State

Postcode

BSB number

Account number

Please note: Direct debiting is not available on the full range of Financial Institution accounts. If in doubt, please refer to your Financial Institution before completing this Request.

Is this Direct Debit Request for?

both the **initial and ongoing premiums**

ongoing premiums only — please ensure you have completed payment details for the initial premium

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month

4th 11th 18th 25th

Credit Card Deduction details

I (Name as it appears on the card)

authorise MLC Limited
(ABN 90 000 000 402) (AFSL 230694)
to charge my

Mastercard Visa

Card number

Card expiry date (MM/YY)

or any replacement/substituted card, for the premiums due on the policy.

Is this Credit Card Deduction for?

the **initial premium** only — please ensure you have completed payment details for the ongoing premium

both the **initial and ongoing premiums**

ongoing premiums only — please ensure you have completed payment details for the initial premium

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month

4th 11th 18th 25th

To be completed for all Direct Debit Requests / Credit Card deductions

I/We acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement in Section 24 of this form and the terms and conditions of the policy to which this application relates. I have read and agree to the terms and conditions.

Signature(s) of Financial Institution account holder(s) or cardholder

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Section 4 Payment Authorities continued

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month

4th 11th 18th 25th

I understand and acknowledge that:

- MLC Limited may, by prior arrangement or advice to me, vary the amount and frequency of future deductions, and
- MLC Limited may, in its absolute discretion and at any time by notice in writing to me, terminate this request as to future deductions.

Signature(s) of the account holder(s)

	Date (DD/MM/YYYY) [][]/[][]/[][][][]
---	---

	Date (DD/MM/YYYY) [][]/[][]/[][][][]
--	---

4E Rollover from external super fund – enduring authority

Only complete this section if you want to pay your premium by an ongoing annual deduction from your external super fund account. Please note you can only request one MLC Insurance (Super) policy to be paid by rollover by any one external fund.

This section is a direction to the trustee of your nominated external super fund to rollover funds to the MLC Super Fund and a direction to the Trustee to apply those funds in payment of premiums for your insurance policy.

Please read – Important information

- The member must be the same for both the MLC Insurance (Super) policy and the external super fund account.
- If the rollover request is rejected by the external super fund for any reason the Trustee will request alternative payment details from you, otherwise the policy will lapse.
- An amount equal to the annual premium payable will be requested as a rollover from your external super fund account, proximate to the annual anniversary date for your insurance policy. We will notify you of the amount of annual premium required prior to requesting the rollover from your nominated external super fund.

Your responsibility

- It is your responsibility to determine the impact the rollover may have on any entitlement you have in the external super fund.
- Please ensure the account balance with the external super fund is sufficient to allow for the rollover of the required amount and ensure you meet any minimum balance requirements of the external super fund.
- You authorise the deduction from your external account by the trustee of the external fund any applicable fees or charges which may be payable as a result of the rollover.
- You discharge the trustee of the external super fund from any further liability in respect of rollover benefit once the amount is transferred to MLC Super Fund.

Termination of arrangements

- You must notify the Trustee in writing if you wish to terminate the ongoing annual rollover arrangement. Until such time, this direction and authority remains valid.
- The Trustee may at their discretion or as may be required by law or regulations terminate arrangements for annual rollover of funds from a nominated external super fund.
- The Trustee may be able to claim a tax deduction for the premium it pays for your insurance and, at its discretion, may pass some or all of the benefit of this tax deduction to you by reducing the amount of the rollover required to meet the premium, when the rollover comes from a taxed source.

Rollover details

Transferring from

Please complete details of the superannuation fund from which the rollover payment is being requested.

Please contact your existing superannuation fund (transferring fund) to confirm if they have any additional requirements, such as proof of identity documentation, before they can action this rollover authority. Please complete all details and ensure you provide the fund's Australian Business Number (ABN) and Unique Superannuation Identifier (USI).

The Trustee cannot accept certain rollovers, such as pension or super amounts transferred from the UK or New Zealand Kiwi Saver or untaxed amounts. It is your responsibility to ensure these types of amounts do not form part of your benefit in your nominated external super fund account.

External Fund name

External Product name

External Fund ABN

External Membership Account number

Unique Superannuation Identifier (USI)

Section 4 Payment Authorities continued

Transferring to

The requested rollover payment will be transferred to MLC Insurance (Super) Unique Super Identifier (USI) – 70732426024901.

The Trustee will request the exact amount applicable to pay the insurance premium for the MLC Insurance (Super) policy number listed in Section 1 of this form. Please note you can only request one MLC Insurance (Super) policy to be paid by rollover by any one external fund.

Authority and Declaration

Until further notice in writing:

- I direct and authorise the trustee of my nominated external super fund (listed in section 4E) to effect the annual rollover of funds (as may be requested by the Trustee on my behalf).
- I give my nominated external super fund named in section in 4E, and the Trustee authority to exchange relevant information to facilitate the requested rollover of funds, including disclosing my tax file number; and
- I authorise the Trustee to apply those funds to pay for premiums for my MLC Insurance (Super) policy.

I declare:

- the information provided section 4E is true and correct, and
- I have read the 'Important information' section of section 4E.

Signature of Life to be Insured/Member

	Date (DD/MM/YYYY)									
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

Full name of member

Section 5 MLC Insurance (Super)

Only complete this section if the application is for MLC Insurance (Super).

Contributions

Please specify what type of contributions/payments will be made by you or on your behalf. Please tick one box only.

Note: we require all this information to be completed before we can accept contributions from you.

- Employer Personal Spouse Salary Sacrifice Rollover from External Super Fund MLC Eligible Account

If Employer please complete the following:

Company name

Company address

Suburb

State

Postcode

Country

ABN

Name of Authorised Person

Tax File Number (TFN) details

Please provide your TFN:

When collecting your TFN MLC Limited and the Trustee are required to tell you:

- MLC Limited and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993
- It isn't an offence to decline to notify MLC Limited and the Trustee of your TFN
- If you don't notify MLC Limited and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you
- MLC Limited and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes, and
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed on to another super provider if your benefits are being transferred, unless you inform MLC Limited and the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Section 6 Beneficiary Information

Please note: Beneficiary nominations apply to your death benefit only.

Are you applying for?

MLC Insurance (Wrap or SMSF)

- You cannot make a nomination for this insurance. The benefits of this insurance will be paid to the trustee of the superannuation fund. You will need to contact the administrator of your superannuation fund who will provide details of the forms to be completed if you wish to make a nomination of the proceeds from your superannuation fund.
- Please go to Section 7.

MLC Insurance

Please note: This includes MLC Insurance through an MLC wrap platforms investment account (not owned by an SMSF).

- If you wish to make a beneficiary nomination please complete Section 6A.
- If you do not wish to make a beneficiary nomination, the death benefit will be paid to the Policy Owner(s) for MLC Insurance and you can go to Section 7.

MLC Insurance (Super)

- Please complete Section 6B.

Both MLC Insurance and MLC Insurance (Super)

- Please complete Section 6A if you wish to make a beneficiary nomination for your MLC Insurance policy. If you do not wish to make a beneficiary nomination, the death benefit will be paid to the Policy Owner(s) for MLC Insurance.
- Please complete Section 6B to make a nomination for your MLC Insurance (Super) policy.

6A Nomination of a Beneficiary – MLC Insurance – must be nominated by the Policy Owner

Please note: For MLC Insurance, nominations **cannot** be made by trustees of a trust or a self-managed super fund.

Beneficiary nomination for MLC Insurance

Complete this section to nominate who you wish the death benefit to be paid to. Leave this section blank if you wish the death benefit to be paid to the Policy Owner(s).

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to six beneficiaries, including your legal personal representative (Estate of the Life to be Insured).

Name and address of beneficiary	Date of birth	Relationship to you	Portion of total benefit*
1			%
2			%
3			%
4			%
5			%
6			%
7	Legal personal representative (Estate of the Life to be Insured)		%
* The sum of your nominations must equal 100%. You can nominate a percentage up to two decimal places.			Total: 100%

If you are applying for additional MLC Insurance policy(ies) and you wish to also nominate a beneficiary(ies) for the policy(ies), please attach a photocopy of the above table specifying details of the beneficiary(ies) you wish to nominate.

Section 6 Beneficiary Information continued

6B Nomination of Beneficiary Form – MLC Insurance (Super) – must be nominated by the Life to be Insured

Non-binding death benefit nomination for MLC Insurance (Super)

Tick this box and complete the table below if you wish to indicate to the Trustee your preferred beneficiary(ies) of your death benefit. It is the Trustee's ultimate decision who the benefits will be paid to and in what portions. Your nomination will be taken into account by the Trustee. The Trustee will ultimately be restricted to paying the death benefits to your dependants and/or your legal personal representative (estate). It is important that you read the beneficiaries section of the Super PDS about making nominations before completing this section.

Non-lapsing binding death benefit nomination for MLC Insurance (Super)

Tick this box and complete the table below if you wish to indicate to the Trustee who your death benefit MUST be paid to. Your nominated beneficiary(ies) must be a dependant(s) or your legal personal representative (estate). The Trustee will pay the benefits to your nominated beneficiaries and in the portions indicated, providing that you satisfy the requirements in making this nomination, and at the date of death the beneficiaries are your dependants or legal personal representative (estate). It is important that you read the beneficiaries section of the Super PDS about making nominations before completing this section. Your signature is required and must be witnessed by two adult persons.

Complete this table for all beneficiary nominations for MLC Insurance (Super).

Please nominate your beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 beneficiaries, including your legal personal representative (Estate of the Life to be Insured). If seeking a non-lapsing binding death benefit nomination, your nomination must also be witnessed, signed and dated by two adult witnesses (page 17).

Name and address of beneficiary		Date of birth	Relationship to you	Portion of total benefit*
1			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
2			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
3			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
4			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
5			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
6			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Other dependant ¹	%
7	Legal personal representative (Estate of the Life to be Insured)			%
* The sum of your nominations must equal 100%. You can nominate a percentage up to two decimal places.				Total: 100%

¹ Please note: For non-lapsing binding nominations, the selection of 'Other dependant' is not valid. If you do select a binding nomination and tick 'Other dependant', your nomination will not be valid.

Personal Statement Information

Sections 7 to 19 must be completed by the Life to be Insured in all cases

Section 7 Options in underwriting your case

Fast tracking medical requirements

Lifescreen Australia is part of the Sonic Healthcare group and our preferred provider for insurance related tests. Lifescreen provides a customer health evaluation service for us (and other insurers) that helps with fast and efficient processing of your application. This means that if you consent, Lifescreen may contact you to arrange blood tests or other medical checks required for your insurance application. Lifescreen is subject to our privacy requirements to protect your confidentiality. Do you permit us to arrange this service?

Yes No

Fast tracking follow-up information

This facility enables faster collection of information over the phone, resulting in faster completion of your application.

I permit MLC Limited to call me (the Life to be Insured) to clarify or gain further information regarding any matter relating to the assessment and processing of this application. I understand that the call may be recorded and will form part of my application and that the Duty of Disclosure applies.

Yes I am contactable on between the hours of and (8:30 am to 5:30 pm Melbourne/Sydney time Monday to Friday)

No

Section 8 Other Insurance(s)

Are you covered by, or are you applying for, any other life, disability, critical illness, income protection, salary continuance or business expenses insurance with any company, including us (other than this application), including benefits under superannuation or insurance benefits provided by your employer?

Yes Please provide details below

No

Company	Benefit type	Date started	Benefit amount	Waiting/Benefit periods	Policy number	To be replaced
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>
			\$			Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 9 Residency and Travel

Residency

1 Are you a permanent resident of Australia?

Yes Please go to question 3

No Please complete the table below:

How long have you lived in Australia?	Last country of residence	How long did you live there?	Visa type	Visa expiry date (DD/MM/YYYY)			

2 Have you applied for permanent residency?

Yes Please provide details:

No Reason for not applying:

Travel

3 Do you intend to reside or travel outside Australia?

Yes Please complete the table below:

Date(s) of departure(s)	Duration of stay(s)	Destination(s)	Purpose of stay(s) (eg holiday, business, residing)

No

Section 10 Occupation and Financial

4 If you are a homemaker, student, unemployed or retired.

Go to Section 11

5 Please provide details of your primary occupation and any professional or trade qualifications you have.

a Primary occupation

b Industry

c Name of employer or trading name

d Street address of employer or business

Postcode

e Professional or trade qualifications

Section 10 Occupation and Financial continued

6 Please provide full details of your occupational duties. These must add up to 100%.

Type of work	Percentage of time
Sedentary/Administration: Sedentary – includes all general clerical, office, administration and desk duties. The emphasis is on mental rather than physical work although there may be a small element of standing/walking, and driving to and from appointments.	
Light manual work: includes light lifting of up to 20kg and direct supervision of manual workers.	
Heavy manual work: includes heavy lifting > 20kg, driving/operating heavy machinery and manual and physical work not associated with a trade.	
Total	100%

7 Does your occupation include any hazardous duties, including working at heights above 10 metres, aviation, underground, offshore, diving, field work/on site or explosives?

Yes Please provide details in the table below.

No

Type of work	Percentage of time	Specific duties you perform
Heights over 10 metres		
Aviation		
Underground work		
Offshore work – within Australian waters		
Offshore work – outside Australian waters		
Diving		
Field work/on site		
Use of explosives		
Other (please specify)		
Total	100%	

8 Are you applying for Total and Permanent Disability, Income Protection or Business Expenses insurance?

Yes Please go to question 9

No Please go to question 15

Section 10 Occupation and Financial continued

9 Are you self-employed or do you own all or part of the business in which you are employed?

Yes Please complete questions **a** to **e** below

a Have you been self-employed in your current business for more than 12 months? Yes No

b On what basis do you operate your business? Sole Trader Company Partnership Trust

c What percentage interest/shareholding do you have in the business? %

d How many employees (other than yourself) do you have?

e Has your business had a net operating loss in either of the last two years?

Yes Please provide last two years' financial accounts for all entities.

No

Go to question 11.

No Go to question 10.

10 On what basis are you employed?

a Permanent

b Casual How long have you been working as a casual employee?

c Contract What is the remaining term of your contract?

11 Have you been working continuously in your occupation, trade or profession for five or more years?

Yes

No Please provide details of all positions you have held over the last five years:

From	To	Occupation	Employer name

12 Over the next 12 months, do you intend to:

- change your occupation or become self-employed
- change your occupational duties or work hours, or
- take extended leave (for example maternity leave, sabbatical leave, long service leave or study leave)?

Yes Please provide details below

No

13 How many hours per week do you work in your primary occupation? hours

14 Do you work at your home for more than 80% of your working hours?

Yes How many hours per week do you work from home? hours

No

Section 10 Occupation and Financial continued

- 15 What were your Earnings for the last 12 months, before tax from your primary occupation? Do not include investment income.

\$

Earnings

If you are **self-employed** (you directly own all or part of a business or practice) Earnings means the income of the business or practice generated by your personal efforts after the deduction of your appropriate share of business or practice expenses in generating that income. If you earn commission, you can include 100% of the initial commission and 50% of the renewal commission.

If you are an **employee** (you do not directly or indirectly own part or all of a business or practice), Earnings means the total remuneration paid by the employer to you including salary, commission, (100% of the initial commission and 50% of the renewal commission), fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on your behalf.

- 16 What were your Earnings for the previous 12 month period, before tax, from your primary occupation?

Do not include investment income.

\$

- 17 Will your Earnings continue at or beyond this level?

Yes

No Please provide details

- 18 Do you have a second occupation?

Yes Please provide details in questions a–g below

No

a Occupation

b Name of employer or trading name

c Duties

d Hours worked per week

e Amount of time in this occupation

 years months

f What were your Earnings before tax for the last 12 months from your second occupation?

\$ pa

g Has this income been included in the Earnings shown in Question 15 of this application? Yes No

Section 10 Occupation and Financial continued

19 Do you intend to be, or have you or any business that you've been associated with ever been:

- bankrupt?
- in receivership or liquidation?
- under administration?

Or is your place of employment insolvent or under administration?

Yes Please provide details:

No

20 Income Protection insurance only

Only complete this section if you are applying for Income Protection insurance. If you are not applying for Income Protection insurance, please go to question 21.

Is the proposed monthly benefit from all life insurance sources greater than \$20,000?

Yes Do you receive more than \$250,000 per year in investment or other unearned income? (ie income from sources other than through personal exertion in your occupation, such as investment income, after deducting expenses related to that income).

Yes What is your unearned income? \$

No

No

21 Business Expenses insurance only

Only complete this section if you are applying for Business Expenses insurance. (Refer list of eligible business expenses in the Insurance PDS). If you are not applying for Business Expenses insurance, please go to question 22.

In the event of your disability, how long will your business continue to generate an income?

No more than 60 days

More than 60 days What percentage of the business income would continue to be produced? %

What would be your total share of the business expenses?

\$

Section 11 Claims History

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

Yes Please provide details in the table below

No

Benefit type	Benefit amount	Reason for claim	Time off work	Date finalised

Section 12 Sports and Pastimes

23 Do you now or do you intend to take part in any of the following activities?

Yes Please tick all that apply and provide details below

No

Diving

Motor car, motor cycle or motor boat racing

Flying as a pilot or crew in an aircraft

Football (all codes)

Hang-gliding, paragliding, skydiving, pursuits involving heights

Other hazardous pursuits (eg body contact sports, mountain climbing, abseiling, downhill mountain biking)

If you ticked any of these boxes, please complete the **Pastimes Questionnaire** located in the Supplementary Underwriting Questionnaires

If you ticked any of these boxes, please give full details of each below

Activity <input type="text"/>
Location <input type="text"/>
<input type="checkbox"/> Recreational <input type="checkbox"/> Professional <input type="checkbox"/> Competitive
Events/Hours per year: <input type="text"/>
Other details <input type="text"/>

Activity <input type="text"/>
Location <input type="text"/>
<input type="checkbox"/> Recreational <input type="checkbox"/> Professional <input type="checkbox"/> Competitive
Events/Hours per year: <input type="text"/>
Other details <input type="text"/>

Section 13 Height and Weight details

24 What is your height?

cm or feet/inches

What is your weight?

kg or stone/pounds

25 Have you undergone surgery to reduce your weight in the last five years?

Yes Please provide details, including date of surgery and how much weight has been lost.

No

Section 14 Habits and Lifestyle

26 Have you smoked tobacco, e-cigarettes or any other substance or used any nicotine-containing product in the last 12 months?

Yes Cigarettes/Cigars/Pipe Gum/Patch e-cigarettes Other – Please provide details:

Quantity: per day per week per month per year

No

Section 14 Habits and Lifestyle continued

27 Do you drink alcohol?

- Yes How much do you consume on average? Quantity: per day per week per month per year
(Standard drink = 1 nip (30 ml) spirits, 100 ml wine, 10 oz / 285 ml beer)
- No

28 Have you ever been advised by a health professional or attended a support group to reduce or cease your alcohol intake?

- Yes Please provide details:

No

29 Have you ever used (by mouth, inhalation or injection) any drug not prescribed for you by a doctor?

- Yes Please provide details:

No

30 Have you ever received advice, counselling or treatment for drug dependence?

- Yes Please provide details:

No

Section 15 Health A – Supplementary Underwriting Questionnaires

If you answer yes to any of the following questions, you must also complete the relevant Supplementary Underwriting Questionnaires.

31 Have you ever had, or been told you had, or ever sought advice or treatment from a doctor, counsellor or other health professional or experienced symptoms for any of the following:

- Yes Please tick all that apply below and complete the relevant supplementary questionnaire located in the **Supplementary Underwriting Questionnaires**
- No

Stress, anxiety, depression, post traumatic stress disorder (PTSD), attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) or any other mental health disorder

▶ Please complete the **Mental Health** Questionnaire

High blood pressure

▶ Please complete the **High Blood Pressure** Questionnaire

High cholesterol

▶ Please complete the **High Cholesterol** Questionnaire

Asthma

▶ Please complete the **Asthma** Questionnaire

Skin cancer, tumour, skin lesion, mole or cyst

▶ Please complete the **Skin Lesion** Questionnaire

Back or neck strain/sprain or pain, sciatica, whiplash, spondylitis, fracture or any back, neck or spinal problem

▶ Please complete the **Back Disorder** Questionnaire

Any bone/joint fractures, muscle, ligament or tendon injuries, tenosynovitis, gout, arthritis or osteoporosis

▶ Please complete the **Joint/Musculoskeletal** Questionnaire

Section 16 Health B—General

If you answer yes to any of the following questions, you must also complete the Further information table on page 27 of this Application form.

- 32 Have you ever had, or been told you had, or ever sought advice or treatment from a doctor, counsellor or other health professional or experienced symptoms for any of the following?
- a Skin conditions or any of the following:**
- Rash, Eczema, Psoriasis, Dermatitis or any allergy affecting the skin
- Any other skin condition or disorder of the skin
- Yes Please provide details in the table on page 27
- No
- b Blood conditions or any of the following:**
- Haemochromatosis
- Haemophilia
- Anaemia
- Any other blood condition not previously mentioned
- Yes Please provide details in the table on page 27
- No
- c Any disease or disorder of the eyes or ears or any of the following:**
Do not include conjunctivitis with complete recovery or long or short sightedness that has been corrected
- Any type of eye condition
- Any type of ear or hearing condition including Meniere's Disease, labyrinthitis, tinnitus or dizziness
- Yes Please provide details in the table on page 27
- No
- d Blood vessels, cardiovascular, heart conditions or any of the following:**
- Rheumatic fever, heart murmur, angina, heart attack or other type of heart valve condition
- Varicose veins, bloods vessel or blood clotting condition/disorder
- Chest pain
- Any other type of heart condition/disorder
- Yes Please provide details in the table on page 27
- No
- e Respiratory conditions or any of the following:**
- Bronchitis
- Hayfever
- Sleep apnoea
- Any other lung or respiratory condition
- Yes Please provide details in the table on page 27
- No
- f Bowel, colon, liver, general gastro intestinal conditions or any of the following:**
Do not include constipation, stomach upset, diarrhoea or 'gastro' where these were short isolated episodes from which you have made a complete recovery
- Liver condition
- Hepatitis
- Irritable bowel disease
- Bleeding from the bowel or haemorrhoids
- Gastroesphagael reflux (GORD), hiatus hernia, peptic or gastric ulcers
- Colitis, Crohn's disease, ulcerative colitis or polyps
- Gall bladder condition
- Any other bowel, colon or general gastro intestinal condition not previously mentioned
- Yes Please provide details in the table on page 27
- No
- g Diabetes, thyroid conditions or any of the following:**
- Sugar in your urine, low or high blood sugar, diabetes or any pancreatic condition
- Thyroid condition
- Yes Please provide details in the table on page 27
- No

Section 17 Health C – General

33 Are you carrying the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or any AIDS-related condition? Yes
No

34 In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?

Yes A private and confidential questionnaire will be mailed to you upon submission of this application

Please note: HIV risk situations include but are not limited to:

- sex with someone you know or suspect to be HIV positive
- sex with an intravenous drug user
- sex without a condom with a sex worker, or
- anal intercourse without a condom (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years).

No

Section 18 Health D – General

Doctor's details

35 Do you have a usual doctor?

Yes Please provide full name and address of your usual doctor or medical centre.

No Please provide the name and address of the last doctor you visited.

Name of doctor or medical centre

Address

Suburb

State

Postcode

Country

Telephone

Email

36 How long have you been attending this doctor / medical centre?

years months

When did you last attend?

37 If you have been attending this doctor or medical centre for less than 12 months, please also provide name and address of your previous doctor

When did you last attend?

Section 21 Application for Child Critical Illness insurance

(Only complete if you are applying for the Child Critical Illness insurance at an additional cost)

Child 1

If you need to complete this application for more than one child please copy this page and attach the copy with this application. (Please note: The maximum number of children that may be insured is five.)

Name of Child to be Insured

Child's date of birth (DD/MM/YYYY)

Sex of child

Male

Female

What is your relationship to the child?

1 Is there any other insurance in place or being applied for in respect of this child?

Yes

No Please go to question 3

2 Will the total amount of insurance, including this application, be more than \$200,000?

Yes Please provide total

\$

No

3 Has the child ever had any of the following:

- Any heart condition, rheumatic fever, stroke?
- Blood disorder, haemophilia, leukaemia or cancer or tumour of any kind?
- Epilepsy, neurological disorder or any mental condition or developmental disorder?
- Diabetes, hepatitis or any disorder of the kidney, liver, bladder or bowel?
- Hearing impairment, sight impairment (not corrected with prescription lenses)?

Yes

No

4 Has your child had any other illness, injury or medical disorder requiring surgery, hospitalisation or ongoing treatment or is your child currently undergoing any tests or investigations?

Yes Please provide details in the table below

No

Do not include childhood illnesses such as chicken pox, measles, mumps, tonsillitis or tonsillectomy, appendicitis or appendectomy, unless the child has not made a complete recovery.

Condition	Date started	Date of last symptoms	Type of treatment and any test results	Degree of recovery

5 Have any of the child's immediate blood relatives (parents, brothers or sisters) had any of the following:

Yes Please provide details in the table below

No

- Diabetes Cancer Huntington's disease
- Heart disease Haemophilia Any other hereditary disorder
- Stroke Polycystic kidney disease

Family member (eg mother, brother)	Condition	If cancer, type and site	Age condition began

Section 22 Authority to release medical information (to be completed in ALL cases)

I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) to disclose to MLC Limited or any third party engaged by MLC Limited full details of my health, medical history or any other information, for the primary purpose of assessing my application or managing my policy. A photocopy of this authority should be accepted as my personal authority.

Full name of Life to be Insured (**mandatory**)

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

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

Signature of the Life to be Insured

	Date (DD/MM/YYYY)									
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

NULIS Nominees (Australia) Limited

Postal address:

PO Box 200
North Sydney NSW 2059

Telephone: 132 652

(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Email: contactmlc@mlc.com.au

Website: mlc.com.au

MLC Life Insurance Postal address:

PO Box 23455
Docklands VIC 3008

Telephone: 13 65 25

(inside Australia)
+612 9121 6500
(outside Australia)

Email: enquiries.retail@mlcinsurance.com.au

Website: mlcinsurance.com.au

Section 23 Declarations and Authorisations continued

MLC Insurance only: Signature(s) of Policy Owner(s) if different from the Life to be Insured

Do not complete this section if you are applying for MLC Insurance through your MLC wrap platforms superannuation account, unless you are the trustee of your SMSF.

- If the trustee(s) of a self-managed super fund are individuals then all individuals are required to sign.
- If the Life to be Insured is under 16 years of age then a Parent or Guardian is required to sign.
- In the case where the Policy Owner or trustee is a Company:
 - (a) two directors or a director and company secretary are to sign, or
 - (b) in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company by ticking the sole director and sole secretary box.

Policy 1 Signature(s) of Policy Owner(s)

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				

Sole director and sole secretary (indicate by ticking box)

Policy 2 Signature(s) of Policy Owner(s)

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				

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Sole director and sole secretary (indicate by ticking box)

Policy 3 Signature(s) of Policy Owner(s)

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				

Sole director and sole secretary (indicate by ticking box)

Declaration – MLC Insurance (Super) Only

In addition to the previous declaration, please complete this declaration if you are also applying for MLC Insurance (Super).

- I have read and understood the Super PDS which I received in Australia.
- I apply to become a Member of the MLC Super Fund and agree to be bound by the provisions of the Trust Deed constituting the MLC Super Fund and the MLC Insurance (Super) policy issued by MLC Limited to the Trustee, as amended from time to time.
- I understand that my Tax File Number will only be used for superannuation and future approved purposes.

I acknowledge that a MLC Insurance (Super) policy held through the MLC Super Fund does not represent a deposit with or a liability of National Australia Bank Limited (ABN 12 004 044 937) (AFSL 230686) or any of their related bodies corporate. Neither National Australia Bank Limited, nor any of its related bodies corporate guarantees or accepts liability in respect of MLC Insurance (Super).

Note: The law requires that:

- On 1 April 2020: insurance cover must be cancelled if:
 - your account balance in this product/fund is less than \$6,000; and
 - you have never had an account balance of at least \$6,000 on or after 1 November 2019;**unless** you elect in writing that you want to keep your insurance cover, even if your super account balance is less than \$6,000.

From 1 April 2020: if your account balance is under \$6,000 and/or you're under 25 years old you need to elect in writing to have insurance cover.

Completing this form will be considered your written election.

- I elect to be provided with the insurance specified in this application, and for the insured benefit to be provided, even if my account balance in this product/fund is less than \$6,000 and/or I'm under 25 years old.

Signature of Life to be Insured

X	Date (DD/MM/YYYY)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>				

Section 23 Declarations and Authorisations continued

Marketing consent

We always seek to better understand and serve your financial, e commerce and lifestyle needs so we can offer you other products and services that aim to meet those needs as well as promotions and other opportunities.

By giving your consent you agree to receiving information about the products and services as described in the NAB Group Privacy Policy (nab.com.au/privacy) and the MLC Limited Privacy Policy (mlcinsurance.com.au/privacy-policy), including by telephone call to the numbers provided by you in this application or numbers you may provide later and by email if you have provided us with an email address.

We will not disclose health information for marketing purposes.

Do we have your consent?

Yes No

If you do not mark a box your consent will be presumed. Your consent will continue until you withdraw it.

You can withdraw your consent at any time by contacting us on **13 65 25**.

Section 24 Payments by Direct Debit

Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by MLC Limited, ABN 90 000 000 402 (User ID no. 534289).

This Service Agreement and the Direct Debit Request Schedule in your application contain the terms and conditions by which you authorise us to draw (debit) money from your account and the obligations of us and you under this Agreement. You should read through them carefully to ensure you understand these terms and conditions before signing the Schedule. Please direct all enquiries about your direct debit to us on **13 65 25**.

Our commitment to you

We will give you at least 14 days notice in writing if there are changes to the terms of the drawing arrangements.

We will keep the details of your nominated Financial Institution account confidential, except where provided to our bank or as required to conduct direct debits with your Financial Institution.

Where the due date is not a business day, we will draw from your nominated Financial Institution account on the business day before or after the due date in accordance with the terms and conditions of your policy.

We will not charge you for any dishonours, however:

- if your account dishonours, your Financial Institution may charge you a fee, and
- we reserve the right to cancel drawing arrangements if drawings are dishonoured by your Financial Institution.

Your commitment to us

It is your responsibility to:

- ensure your nominated account(s) shown in the Direct Debit Schedule are correct and that your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS)
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to us if we cancel the drawing arrangements, and
- ensure that all account holders on the nominated Financial Institution account sign the Direct Debit Request Schedule.

Your rights

Your drawing arrangements are detailed in the Direct Debit Request Schedule of your application. They are also governed by the terms and conditions of your MLC policy. You should contact us on **13 65 25**, providing at least 7 days notice, if you wish to alter the drawing arrangements. You can:

- alter the Schedule
- cancel the Schedule
- stop an individual drawing
- defer a drawing, or
- suspend future drawings.

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This section for Financial Adviser use only

This section must be completed

Email (contact for this application)

Financial Adviser's instructions

(Complete details relevant to this application)

Financial Adviser 1

This section is to be completed by the Servicing Adviser.
The Servicing Adviser will receive all correspondence for the policy.

Name of Financial Adviser

MLC Financial Adviser no. Mobile phone

Telephone number

Fax number

Email

Distribution fee split

 %

Financial Adviser 2

Name of Financial Adviser

MLC Financial Adviser no. Mobile phone

Telephone number

Fax number

Email

Distribution fee split

 %

NAB Financial Planning use only:

FI/FN number

Referring BUID number

Referring Banker's name

Please make sure you include the NAB Customer number for your clients in Section 2 Life to be insured and Section 3 Policy owner details

Special Instructions and Underwriting Reference Number

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NULIS Nominees (Australia) Limited

Postal address:

PO Box 200
North Sydney NSW 2059

Telephone: 132 652

(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Email: contactmlc@mlc.com.au

Website: mlc.com.au

MLC Life Insurance Postal address:

PO Box 23455
Docklands VIC 3008

Telephone: 13 65 25

(inside Australia)

+612 9121 6500

(outside Australia)

Email: enquiries.retail@mlcinsurance.com.au

Website: mlcinsurance.com.au



Supplementary Underwriting Questionnaires

Application number

Name of Life to be Insured

Please tick the relevant Underwriting Questionnaires that have been requested to be completed as part of your application.

- Pastimes Questionnaire
- Mental Health Questionnaire
- High Blood Pressure Questionnaire
- High Cholesterol Questionnaire
- Asthma Questionnaire
- Skin Lesion Questionnaire
- Back Questionnaire
- Joint/Musculoskeletal Questionnaire

Please return the full booklet to:

MLC Life Insurance
PO Box 200
North Sydney NSW 2059

insurance_mlc@mlc.com.au

If you have any questions, please contact your financial adviser or call us on **13 65 25** any business day between 8.30 am and 6.00 pm (Melbourne/Sydney time) Monday to Friday.

MLC Limited ABN 90 000 000 402 AFSL 230694 (the Insurer) uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance group and not a part of the NAB group of companies. Any references to 'we', 'us' and 'our' means MLC Limited.



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Pastimes Questionnaire

Diving

1 Do you hold a diving qualification?

Yes Type of qualification and time held
 No

2 Are you an Amateur or Professional Diver?

Amateur
 Professional State nature of work:

3 What type of diving do you do?

Scuba Snorkel Hookah Other—Please provide details

4 Please advise the following:

Average number of dives per year	Average depth of dives	Maximum depth and number of times attained	Average duration of dives	Maximum duration of dives
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Do you ever dive alone?

Yes
 No

6 Do you dive in caves, potholes or wrecks?

Yes Please provide details

 No

7 Do you use mixed gases or a rebreather to dive?

Yes Please provide details

 No

8 Have you ever had an accident whilst diving or suffered an injury?

Yes Please provide details

 No



Pastimes Questionnaire continued

Motor Racing

1 What types, classes, and engine capacity of vehicles do you race or intend to race?

2 What types of racing do you participate in? (eg: stock car, circuit racing, road racing etc, and number of events each year)

3 Do you compete as: Amateur Professional Competitive

4 What maximum speed is reached? km

5 How many times do you race per year?

Aviation

1 Do you hold an aviation licence?

Yes Type of licence and period of time held

No

2 Do you intend to change the scope of your licence, or engage in any other form of aviation other than as shown below?

Yes Please provide details

No

3 Please complete number of flying hours in the following table:

	Last year		Future average	
	Crew	Passenger	Crew	Passenger
Commercial Airline				
Charter				
Private				
Aero Club/Flying School				
Agriculture				
Ultralight				
Helicopter				



Mental Health Questionnaire

1 Please indicate the conditions you have had or received treatment or counselling for.

- | | |
|---|---|
| <input type="checkbox"/> Stress, sleeplessness, chronic tiredness | <input type="checkbox"/> Post traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Anxiety including generalised anxiety, reactive or grief anxiety, panic or phobic disorder | <input type="checkbox"/> Attention Deficit and/or Hyperactivity Disorder (ADD / ADHD) |
| <input type="checkbox"/> Eating disorder including anorexia nervosa, bulimia | <input type="checkbox"/> Schizophrenia or any other psychotic disorder |
| <input type="checkbox"/> Depression including major depression, dysthymia | <input type="checkbox"/> Other—please provide details in the box below. |
| <input type="checkbox"/> Manic depressive illness, bipolar disorder | <input type="checkbox"/> |
| <input type="checkbox"/> Alcohol or other substance abuse or addiction | <input type="checkbox"/> |

2 Please describe your symptoms, the date they started, how long they lasted and time off work.

Symptoms	Date from — Date to	Time off work

3 Please describe how this condition has affected you, including any limitations to your ability to work and in your activities of daily living.

4 Has any reason for your condition been identified?

Yes Please provide details

No

5 Have you had any recurrence of this condition or suffered from or had symptoms of a similar condition?

Yes Please provide details

No

6 Do you continue to experience symptoms?

Yes Please describe your symptoms

No When did you **last** experience symptoms? (DD/MM/YYYY)

7 Have you ever received any counselling or treatment for this condition? (eg medication, cognitive behaviour therapy)

Type of treatment	Date commenced (DD/MM/YYYY)	Date ceased (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Have you ever been hospitalised or needed treatment as an inpatient?

Yes Please provide details

No

9 Have you ever tried to take your own life?

Yes Please provide details

No

10 Please provide the name and address of health professionals, including counsellors consulted and the date first and last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



High Blood Pressure Questionnaire

1 When were you first told you had high blood pressure and what was your blood pressure level at that time?

Date (DD/MM/YYYY)

Reading

2 What was your last blood pressure reading and when was it taken?

Date (DD/MM/YYYY)

Reading

3 Is this reading consistent with other checks?

Yes No What is your typical reading?

4 How often are you required to attend your doctor for review/check-up?

 Monthly
 Quarterly
 Twice Yearly
 Annually

5 Have you undergone or been referred for any other investigations, eg ECG (resting or exercise), echocardiogram, 24 hour Holter monitoring, urinalysis?

Yes Please provide dates, tests done and results

Date (DD/MM/YYYY)

Test

Results

No

6 Are you currently taking medication for your blood pressure?

Yes Please provide medication and dosage No Please go to question 8

7 Has your treatment (type or dosage) changed within the last 12 months?

Yes Please provide details and then go to question 9

When was it changed?

What was changed?

Why was it changed?

No Please go to question 9

8 Have you ever been prescribed medication for blood pressure?

Yes When and why did you cease taking it? No How has the condition been managed?

9 Please provide the name and address of doctor, hospital or health professional consulted for your blood pressure and date last attended

Name

Address

Date (DD/MM/YYYY)



High Cholesterol Questionnaire

1 When were you first told you had raised cholesterol and what was your cholesterol level at that time?

Date (DD/MM/YYYY)

Reading

2 What was your last cholesterol reading and when was it taken?

Date (DD/MM/YYYY)

Reading

3 Is this reading consistent with other checks?

Yes No

What is your typical reading?

4 How often are you required to attend your doctor for review/check-up?

 Monthly Quarterly Twice Yearly Annually

5 Have you undergone or been referred for any other investigations, eg ECG (resting or exercise)?

Yes Please provide dates, tests done and results

Date (DD/MM/YYYY)

Test

Results

No

6 Are you currently taking medication for your cholesterol?

Yes Please provide medication and dosage
No Please go to question 8

7 Has your treatment (type or dosage) changed within the last 12 months?

Yes Please provide details and then go to question 9

When was it changed?

What was changed?

Why was it changed?

No Please go to question 9

8 Have you ever been prescribed medication for cholesterol?

Yes When and why did you cease taking it?
No How has the condition been managed?

9 Please provide the name and address of doctor, hospital or health professional consulted for your cholesterol and date last attended

Name

Address

Date (DD/MM/YYYY)



Asthma Questionnaire

1 When did you experience your first episode/symptoms of asthma? (DD/MM/YYYY)

2 How many episodes of asthma do you have per year?

3 What was the date of your most recent episode/symptoms of asthma? (DD/MM/YYYY)

4 Are you taking medication or have you used any medication (including steroids) within the last 12 months?

Yes Please provide the name of medications and date ceased (if applicable)

No

5 Have you ever been hospitalised for this condition or needed to attend a hospital or doctor for urgent medical treatment?

Yes Please provide the name of hospitals, doctors and dates

Name	Address of hospital/doctors surgery	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

No

6 Have you lost any days from work as a result of asthma in the last 12 months?

Yes Please advise the number of days:

No

7 Is your asthma related to or aggravated by your occupation?

Yes Please provide details

No

8 Please provide the name and address of any doctors, hospitals or other health professionals consulted for your asthma and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Skin Lesion Questionnaire

1 Site of lesion(s)

2 Type of lesion(s)

Melanoma
 Squamous cell carcinoma (SCC)
 Basal cell carcinoma (BCC)
 Solar keratosis
 Lipoma
 Cyst
 Mole/Naevus
 Other – please provide details

3 Number of lesion(s)

4 Date(s) of diagnosis (DD/MM/YYYY)

5 Were the lesion(s) removed?

Yes Please go to question 7

No Please provide details below

6 Have you been advised to attend for any further treatment or follow-up?

Yes Please go to question 11

No Please go to question 11

7 Date lesion(s) removed (DD/MM/YYYY)

8 How were the lesion(s) removed?

Diathermy (burnt off)
 Cryotherapy (frozen off)
 Cut off (surgically removed)
 Other—please provide details

9 Were the lesion(s) reported to be:
 Malignant
 Benign
 Unknown

Please forward copies of any histology reports you have

10 Since the original removal have you been required to undergo re-excision or has the lesion(s) recurred or regrown?

Yes Please provide details

No

11 Please provide the name and address of any doctors, hospitals or other health professionals consulted for your skin lesions and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Back Questionnaire

1 What is/was the cause of your back/neck disorder?

2 What area of the back is/was affected?
 Neck (Cervical) Upper/Middle back (Thoracic) Lower Back (Lumbar)

3 What is/was the exact nature of the back/neck disorder including symptoms?

4 When did you first experience back/neck symptoms? (DD/MM/YYYY)

5 What was the date of your last symptoms? (DD/MM/YYYY)

6 Were or are your symptoms due to a single episode or recurring episode?

7 How often do you experience symptoms?

8 Have you made a complete recovery?
 Yes How long have you been free of all symptoms? Please go to question 10
 No

9 What are your current symptoms?

10 Have you had an x-ray, scan or other test?
 Yes Please provide details
 No

11 What treatment have you had?
 Medication Physiotherapy Surgery Chiropractor
 Other—Please provide details

12 Does this condition cause any restriction in your daily activities?
 Yes Please provide details
 No

13 Have you taken time off work?
 Yes Please advise when and how long were you off work?
 No

14 Please provide the name and address of any doctors, physiotherapists, chiropractors or other health professionals consulted and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Joint/Musculoskeletal Questionnaire

1 Which joint(s) or area(s) of the body is/are affected?

Left Right

2 What is/was the exact nature of the disorder including symptoms?

3 What is/was the cause of the condition?

4 When did you first experience symptoms? (DD/MM/YYYY)

5 What was the date of your last symptoms? (DD/MM/YYYY)

6 Were or are your symptoms due to a **single episode or** **recurring episode?**

7 How often do you experience symptoms?

8 Have you had an x-ray, scan or other test?

Yes Please provide details

No

9 Have you made a complete recovery?

Yes How long have you been free of all symptoms? Please go to question 11

No

10 What are your current symptoms?

11 What treatment have you had?

Medication Surgery Physiotherapy

Other – please provide details

12 Does this condition cause any restriction in your daily activities?

Yes Please provide details

No

13 Have you taken time off work?

Yes Please advise when and how long you were off work?

No

14 Please provide the name and address of any doctors, hospitals or other health professionals consulted and the date last consulted.

Name	Address	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>





MLC On Track Authority

(to be completed in ALL cases)

Consent to participate (both boxes need to be ticked)

- The Policy Owner** - I the policy owner, confirm I have been provided with the About MLC On Track document.
- The Life Insured** - I, the life insured on the policy, confirm I have been provided with the MLC On Track Terms and Conditions and About MLC On Track Document. I agree to participate in the MLC On Track program.

Decline to participate

- I/We, the policy owner and life insured, decline to participate in the MLC On Track Program. I/We are aware that by not participating we will not have the automatic 5% discount that applies to the first year's premium on our policy and lose the opportunity for this discount to continue year by year over the duration of the policy.

Policy Owner's full name (**mandatory**)

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

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Signature of the Policy Owner

X	Date (DD/MM/YYYY)										
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Life to be Insured's full name (**mandatory**)

Maiden name (if applicable)

Date of birth (DD/MM/YYYY)

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Signature of the Life to be Insured

X	Date (DD/MM/YYYY)										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

Device type

- Apple Garmin Fitbit Will be provided as soon as possible

Send us your form

Please mail your completed, signed and dated form to us at:

MLC Life Insurance
PO Box 200
North Sydney NSW 2059

If you have any questions, please contact your financial adviser or call us on **1300 450 316** any business day between 8.00 am and 6.00 pm (Melbourne and Sydney time).

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Best Doctors key features

- **Available to you and your family²**
(your children, parents, partner and partner's parents).
- **Convenient virtual access**
to leading specialists for a second medical opinion.
- **Leaders in their medical field**
nominated by other doctors.
- **Expertise and knowledge**
of an independent specialist helps you and your treating doctors agree on the best way forward.
- **Support for mental health conditions**
with access to leading Australian clinical psychologists and psychiatrists, and a dedicated mental health nurse.
- **You don't have to be seriously ill**
you can use the service for minor conditions like a bad back, allergies or a mild mental health condition.
- **Help with a wide range of conditions³**
from minor to major with specialists in more than 450 areas of medicine.

- ¹ Eligible policies are: MLC Insurance, MLC Insurance (Super), MLC Personal Protection Portfolio, MLC Life Cover Super, MLC Protectionfirst range, MLC Term Insurance, MLC Income Protection, MLC Income Protection Plus and MLC Business Expenses.
- ² Best Doctors is available to eligible MLC Life Insurance's customers as well as their immediate families including children, parents, partner and partner's parents. For mental health, it is only available if you are 18 years of age and over.
- ³ Best Doctors services are not available for acute care (emergency room) cases or dental conditions.
- ⁴ Based on analysis of physical cases conducted by Best Doctors, 2017.
- ⁵ Best Doctors customer survey, 2017.

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LIFE INSURANCE



LIFE INSURANCE



A valuable second medical opinion service for you and your family



A valuable second medical opinion service for you and your family

Should you face a mental or physical health condition, there are so many questions and uncertainties – such as is my diagnosis correct or am I on the right treatment plan?

Through MLC Life Insurance,¹ you and your family have access to Best Doctors, which connects you with a network of more than 50,000 leading medical specialists from Australia and around the world for a second medical opinion when you need it most.

If you or a family member² is dealing with a mental or physical health condition (minor or major), you can use Best Doctors at no extra cost to help get answers.

 No extra cost	 Completely confidential and won't affect the assessment of a claim
 Don't need to be on a claim to use the service	 More value from your insurance

Find out more at
mlcinsurance.com.au/bestdoctors

Why Best Doctors?

Best Doctors specialists are leaders in their field

50,000+ **450** specialities

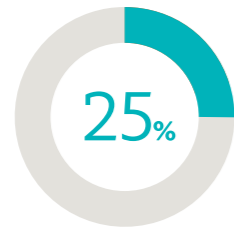
More than 50,000 medical specialists.

Medical leaders in 450 specialities of medicine.

Helping you get the right diagnosis and treatment



of cases considered by Best Doctors come back with a change of diagnosis.⁴



of cases come back with a change in treatment plan.⁴

And giving you the confidence to move forward

98%

Members using Best Doctors say it is an important part of their insurance.⁵



Best Doctors key services

There are a range of services available to you and your family.



In-depth medical review

Get a full review and second opinion on your diagnosis and treatment plan from a leading international specialist.



Mental Health Navigator

Get a full review and second opinion on your diagnosis and treatment plan for mental health conditions from leading Australian-based clinical psychologists and psychiatrists.



Doc Online

Get answers to general medical questions from a panel of registered doctors in Australia.



Find an expert

Find a local specialist for your condition.



Ask the expert

Get answers from a leading international specialist to specific questions about a medical condition.



Online library

Access a host of online tools providing unique insights and guidance on hundreds of conditions.

The Best Doctors service is **completely confidential**. Best Doctors won't share its findings with us and your use of the service won't affect the assessment of a claim. We will not seek any information from Best Doctors without your express permission.

Mental Health Navigator by Best Doctors

Mental Health Navigator is a service that empowers and supports you with a clinical review of your diagnosis and treatment plan.

It sources a specialist from a network of leading Australian-based clinical psychologists and psychiatrists, all from the comfort of your own home.

The Mental Health Navigator service offers a discreet, quick and confidential way to seek help if you or a family² member is experiencing a mental health condition such as depression or anxiety.

Find out more at mlcinsurance.com.au/mentalhealthnavigator

Access Best Doctors

To use the service, including Mental Health Navigator, call the Best Doctors Hotline on **1800 186 088 – Monday to Friday, 9am to 5pm (Sydney/Melbourne time)**.

Mental Health Navigator: how it works



It starts with one call: accessing Mental Health Navigator starts with a simple phone call, during which you speak to a member of the Best Doctors team in Australia. You will then be connected with the dedicated Mental Health Nurse.



An initial assessment of needs: Best Doctors will work with you to establish how they can best help based on your situation. They can help you find a local specialist, access useful resources or assist in answering questions on your condition. They can also coordinate a review of your diagnosis and treatment plan via video conference with a leading Australian clinical psychologist and psychiatrist, if required. With your consent, Best Doctors will gather any relevant medical records for review.



Recommendations for diagnosis and treatment: after the in-depth assessment, you will be provided with a report detailing the review of your diagnosis and assisting you with a treatment plan to help manage your condition.



Supporting next steps: the Mental Health Nurse will call you to discuss the report findings and, with your consent, the report will be shared with your treating doctor who can coordinate a treatment plan. The Mental Health Nurse is available for up to six months to provide further navigational support if needed.