

Insurance guide

smartMonday PRIME TEF - KPMG Executive Superannuation Plan

Preparation date: 1 March 2026

This Insurance guide is specifically for members of the KPMG Executive Superannuation Plan ('the Plan').

The information in this document forms part of the *smartMonday PRIME TEF – KPMG Executive Superannuation Plan Product Disclosure Statement (PDS)* dated 1 March 2026. The *PDS*, *How smartMonday PRIME TEF – KPMG Executive Superannuation Plan Works Guide*, and *Target Market Determination* can be found at smartmonday.com.au or by contacting us on **1300 614 644**.

The information in this document is general information only and does not take account of your personal financial objectives, situation or needs. You should obtain financial advice that is tailored to your personal circumstances before making a decision about this product.

The information in the *PDS*, *How smartMonday PRIME TEF – KPMG Executive Superannuation Plan Works Guide* and this document is up to date at the date of preparation; however it is subject to change from time to time. If a change is made to information that is not materially adverse, this document may not be updated. Updated information will be published at www.smartMonday.com.au. You may request a free paper or electronic copy of any updated information by calling us on **1300 614 644**.

Information in this document is for new members joined to the Plan from 1 December 2025 to 28 February 2026 and is applicable from 1 December 2025, unless indicated otherwise. It provides information about cover issued to new members of the KPMG Executive Superannuation Plan who joined the Plan (part of smartMonday Prime TEF division in the Fund) on or after 1 December 2025 until and including 28 February 2026.

IMPORTANT CHANGE ON 1 MARCH 2026

The amount of Standard cover reduced to \$50,000 for all members eligible to hold Standard cover on 1 March 2026, including those members who joined the Plan before 1 December 2025.

Any member aged 60 or over on 1 March 2026 will have the amount of their Standard cover for Total & Permanent Disablement (TPD) reduce on each birthday after 1 March 2026. Any reference to \$50,000 of Standard cover in this document is subject to this reduction of TPD cover. Please refer to *Amount of Standard cover* section for more information.

The Plan was closed to new members from 1 March 2026. No new Standard cover will be issued on or after 1 March 2026.

References in this document to 'from' or 'on' 1 March 2026 mean from or on the beginning of 1 March 2026 at 12.00 am on that date.

This document is issued by Equity Trustees Superannuation Limited (ABN 50 055 641 757; AFSL 229757; RSE Licence No. L0001458) as Trustee of Smart Future Trust (ABN 68 964 712 340) ('the Fund'). References to 'we', 'us' and 'our' in this document are references to the Trustee.

Insurance cover is available in the Plan to eligible members through a group insurance policy held by the Trustee and issued by an Australian life insurance company ('the Insurer').

Relevant Insurer's for the Plan (in respect of insurance cover provided within the Plan) are:

- AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) ("AIA") for the period 1 December to 31 December 2025; and
- MetLife Insurance Limited (ABN 75 004 274 882 AFSL 238096) ("MetLife") from 1 January 2026.
- **Insurance cover arrangements change when you cease to be a partner of the KPMG Partnership (ABN 51 194 660 183) or an executive director of KPMG.** For simplicity we shall refer (in this Guide) to ceasing to be a partner of the KPMG Partnership or an executive director of KPMG as leaving KPMG.
- **Important information about what happens to your cover after you leave KPMG is contained in the *When does insurance cover end?* section of this document. This includes steps you may need to take to continue your cover in the retained category, including how to reinstate your cover if it is cancelled on the day you leave KPMG.**



Cover is subject to the terms and conditions contained in the respective policies, the interpretation of which will prevail over any information that may be inconsistent within the PDS, this document, and any other related disclosure or information.

The Sponsor of the Fund is smartMonday Solutions Pty Ltd (ABN 48 002 288 646; AFS Representative No [001312487](#)), which is a Corporate Authorised Representative of Future Group Financial Services Pty Ltd (ABN 90 167 800 580, AFSL 482684). smartMonday is a registered trading name of smartMonday Solutions Pty Ltd.

The Trustee does not in any way endorse, warrant or accept responsibility for any services to members or prospective members provided by or on behalf of the Sponsor in its own right.

Salary Continuance Insurance cover is not available within the Plan. KPMG provides eligible employees or partners cover via a separate insurance policy outside of the Plan. For more information about continuing your Salary Continuance Insurance cover currently provided under a policy outside of the Plan, speak with your KPMG HR representative.

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KPMG Executive Superannuation Plan

Standard cover

Note: No new Standard cover is issued to any member from 1 March 2026.

For members who joined the Plan before 1 March 2026, Standard cover is cover which we applied automatically to your account, without any action required by you. Standard cover is subject to eligibility conditions set by the Insurer as outlined below, as well as under superannuation law.

All eligible KPMG partners and executive directors) were automatically provided with Standard cover while members of the Plan for:

- Death (including terminal illness); and
- Total and Permanent Disablement ('TPD').

The payment of insured benefits is subject to the terms and conditions of the insurance policy (held on your behalf by the Trustee) and the acceptance of any claim by the Insurer. Any insured benefits can only be paid to you from the Plan if permitted under the Trust Deed and superannuation legislation.

Important: You can cancel or change the amount and type of insurance cover at any time by notifying us in writing, and subject to the level of your TPD cover not exceeding the level of your Death cover. Please note that, after your decision to cancel or reduce any cover, any future requests to reinstate the cover will be subject to underwriting by the Insurer. This includes providing evidence of your health and recreational pastimes.

Eligibility for Standard cover

For members who joined the Plan on or after 1 December 2025 and before 1 March 2026

You were eligible for Standard cover in the Plan if:

- You are partner of The KPMG Partnership (ABN 51 194 660 183, 'Partnership') or an executive director of KPMG | This includes any partners who are required to temporarily withdraw or retire from the Partnership for the purposes of a secondment to a KPMG member firm overseas but who maintains the right to be re-admitted to the Partnership upon their return from the overseas secondment Your eligibility extends for the period from the effective date you cease to be a partner or an executive director of KPMG until the date you sign the termination of partnership agreement or cease employment with KPMG.
- You met the Putting Members' Interests First (PMIF) requirements of superannuation law which include PMIF exemptions. See further information in this Guide.
- You were an Australian citizen, a permanent resident, or hold a valid visa to work in Australia.
- You were at least 15 years of age and less than 70 years of age, and in respect of any TPD cover you were aged less than 65 years of age

If you are a temporary resident (e.g. a secondee from overseas) you are only eligible for insurance cover while you hold a valid visa to work in Australia and are either a partner or an executive director of KPMG Australia.

Limited cover

If you were not in **active employment** on the day your cover commenced, your Standard cover was classified as 'Limited cover'.

When limited cover applies, the Insurer will only pay a benefit if an illness first becomes apparent or an injury first occurs on or after the date your cover started, restarted, or increased. Any limited cover will apply until you have returned to **active employment**.

If you are an employed member, and the Plan has not received your initial superannuation guarantee (SG) contribution within 180 days of you joining KPMG, your cover will still commence on the day you are joined to the Plan, however **limited cover** will apply (subject to cessation of cover provisions) for a 12-month period until:

- the day following the end of that period (if you are in **active employment** on that date)
- or, if you are not in **active employment** on that date, the day you have returned to **active employment**.

Active employment means you:

- are employed or engaged by the employer to carry out specific duties;
- are actually performing those duties; and
- in the Insurer's opinion, are not prevented by illness or injury from being able to perform those duties and the duties of your normal occupation on a full-time basis (even if you are not actually working on a full-time basis).

When did Standard cover start?

Subject to the eligibility conditions outlined above, Standard cover started from the date you join the Plan. (Generally this is the date you start work with KPMG as an executive director or as a partner of KPMG or are promoted to become an executive director or partner of KPMG.

No new Standard cover is available to any member from 1 March 2026.

Putting Member's Interests First (PMIF) Requirements

Superannuation law only permitted us to automatically issue you with Standard cover (where insurance fees are deducted from your account balance), if you met the PMIF Requirements.

To meet the PMIF Requirements in this Plan, at least one of these three scenarios must have applied to you on the day your Standard cover started:

1. You were aged 25 or over *and* your account balance is at least \$6,000 ("the age/balance rule"), or
2. You had made an election telling us you want Standard cover to start before you meet the age/balance rule; or
3. Your employer was paying additional contributions into your account to cover the full cost of the insurance fees, which are deducted from your account. Where this occurred, you were **PMIF exempt**.

From 1 March 2026 KPMG stopped making these additional contributions into your account in this Plan. Before 1 March 2026, while KPMG made these additional contributions into your account in this Plan you were PMIF exempt and you met the PMIF Requirements under the third scenario outlined above. This means we could provide you with Standard cover without needing to check whether either of the first two scenarios applied to you.

You ceased to be PMIF exempt on the earlier of these two events:

1. You left KPMG before 1 March 2026 while it was making these additional contributions into this Plan to pay for your Standard cover: or
2. 1 March 2026 when KPMG stopped making these additional contributions into this Plan to cover the cost of your Standard cover.

When you ceased to be PMIF exempt, if you did not meet the PMIF requirements under either of the first two scenarios, we were required under superannuation law to cancel your Standard cover, at the end of the last day you were PMIF exempt.

If you made an election under the second scenario, which was received by us before you ceased to be PMIF exempt, your Standard cover will continue, provided you continue to meet the Insurer's eligibility conditions. The length of time it will continue depends on whether you met the eligibility conditions for your cover to be validly transferred to the retained category. Please refer to the *When does insurance cover end?* Section of this document for more information.

From 1 March 2026 the amount of any Standard cover provided before that date automatically reduced to \$50,000 on that date. TPD cover will reduce for members aged 61 and over, as explained in this guide.

IMPORTANT INFORMATION ABOUT YOUR COVER AFTER YOU LEAVE KPMG

Please refer to the *When does insurance cover end?* section in this document for more information.

Cost of Standard cover (Death and TPD)

From 1 March 2026, the insurance fees, for the \$50,000 Standard cover, include MetLife's insurance premium (which includes stamp duty) and an insurance administration fee of 5.00% of the insurance premium (plus Goods and Services Tax (GST) and net of Reduced Input Tax Credits (RITC)).

The annual rates of insurance fees for your Standard cover are set out in the table below.

These insurance fees are deducted from your account on a monthly basis.

For Standard cover for the period 1 December 2025 to 31 December 2025, insurance premiums were payable to AIA. Contact us on 1300 614 644 for further information about the insurance fee rates applicable for this period.

For Standard cover for the period from 1 January 2026, insurance premiums were (and continue to be) payable to MetLife. Contact us on 1300 614 644 for further information about the insurance fee rates applicable for this period.

KPMG made additional contributions to meet the cost of Standard cover from 1 December 2025 to 28 February 2026, however this ceased from 1 March 2026.

From 1 March 2025, you are responsible for the full cost of your insurance fees including insurance premiums.

Note: Insurance fees are calculated based upon your age next birthday on 1 July each year.

Standard cover – Annual Insurance fee rates per \$1,000 of Death Only or Death & TPD cover held

Age next birthday	Death Only (\$)		Death & TPD (\$)	
	Male	Female	Male	Female
16	0.16	0.06	0.17	0.06
17	0.16	0.06	0.17	0.06
18	0.17	0.06	0.19	0.07
19	0.19	0.07	0.21	0.08
20	0.20	0.07	0.23	0.08
21	0.21	0.07	0.26	0.08
22	0.22	0.06	0.27	0.08
23	0.22	0.06	0.28	0.08
24	0.22	0.06	0.30	0.08
25	0.22	0.06	0.30	0.08
26	0.21	0.06	0.30	0.09
27	0.20	0.06	0.30	0.11
28	0.20	0.06	0.31	0.11
29	0.20	0.07	0.31	0.13
30	0.19	0.07	0.31	0.14
31	0.19	0.08	0.31	0.15
32	0.19	0.08	0.31	0.17
33	0.19	0.08	0.32	0.19
34	0.19	0.09	0.32	0.22
35	0.20	0.11	0.35	0.24
36	0.20	0.12	0.38	0.27
37	0.21	0.13	0.41	0.31
38	0.22	0.14	0.45	0.35
39	0.24	0.15	0.50	0.39
40	0.25	0.17	0.55	0.44
41	0.27	0.18	0.60	0.50
42	0.30	0.20	0.65	0.56
43	0.32	0.22	0.72	0.63
44	0.34	0.24	0.79	0.71
45	0.36	0.26	0.86	0.78
46	0.39	0.28	0.96	0.87
47	0.42	0.31	1.05	0.97
48	0.45	0.34	1.18	1.08
49	0.50	0.36	1.33	1.18
50	0.55	0.39	1.50	1.30
51	0.60	0.42	1.69	1.42
52	0.66	0.45	1.92	1.57
53	0.74	0.48	2.17	1.73
54	0.82	0.53	2.48	1.91
55	0.91	0.58	2.80	2.13
56	1.00	0.63	3.18	2.39
57	1.12	0.71	3.62	2.70
58	1.24	0.78	4.11	3.06
59	1.40	0.87	4.69	3.47
60	1.56	0.98	5.34	3.94
61	1.76	1.10	6.13	4.49
62	2.01	1.22	7.07	5.11
63	2.31	1.37	8.17	5.81
64	2.65	1.53	9.43	6.60
65	3.04	1.71	10.90	7.47
66	3.47	1.90	N/A	N/A
67	3.93	2.10	N/A	N/A
68	4.45	2.32	N/A	N/A

Age next birthday	Death Only (\$)		Death & TPD (\$)	
	Male	Female	Male	Female
69	5.03	2.55	N/A	N/A
70	5.67	2.81	N/A	N/A

addition to the full balance of your superannuation account in the Plan.

The higher amount of Standard cover which applied until 28 February 2026 was also subject to a reduction in the TPD cover from age 61. If you want to know the rate at which your TPD cover reduced, please contact us.

Example The annual insurance fee for Standard cover for Death & TPD of \$50,000 for a male aged 45 (age 46 next birthday) is $\$50,000 \div \$1,000 \times \$0.96 = \48.00 .

The monthly insurance fee deducted from his account will be about \$4.00 and is subject to rounding.

Voluntary cover is also available to eligible members. The insurance fees for Voluntary cover are different to those for Standard cover. Further information about Voluntary cover (including its cost) is provided later in this document.

IMPORTANT: Time-sensitive conditions apply to continuing your insurance cover after leaving KPMG, including requirements for the following members:

- Members under age 25 and/or with an account balance of less than \$6,000, if you hadn't made an election to keep your cover, before leaving KPMG
- insurance-only members (who joined on or after 1 December 2025 and left KPMG before 28 February 2026).

We will make reasonable efforts to contact you (using the contact details we hold for you) with specific details upon notification that you have left KPMG, but please consider the section *When does insurance cover end?* in this Insurance Guide before, or promptly upon, ceasing employment.

Further information about the eligibility conditions for continuation of cover within the retained category is provided later in this Guide.

Amount of Standard cover

On 1 March 2026, the amount of Standard cover provided to all eligible members (including those who joined the Plan before 1 December 2025) was automatically reduced to \$50,000.

For members aged 60 or over on 1 March 2026, the Standard TPD cover applicable on 1 March 2026 reduces on your next birthday and continues to reduce in equal amounts on each birthday until it is zero on your 65th birthday (unless cover ceases earlier). The rate of reduction depends on your age on 1 March 2026. For details see 'Reduction in TPD cover' below.

Throughout this guide, all future references to Standard cover of \$50,000 incorporate reference to reduction of TPD cover from age 61.

Before Standard Cover changed to a maximum of \$50,000 for all eligible members, for those members who joined the Plan on or before 28 February 2026, the level of available Standard cover was higher, being \$2 million.

This higher amount of Standard cover is **payable only in the event of death or terminal illness or TPD occurring before or on 28 February 2026** (provided the Insurer admits your claim), in

Example

In the event of the death of a partner or executive director before **1 March 2026**, (while an insured member, and provided the Insurer accepts the claim), the lump sum benefit payable would be:

Account balance (for example)	\$150,000
plus	
Standard insured benefit of	\$2,000,000
Total benefit payable*	\$2,150,000

* Taxation may apply. See the *How smartMonday PRIME TEF – KPMG Executive Superannuation Plan Works Guide*.

If the member in the example had died after 1 March 2026 while an insured member and under age 61, then their Standard insured benefit would be \$50,000.

Reduction in TPD insurance cover (from age 61)

Your age on 1 March 2026	Your \$50,000 Standard TPD cover (if applicable) will reduce by:
60 or under	20.00% (\$10,000) on each birthday starting with your 61 st birthday
61	25.00% (\$12,500) on each birthday starting with your 62 nd birthday
62	33.33% (\$16,667) on each birthday starting with your 63 rd birthday
63	50.00% (\$25,000) on each birthday starting with your 64 th birthday
64	100% (\$50,000) so your cover will be nil on your 65 th birthday

The reduction in TPD cover based on age also applies to any Voluntary cover you may hold, unless the cover ceases earlier for any reason.

Payment of the terminal illness benefit

Where you are certified by two medical practitioners (one of whom must be a specialist in the area of your illness), as meeting the Insurer's definition of terminal illness, you may be eligible to apply for a prepayment of your insured death benefit. You must hold valid Death cover on each of the days that the two medical certifications are signed.

On 1 July 2015, the Government changed the certification period for the early release of super account balances on the grounds of Terminal Medical Condition from 12 months to 24 months.

The certification period in the insurance policy covering the Plan did not change at the time, which means you can only access the insured component of your benefit if you have less than 12 months to live.

If your reduced life expectancy is between 12 and 24 months and you wish to claim your super account balance early without waiting until you have less than 12 months to live, it is advisable for you to ensure that you leave a sufficient account balance to

cover your insurance fees so that you are still covered to make a terminal illness insurance claim when your reduced life expectancy aligns with the Insurer's definition of terminal illness.

Upon meeting the requirements for Terminal Medical Condition, the benefit payable to you (including any terminal illness claim paid by the Insurer) will be paid to you tax free, subject to approval by the Trustee, subsequent to provision of the necessary medical evidence.

Payment of the death benefit

The death benefit is a cash lump sum payable generally to your dependants or, if there are no dependants, the legal personal representative of your estate.

You can make a binding or non-binding nomination of those persons whom you would prefer to receive your benefit in the event of your death.

For more information on making a death benefit nomination please refer to the section *Benefits of Investing* in the *How smartMonday PRIME TEF – KPMG Executive Superannuation Plan Works Guide*.

Assessment of the TPD benefit

You will be eligible for a TPD benefit if both the Trustee and the Insurer consider that you have satisfied the conditions set out in the applicable insurance policy. The Trustee must also be satisfied that any insured TPD benefit is payable under the Fund's Trust Deed and superannuation legislation.

If you lodge a TPD claim, you will be assessed by the Insurer to be totally and permanently disabled if all of the following conditions are met:

- > your **date of disablement** occurs while you have cover in force under the policy;
- > you are attending and following the advice of a medical practitioner, and you have undergone all reasonable and appropriate treatment including rehabilitation for your condition. For mental health conditions the treating medical practitioner must be a registered psychiatrist;
- > you are **permanently incapacitated**; and
- > you meet any of the four definitions below of TPD under the policy.

Definition A – Specific Loss

As a result of illness or injury you suffer:

- > The total and permanent loss of the use of two limbs; or
- > Blindness in both eyes; or
- > The total and permanent loss of the use of one limb and blindness in one eye, where:
 - 1 Limb means the whole hand below the wrist or whole foot below the ankle; and
 - 1 Blindness means the permanent loss of sight to the extent that visual acuity is 6/60 or worse, or to the extent that the visual field is reduced to less than 20 degrees in diameter.

Definition B – Specified Medical Conditions

All of the following apply:

- > You were **employed** at any time in the previous 16 months immediately prior to the **date of disablement**; and

- You are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paralysis, dementia and Alzheimer’s disease, Parkinson’s disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis,

and, based on medical or other evidence satisfactory to the Insurer, it is in the Insurer’s opinion that you have undertaken all reasonable treatment and are unlikely to ever engage in any **occupation**, whether or not for reward (the Insurer will have regard to all evidence available to it in forming that opinion).

Definition C – Unlikely to work

All of the following apply:

- You were **employed** at any time in the previous 16 months immediately prior to the **date of disablement**; and
- As a result of the illness or injury, you have been absent from all work for 180 consecutive days,

and, based on medical or other evidence satisfactory to the Insurer, it is in the Insurer’s opinion that you have undertaken all reasonable treatment and are unlikely to ever engage in any **occupation**, whether or not for reward (the Insurer will have regard to all evidence available to it in forming that opinion).

Definition D – Unable to do basic work activities ever again or have a mental illness

Part 1. You:

- have for a continuous period of at least three consecutive months, been disabled by illness or injury to such an extent that you have been unable to perform, without the assistance of another person, at least two of the activities listed below as certified by a medical practitioner, and
- are, after the end of the three-month period, permanently unable to perform the relevant activities

You will not be considered unable to perform the relevant activity if you can still perform the relevant task with the assistance from another adult (with **aids and adaptations**).

The activities include:

- **Mobility:** the ability to:
 - ⌚ Bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or
 - ⌚ Walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition.
- **Seeing:** the ability to read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist.
- **Lifting:** the ability to lift with your hands (from bench height) and carry a five (5) kg weight a distance of ten

(10) metres and place the item back down at bench height.

- **Communicating:** the ability to speak in your first language with sufficient clarity such that you can hold a conversation in a quiet room by understanding a simple message and relaying that message to another person.
- **Manual dexterity:** the ability to use:
 - ⌚ At least one hand to pick up or manipulate small objects precisely with your hand or fingers (such as picking up a coin from desk height, using cutlery, tying shoelaces or fastening buttons), or
 - ⌚ A pen, pencil or keyboard to write a short note that can be understood by another person in their first language.

Where you are unable to perform one or more of the above activities when cover commenced, that activity will not be taken into consideration by the Insurer as part of the TPD assessment.

Or

Part 2. You have a **mental illness** that:

- ⌚ your treating registered psychiatrist believes your condition won’t improve, and
- ⌚ you have been assessed by a psychiatrist appointed by the Insurer as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in the psychiatrist’s opinion the condition is permanent.

Terms used in the disability definitions

Date of disablement means the later of:

- the date on which a medical practitioner examines you and certifies in writing that you suffer from an illness or injury that is the principal cause of your total and permanent disablement for which a claim is made; and
- the date you cease all work.

However:

- If you participate in a rehabilitation program and are incapable of returning to work within 12 months from the date you commenced your absence from work, the date of disablement is the date that would have applied if you had not participated in the rehabilitation program.
- The date of disablement must occur while you are insured for total and permanent disablement under the applicable policy.

Permanently incapacitated means the Insurer is reasonably satisfied that your ill health (whether physical or mental) makes it unlikely that you will ever engage in gainful employment for which you are reasonably qualified by education, training or experience.

Employed means you:

- are employed (including self-employed unless specifically excluded); and
- have worked and are expected to receive an income, or received an income, from paid work;

in any business, trade, profession, vocation, calling, occupation or employment.

You are not considered to be employed if you are available to work or look for work and have not worked.

Occupation means an occupation that you can perform, on a full-time or part-time basis, based on the skills and knowledge you have acquired through education, training or experience when the Insurer forms its opinion.

Mental illness means you have been diagnosed by a registered psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board).

Aids and adaptations refers to equipment or fixtures which assist you to carry out the activities.

Voluntary cover

You can apply for Voluntary cover

In addition to any Standard cover, eligible members of the Plan may apply for additional Death Only or Death and TPD cover. As for Standard cover, Voluntary Death cover also provides a benefit on terminal illness.

Voluntary cover is available on application to the Insurer, subject to underwriting (unless the increased cover is requested under the 'Life Events' option). Call us on **1300 614 644** if you want to apply for Voluntary cover.

You should seek financial advice about what insurance is appropriate for you.

Maximum levels of cover available

You may apply for additional Death Only insurance cover or Death and TPD insurance cover, subject to your total cover, (being the sum of your Standard cover and Voluntary cover) not exceeding the maximum level.

Life Events Cover is classified as Voluntary cover.

For members joining the Plan on or after 1 December 2025 the maximum level of cover available is \$2 million.

Different maximum benefits are available to members who joined the Plan before 1 December 2025.

Evidence of health is required

If you want to apply for Voluntary cover, you will have to provide evidence of your health to the Insurer. This would initially take the form of a personal statement within which you will need to provide details of your medical history and current state of health. The Insurer may request further information in order to assess your application. This process is referred to as underwriting.

The granting of Voluntary cover is at the absolute discretion of the Insurer. Voluntary cover does not commence until your application for cover is approved by the Insurer, however, 'interim accident cover' may apply whilst your application is awaiting underwriting. See the information about interim accident cover below.

Voluntary cover may be accepted on a restricted basis. This means:

- You may not be granted the full amount of additional cover sought; and/or
- The cover may have certain special conditions or exclusions (e.g. no coverage in relation to back injuries, etc. if you have had a previous back injury).
- The insurance fees for your Voluntary cover may include a loading imposed by the Insurer to reflect the additional risk it assigns to your cover after reviewing and accepting your application. This means the insurance fees will be higher than those shown later in this Guide.

In the event of your death, terminal illness or TPD, any Voluntary cover that you have taken out will be payable, in addition to any Standard cover (subject to any conditions or exclusions applicable to Voluntary cover only).

Interim Accident cover

If you apply for Voluntary cover, the Insurer will provide interim accident cover during the underwriting process relative to the type of insurance benefit applied for. The maximum insurance benefit payable under interim accident cover is \$1,500,000.

Interim accident cover will be provided from the date the Insurer receives your written request to provide Voluntary cover. Cover will cease on the earliest of:

- > the date the Insurer accepts or declines your request;
- > the date your request is withdrawn;
- > the date the Insurer cancels the interim accident cover;
- > 120 days after the Insurer receives your written request.

For an interim accident benefit to be payable, you must either:

- > die within 120 days of the accident, or
- > become TPD within 120 days of the accident.

If you are entitled to make a claim for an interim accident cover benefit, your application for Voluntary cover will be automatically cancelled.

Exclusions for Interim accident cover

No benefit is payable if:

- > your bodily injury is caused by engaging in hazardous pastimes or sports that would not be covered under the Insurer's normal underwriting guidelines;
- > the cover you applied for would have been declined under the Insurer's normal underwriting guidelines;
- > you lodge a claim for an event or condition that would have been excluded under the Insurer's normal underwriting guidelines.

Life Events cover

You can apply to increase your insurance cover (as Voluntary cover) upon the occurrence of a significant life event without undergoing a full health assessment.

The Insurer may provide this additional cover if you already have Standard cover in the Plan and one of the following life events occurs:

Life events	Insurance cover may be increased by the lesser of:
<ul style="list-style-type: none"> > Marriage or entering into a de facto relationship. > Becoming a parent (including through adoption). > Having a child commence their first day at primary or secondary school. 	<ul style="list-style-type: none"> > 25% of your Standard cover amount, and > \$200,000
<ul style="list-style-type: none"> > Taking out a mortgage to purchase a primary residence. 	<ul style="list-style-type: none"> > 25% of your Standard cover amount, > the amount of the primary mortgage, and > \$200,000

The following conditions apply to the amount of Life Events cover:

- > You must be aged less than 65 years; and
- > The maximum amount which can be applied for cannot exceed the maximum insured benefits; and
- > An application for Life Events cover can only be made once; and
- > If you have both Standard Death and TPD cover, then both types of cover must be increased by the same proportions.

The Insurer may apply special terms and conditions.

How much does Life Events cover cost?

Insurance fees for Life Events cover are the same as for Voluntary cover and are shown on the next page.

How to apply for Life Events cover?

To apply for Life Events cover, you need to submit certified copies of documentation and a completed 'Life Events Cover Application Form' within 60 days of the event. You can obtain a form by contacting us on 1300 614 644. You will be required to provide evidence of the Life Event as stipulated on the form.

Exclusions on insurance cover
(including Life Events cover)

Benefits will not be payable in respect of any Standard or Voluntary cover where:

War	<p>The condition for which you are claiming is caused by:</p> <ul style="list-style-type: none"> ➤ an act or activity of war which occurs within Australia after your cover started; ➤ your participation in an act or activity of war which occurs after your cover started; or ➤ your participation in a terrorist act or activity. <p>The exclusions in the first two bullet points:</p> <ul style="list-style-type: none"> ➤ apply whether the war, or act of war, is declared or not; and ➤ does not apply to death while on war service for Australia. <p>'War service' has the same meaning the expression has under the <i>Life Insurance Act 1995 (Cth)</i>.</p>
Self-inflicted acts or suicide	<p>Within 12 months from the date your cover commenced or was increased:</p> <ul style="list-style-type: none"> ➤ your death, terminal illness or TPD was caused by suicide or attempted suicide, or ➤ your death, terminal illness or TPD was caused directly or indirectly by an intentional act done by yourself. <p>This only applies where you have been underwritten, or if limited cover applies (more information on Limited Cover can be found in the <i>Standard cover</i> section).</p>
Pandemic illness	<p>You die or become terminally ill, either directly or indirectly by a pandemic illness, within 30 days of your cover:</p> <ul style="list-style-type: none"> ➤ commencing; or ➤ increasing (but only in relation to the increased benefit amount). <p>If this exclusion applies, we will be advised by the Insurer to notify you of the effective date of the exclusion in writing at least 14 days prior.</p>

Cost of Voluntary cover

You are responsible for paying the insurance fees associated with any Voluntary cover you have applied, and been accepted, for. You must ensure that your account balance is sufficient to meet the monthly deduction (in arrears) of insurance fees for Voluntary cover.

Insurance fees include the insurance premium (which includes stamp duty) and an insurance administration fee of 5.00% of the insurance premium (plus Goods and Services Tax (GST) and net of Reduced Input Tax Credits (RITC)).

The annual insurance fees below apply per \$1,000 of any:

- Voluntary cover (issued to you after the underwriting process and acceptance by the Insurer)
- Life Events cover (issued upon the Insurer's acceptance of your application following a life event, but without underwriting).

Note: Insurance fees will be calculated based upon your age next birthday on 1 July each year.

Depending on the information you provide in your application, the insurer may decide to apply an additional 'loading' to your insurance fees. If this applies to you, it means that the insurance fee rates you pay for your voluntary cover will be higher than the insurance fees shown below. The loading to your insurance fees is added because, after considering evidence of your health and any recreational activities (provided by you during the underwriting process) against its underwriting criteria, the Insurer considers you a higher risk than the risk inherent in the insurance fees in the table below.

For Voluntary cover for the period from 1 December 2025 to 31 December 2025, insurance premiums were payable to AIA. Contact us on 1300 614 644 for further information about the insurance fee rates applicable for this period.

Voluntary cover from 1 January 2026 – Annual Insurance fee rates per \$1,000 of Death Only or Death & TPD cover held

Age next birthday	Death Only (\$)		Death & TPD (\$)	
	Male	Female	Male	Female
16	0.15	0.06	0.15	0.06
17	0.18	0.07	0.19	0.07
18	0.22	0.08	0.25	0.09
19	0.24	0.08	0.28	0.11
20	0.26	0.09	0.33	0.13
21	0.28	0.09	0.36	0.14
22	0.28	0.08	0.38	0.14
23	0.30	0.08	0.40	0.14
24	0.30	0.08	0.41	0.14
25	0.28	0.08	0.42	0.13
26	0.28	0.08	0.43	0.14
27	0.27	0.08	0.43	0.15
28	0.26	0.08	0.43	0.16
29	0.25	0.08	0.43	0.17
30	0.24	0.09	0.42	0.19
31	0.24	0.09	0.43	0.20
32	0.23	0.11	0.44	0.22

Age next birthday	Death Only (\$)		Death & TPD (\$)	
	Male	Female	Male	Female
33	0.23	0.12	0.45	0.24
34	0.23	0.13	0.45	0.26
35	0.23	0.14	0.47	0.31
36	0.23	0.15	0.48	0.34
37	0.24	0.17	0.52	0.38
38	0.25	0.17	0.56	0.42
39	0.27	0.19	0.59	0.47
40	0.28	0.22	0.64	0.55
41	0.31	0.22	0.71	0.61
42	0.32	0.25	0.74	0.67
43	0.34	0.28	0.81	0.77
44	0.36	0.31	0.90	0.85
45	0.39	0.33	0.98	0.95
46	0.42	0.36	1.09	1.06
47	0.46	0.40	1.21	1.18
48	0.50	0.42	1.35	1.30
49	0.56	0.46	1.52	1.44
50	0.61	0.50	1.72	1.59
51	0.69	0.54	1.94	1.75
52	0.76	0.58	2.20	1.92
53	0.85	0.62	2.50	2.11
54	0.96	0.66	2.87	2.32
55	1.08	0.73	3.27	2.58
56	1.19	0.80	3.71	2.90
57	1.35	0.90	4.24	3.25
58	1.51	0.99	4.82	3.68
59	1.68	1.11	5.48	4.16
60	1.89	1.23	6.25	4.74
61	2.14	1.37	7.18	5.38
62	2.41	1.55	8.24	6.13
63	2.73	1.73	9.47	6.98

Age next birthday	Death Only (\$)		Death & TPD (\$)	
	Male	Female	Male	Female
64	3.10	1.93	10.91	7.93
65	3.52	2.15	12.55	8.98
66	3.99	2.39	N/A	N/A
67	4.53	2.66	N/A	N/A
68	5.13	2.95	N/A	N/A
69	5.80	3.25	N/A	N/A
70	6.55	3.58	N/A	N/A

Example: The insurance fees applicable to a female aged 45 (who will be 46 years old at her next birthday) with \$500,000 of Voluntary cover for Death and TPD would be calculated as follows: $\$500,000 \div 1,000 \times \$1.06 = \$530.00$ p.a.

Insurance fees are deducted from account balances on a monthly basis. The approximate monthly deduction is \$44.17. The actual amount deducted each month may be slightly different due to rounding.

When does insurance cover end?

Insurance cover can end in a range of circumstances. These end of cover events can occur in two ways:

1. events not related to leaving KPMG (i.e. ceasing to be a partner of the Partnership or an executive director with KPMG)
2. events that occur because of ceasing to be a partner of the Partnership or an executive director of KPMG

For simplicity we shall refer to ceasing to be a partner of the partnership or an executive director of KPMG as leaving KPMG.

If cover started for you on or after 1 December 2025, it may have since ceased if an end of cover event has occurred after that date.

Unless specified otherwise, references to the end of cover apply to both Standard cover and Voluntary cover.

1. End of Cover Events Not Related to Leaving KPMG

Any insurance cover will end on the earliest of the following:

- a) for Standard cover, 12.00 a.m. on 1 March 2026, if you did not meet the PMIF requirements on that date (see 'Assessment of PMIF requirements' below).
- b) for Death cover, the end of the day before your 70th birthday.
- c) for TPD cover, the end of the day before your 65th birthday.
- d) the date you cease to be a member of the KPMG Plan.
- e) for members who are not (or cease to be) PMIF exempt:
 - i. the date there is insufficient balance in your account to meet the monthly deduction of insurance fees, which occurs at the end of the month during which cover was provided, or

- ii. the date you become *inactive* under Protecting Your Super rules. Reinstatement of cover cancelled due to inactivity is available (without underwriting by the Insurer) within a short time frame. Conditions apply. Please refer to *Reinstatement of insurance cover if it is cancelled due to inactivity* section for more information.
- f) the date of your death.
- g) the date a TPD benefit becomes payable (unless your Death cover is more than your TPD cover and you die within 12 months of your date of disablement).
- h) the date a terminal illness benefit becomes payable, unless your Death cover is more than the maximum benefit payable under terminal illness, in which case Death cover is reduced by the amount of terminal illness benefit paid.
- i) the date your written request to cancel your insurance cover is received by us.
- j) when you are on unpaid leave for a period longer than 24 months without prior written approval by the Insurer.
- k) if you are not an Australian citizen, permanent resident, or don't hold a valid visa to work in Australia, then your cover will end three months after the date you leave and remain outside of Australia.
- l) if you are on a Temporary Skills Shortage visa, the day you cease employment.
- m) the day you no longer hold a valid visa to work in Australia.
- n) if you join the armed forces (other than the Australian Armed Forces Reserves), the day you join or
- o) the date when the insurance policy terminates, unless the cover is provided via a new policy.

2. End of Cover Events occurring when you leave KPMG

Any cover you hold will end:

- > For Standard cover, on the date you cease to be PMIF exempt and you do not meet the PMIF requirements (see 'Assessment of PMIF requirements' below). If you ceased to be a partner of the partnership or an executive director with KPMG before 28 February 2026, you ceased to be PMIF exempt at the end of your last day with KPMG.
- > If your cover is not eligible for a valid transfer to the retained category (as per Table 1 on below), then your cover will end in accordance with the timeframe set out in Table 2 below.

Assessment of PMIF requirements

We checked the information we held about you in our membership records to ascertain whether on the relevant date (i.e. 1 March 2026, or the date you ceased to be a partner of the partnership or an executive director of KPMG with KPMG, if earlier) you:

- > were age 25 or over, and
- > had an account balance of at least \$6,000 at any time since 1 November 2019, or
- > had lodged an election (before you ceased to be PMIF exempt) to keep your cover (notwithstanding you don't meet the age and account balance requirements outlined above).

We will write to you (using the contact details we hold for you) to provide you with information about the changes to your account and insurance and outline your options.

Transfer to the retained category

With effect from the day after the date you leave KPMG, your account balance, investment choice(s) and nominated beneficiaries will automatically be transferred to the retained category of the Fund and become subject to the smartMonday Prime TETF PDS (including any incorporated information) available at smartMonday.com.au. Different fees and costs apply to the retained category (see the *How smartMonday Prime TETF - KPMG Executive Superannuation Plan Works Guide* for a summary of the changes).

It is important to note that insurance does not automatically transfer. Eligibility rules apply, as set out in Table 1 below.

A. If you did not meet the PMIF requirements on the date you leave KPMG

If you left KPMG before 1 March 2026

Your Standard cover (but not your Voluntary cover) will have been cancelled at the end of the day you left KPMG.

We will send you a letter explaining:

- > the cancellation, and
- > how you may apply to reinstate your Standard cover, if you want this cover to continue. You must apply within the timeframe specified in the letter and ensure your account balance is sufficient to backpay insurance fees and administration fees and costs applicable from the date you left KPMG.
- > Any reinstated your Standard cover may:
 - cease a short time after leaving KPMG, or
 - continue longer, depending on whether you meet the conditions for a valid transfer of cover to the retained category (as explained below).

If you leave KPMG on or after 1 March 2026

Any Standard cover you hold from that date (if not cancelled on 1 March 2026 due to ceasing to be PMIF exempt) may be transferred to the retained category (if conditions for a valid transfer are met – see below).

Conditions for valid transfer of cover to the retained category

Table 1

Requirement	Condition
Superannuation law	For transfers before 1 March 2026, you meet the PMIF requirements.
Additional Insurer requirement 1	You are At Work on the day you leave KPMG At Work generally means you are performing all your normal duties without restriction due to illness or injury, and you are not receiving (or entitled to) income support benefits from any source.
Additional Insurer requirement 2	You are not leaving KPMG due to illness or injury, and you are not entitled to an insured benefit under the previous

	policy for employees in this Plan up to and including 31 December 2025.
Additional Fund condition	Your account balance is at least \$6,000

If you are not eligible for a valid transfer of your cover

Your cover may continue outside the retained category (i.e. within the Plan) for a short time after you leave KPMG.

Table 2

Type of member	Cover may continue for up to:
Insurance only member (joined to the Plan on or after 1 December 2025 and who left KPMG before 28 February 2026)	60 days from the date KPMG notified us of the date you left, where this occurred on or before 28 February 2026. Please note on 1 March 2026 all accounts for insurance-only members were terminated.
Other members	30 days from the date you left KPMG

If you meet the PMIF requirements on the date you leave KPMG (if date of leaving is before 1 March 2026)

If your account balance is:

- > at least \$6,000, we will automatically transfer your cover to the retained category with effect from the day after that date.
- > less than \$6,000, your cover may continue for a short time (outside the retained category) after you leave KPMG following the same table above. I.e. the length of time your cover will continue (outside the retained category) depends on whether you are an insurance only member or not.

If your cover is validly transferred to the retained category (regardless of the date you leave KPMG):

- > it will be fixed at the level it was on the date of leaving KPMG.
- > it will become subject to the insurance fees, terms and conditions (including end of cover events) for the retained category of smartMonday Prime TESH, as set out in the smartMonday Prime TESH Insurance Guide you will receive upon transfer. Insurance fees in the retained category are calculated differently and will be higher. You should consider the latest smartMonday Prime TESH Insurance Guide available from <insert website details> for further information about the applicable insurance fees.
- > the amount of your TPD cover will continue to be subject to a reduction from age 61, as explained earlier in this Guide.
- > any individual exclusions, loadings to insurance fees, or restrictions that applied to your Voluntary cover before the transfer will continue to apply;
- > if, immediately prior to transfer, you had limited cover, you will continue to have limited cover subject to the terms of the applicable policy.

Invalid transfer of cover to the retained category

If your account balance is at least \$6,000, we will automatically transfer your insurance cover to the retained category.

However, we may not know whether you meet the Insurer’s eligibility conditions for the retained category, as outlined in this guide.

If the Insurer later determines that because you did not meet these conditions, the transfer of cover to the retained category was invalid:

- your cover in the retained category will be cancelled from the date it started, and
- your cover will be treated as having continued only for the short period applying outside the retained category as described in Table 2. You will be refunded insurance fees paid for any period after your cover had ended outside the retained category.

You can cancel your insurance cover in the retained category at any time by completing the Insurance changes form at smartmonday.com.au or by contacting us if you no longer require this cover.

Duplicated cover

Note: If you were previously a member of the Plan and were re-employed by KPMG from 1 December 2025 to 28 February 2026, any insurance cover you held upon transfer to the retained category (and providing you were not an insurance-only member), will be retained as Voluntary cover, in addition to being provided with new Standard cover resulting from your re-employment with KPMG (depending on the nature of your re-employment). Any new Standard Cover issued during this period, and not cancelled at the end of 28 February 2026, was reduced to \$50,000 on 1 March 2026. Your total cover will be subject to the applicable maximum benefit amount/s.

Reinstatement of insurance cover if it is cancelled due to inactivity

Your cover will cease if your account has not received an amount (e.g. a contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your insurance and we received this election before your account became *inactive*.

Note: making an election to keep your cover (in the event your account becomes *inactive*) does not mean cover continues indefinitely, as cover may cease for some other reason. Refer to the *When does insurance cover end?* section in this guide.

We are required under superannuation law to attempt to contact you (using the contact details we hold), on three occasions (9, 12 and 15 months) before we cancel cover and provide you with the opportunity to keep your cover.

Where your insurance cover has been cancelled due to your account becoming *inactive*, you can apply to reinstate your cover without being underwritten by the Insurer if:

- > you notify us that you want to continue your cover within 90 days of its cancellation, and
- > your account balance is sufficient to backpay applicable insurance fees from the date your cover was cancelled,

If you meet these conditions, your cover will be reinstated back to the day after the date it was cancelled.

If, when you notify us that you want to restart your cover, more than 90 days has lapsed since your cover was cancelled the insurer's written approval to reinstate is required.

Please note: any Standard cover reinstated on or after 1 March 2026 is subject to a maximum of \$50,000. This applies even if the amount of Standard cover held when it was cancelled before 1 March 2026 was greater than \$50,000.

Call us on **1300 614 644** for more information about reinstating your cover.

Worldwide cover

Australian citizens, permanent residents or holders of a valid visa to work in Australia are covered 24 hours a day, seven days a week, and may travel, work or reside overseas without restriction to the insurance benefit payable, provided cover doesn't cease for some other reason as described in this document.

If you're not an Australian citizen, permanent resident, or don't hold a valid visa to work in Australia, then you are still eligible to continue cover up to a maximum of **3 months** while overseas.

The Insurer may require you to return to Australia (at your own expense) for the assessment of a claim.

Insurance cover provided to temporary residents who work for KPMG in Australia

Eligible temporary residents (e.g. secondees from overseas) working for KPMG in Australia are generally provided with the same Standard cover available to other employees of KPMG Australia for the duration of their secondment or employment with KPMG in Australia, subject to them holding a valid work Visa in Australia and are classified as permanent employees on the KPMG Australia payroll.

Please refer to the section *When does insurance cover end?* for more information.

Unpaid leave while employed with KPMG

Insured members employed with KPMG will be covered for insurance benefits during periods of KPMG-approved unpaid leave up to 24 months as long as the insurance fees continue to be paid and the cover does not cease for some other reason.

Insurance policy terms and conditions

The policy document issued by the Insurer stipulates the detailed legal aspects of your insurance cover **within** the Plan, until you leave KPMG. This document can be made available by contacting us on **1300 614 644**.

The PDS and this Insurance Guide contain a summary of the main features of available insurance cover and benefits that may be provided to members of the Plan. Insurance cover/benefits are subject to detailed terms and conditions (including defined terms) that are set out fully in the applicable policy documents. In any dispute over benefit payments or interpretation, the strict policy wording of the policy documents will always prevail.

The payment of any insured benefits by the Trustee from the Plan is subject to acceptance of a claim by the Insurer, the Trust Deed and superannuation legislation. If, for whatever reason, insurance benefits are denied, reduced or limited by the Insurer, then the benefit payable from the Plan will be affected.

Duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, the Insurer conducts a process called underwriting. It is how the Insurer decides whether it can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give in response to the Insurer's questions is vital to its decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the Insurer in the position it would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given was true. For example, the Insurer may do this when a claim is made.

Before the Insurer exercises any of these remedies, it will explain its reasons and what you can do if you disagree.

Guidance for answering the Insurer's questions

You are responsible for the information provided to the Insurer. When answering the Insurer's questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the Insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, the Insurer may ask about any changes that mean you would now answer its questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions the Insurer can ask. Ask us, or the Insurer, or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the Insurer's questions.

Help is available if you're having difficulty due to a disability, understanding English or for any other reason. If you want, you can have a support person you trust with you.

Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Economic or trade sanctions

If you have a trade or economic sanction placed against you then you will not be eligible for insurance cover and would not be paid out on any claim received on or after that date. The Insurer could be exposed to penalties or restrictions if cover was provided to a sanctioned person.

Privacy

Your privacy is important to the Insurer. By becoming a member, or otherwise interacting or continuing your relationship with the Insurer directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the Insurer's Privacy Policy (as updated from time to time):

- The AIA Australia Group Privacy Policy is available on AIA Australia's website (aia.com.au/en/privacy-policy)
- The MetLife Privacy Policy is available at www.metlife.com.au/privacy
- The Trustee's privacy statement is available at eqt.com.au/global/privacystatement.