Acenda Life

Protection*first* range

Your guide to what is included in the Insurance PDS and Super PDS for the Protection*first* range.



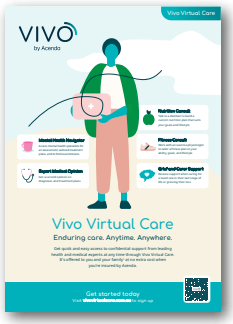
1. Protection*first* range Product Disclosure Statement

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



2. Smart Future Trust - Retail Insurance in Super: for Life Cover Super and Protection*first* Super Product Disclosure Statement

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



3. Meet Vivo

Your holistic health, wellness and recovery program.

Note:

- If you are applying for insurance outside of super, please read the **Insurance PDS**.
- If you are applying for insurance through the Smart Future Trust, please read the **Insurance PDS** and the **Super PDS**.

Important information

The Insurance PDS is issued by Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda, the Insurer.
The Super PDS is issued by Stewarda Pty Ltd in its capacity as Trustee for the Smart Future Trust.

AC7236-0926
CGP-4155



Acenda Life

Protection*first* range

PRODUCT DISCLOSURE STATEMENT

PREPARATION DATE
1 November 2026

INSURER
Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda (the Insurer)
ABN 90 000 000 402
AFSL 230694

This Product Disclosure Statement (PDS) is for the exclusive use of current holders of policies within the Protection*first* range.





Your guide to using this PDS

This Product Disclosure Statement is for the exclusive use of current holders of a policy under the Protection*first* range.

Important information

Acenda 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 **acenda.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. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

The information in this PDS does not take into account your objectives, financial situation or needs. Please consider how appropriate this information is, based on your personal circumstances.

We recommend you speak with your financial adviser before making any decision about your insurance.

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 call the number above to get a free copy of these insurance policies.

Insurance is issued by Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda (the Insurer). The Insurer is a member of the Nippon Life Group.

Acenda 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.

Policies within the Protection*first* range offered only in Australia. Acenda 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 holder 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. Your doctor can help you to understand this medical terminology.

Our sustainability vision

We believe that operating sustainably will bring opportunities for us to enhance the lives of our customers, people, partners, and community.

Embedding sustainable practices across Acenda goes to the core of our 'Promise for Life' and delivering on our ambition 'to be Australia's leading, most trusted life insurer'.

We believe our commitment to operating sustainably will ensure we are not only meeting global standards on critical issues like climate change but also supporting a higher and more sustainable quality of life for our community.

For more information please visit **acenda.com.au/about-us/our-sustainability-vision**

Before you read this PDS

The information in this PDS applies if you have an existing policy in the Protection*first* range and want to make changes. If you do not have an existing policy you are not able to access the policies described in this PDS.

For the full terms and conditions of your existing insurance please refer to your Policy Document and subsequent upgrade notices.

If you already have a policy in the Protection*first* range, you can apply to:

- increase the amount of your existing benefits
- make changes to your existing policy
- add new benefits and/or features to your policy
- transfer your insurance outside super to inside super (subject to restrictions)
- transfer your existing insurance inside super to outside super
- take out a new super insurance policy and link it to your policy outside super, or
- take out a new insurance policy outside super and link it to your policy inside super

In this PDS you'll find the following terms:

For insurance policies inside super within the Protection*first* range		
Acenda/we/ us/our	refers to	Nippon Life Insurance Australia and New Zealand Limited, the insurer.
Trustee	refers to	• Stewarda Pty Ltd for insurance through your super in the Smart Future Trust, or • The trustee of your super fund if the insurance is purchased through your eligible super wrap account, or • the trustee of your complying super fund.
the Fund	refers to	the Smart Future Trust
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 a trustee other than Stewarda Pty Ltd.
you/your/ member	refers to	a member of the Fund or your fund and the life insured
For insurance policies outside super within the Protection*first* range		
Acenda/we/ us/our	refers to	Nippon Life Insurance Australia and New Zealand Limited, the insurer.
you/your	assumes that	you are both the policy owner and the insured. There are instances when the policy owner and life insured are different. For example, when a company takes out a policy on an employee, or there is more than one policy owner.
outside super	refers to	insurance which is not governed by super law and outside the super environment.

Your guide to using this PDS

In this PDS you will find the following information about your insurance. You should read it carefully.

	Section		Go to
	**How insurance works with Acenda**	How insurance works, what decisions you need to make about your cover and how claims work.	Pages 6 - 10
	**Key information about the Protection*first* range**	The policies, benefits, features and options available about your insurance you need to make a decision about.	Pages 12 - 29
	**Your insurance journey**	Understand your insurance journey and important information you need to know at each step.	Pages 32 - 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: • what you are not insured for (known as **Exclusions**) on pages 91 - 93, and • when your insurance will end (known as **Termination**) on pages 94 - 96.	Pages 50 - 96
	**Key medical and disability definitions**	How we define medical and other definitions for the purpose of your insurance.	Pages 98 - 110
	**Glossary of common terms**	An explanation of key terms and concepts used in this PDS.	Pages 111 - 114
	**Your duty to take reasonable care not to make a misrepresentation**	An explanation of what this duty means.	Pages 115 - 116
	**Privacy Notification**	An explanation of how we handle your personal information.	Pages 116 - 118
	**Interim Cover**	The terms and conditions for Interim Cover, which covers you while we assess your application.	Pages 120 - 122

Making a claim

On page 44 we describe what you need to know about 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 (AEST/AEDT), Monday to Friday, to find out what you or they need to do, and to get the relevant forms.



1

How insurance works with Acenda

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 must provide information about your health and individual circumstances. This determines if you can be insured, or if special terms need to apply.

When answering the questions we ask, you have a duty to take reasonable care not to make a misrepresentation. This means you must take reasonable care to answer our questions accurately, to the best of your knowledge.

If you don't comply with your duty, you or your beneficiaries may not be paid a benefit when you need it most.

All the information you need about your duty to take reasonable care not to make a misrepresentation are on pages 115 - 116.

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 36 - 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 Termination sections of this PDS on pages 94 - 96.



Worldwide insurance

Acenda 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 terms and conditions section of this PDS on pages 50 - 96.

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

Our offer

Our offer at a glance

Insurance inside and outside super

You can quickly see when an insurance policy and benefits within the Protection*first* range are available inside and outside super using the symbols here.

OUTSIDE SUPER Outside Super

INSIDE OUTSIDE SUPER Inside/Outside Super

Protection*first* range products we offer

Products we offer	Summary	Find out more
Protection – Life INSIDE OUTSIDE SUPER	Provides a lump sum benefit if you die or you're diagnosed with a Terminal Illness (that is likely to lead to your death within 12 months). For an additional premium, you can add disability cover which will provide a lump sum benefit if you suffer a total and permanent disability and cannot work again.	Page 12
Protection – Recovery Money OUTSIDE SUPER	Provides a lump sum benefit if you die, or suffer one of the critical illnesses covered by the policy. For an additional premium, you can add disability cover which will provide a lump sum benefit if you suffer a total and permanent disability and cannot work again.	Page 14
Protection – Flexible Recovery Money OUTSIDE SUPER	Provides a lump sum benefit if you suffer a total and permanent disability and cannot work again and/or if you are diagnosed with one of the critical illnesses covered by the policy. **It is an ancillary policy that can only be held in conjunction with an approved Protection – Life policy. The Flexible Recovery Money policy and the Life policy are linked. A benefit payable under one policy will reduce the benefit provided under the other.**	Page 18
Protection – Stand Alone Recovery Money INSIDE OUTSIDE SUPER	Provides a lump sum benefit if you suffer a disability and cannot work again or if you are diagnosed with one of the critical illnesses covered by the policy, or both. **Unlike the Flexible Recovery Money policy which can only be held in conjunction with an approved Protection – Life policy, the Stand Alone Recovery Money policy can be held separately.** **If the policy contains the Critical Illness Benefit it is not available through a super fund.**	Page 20
Protection – Income Gold OUTSIDE SUPER	Provides you with an income stream if you are unable to work due to sickness or injury. This is our highest level of cover paying a percentage of your regular income.	Page 22
Protection – Income Excell INSIDE OUTSIDE SUPER	Provides you with an income stream if you are unable to work due to sickness or injury. This is our standard level of cover paying a percentage of your regular income.	Page 22
Protection – Income Daily Living OUTSIDE SUPER	Provides you with an income stream if you are substantially disabled due to sickness or injury and unable to work. It pays a percentage of your regular income. This cover is designed for people who would not be generally would not be able to obtain income protection such as those in hazardous occupations, homemakers and retirees.	Page 26
Protection – Income Business Expenses OUTSIDE SUPER	Provides cover for certain business expenses if you cannot work due to sickness or injury. You can apply for this insurance if you are self-employed or in an approved occupation.	Page 28

Insurance in super at Acenda

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.

Acenda 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 insurance in super you will need to meet both:

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

for benfits to be paid to you or your beneficiaries.
More information about the conditions of release is on page 45.

Holding your policy in a super fund

Acenda has an arrangement with Stewarda Pty Ltd ABN 56 098 527 256 AFSL 236049, who is the Trustee of the Smart Future Trust (the Fund) ABN 68 964 712 340 to make products within the Protection*first* range available to you.

For details about:

Stewarda Pty Ltd and the Smart Future Trust	Eligible super wrap accounts	Your own SMSF
Please refer to their PDS: Smart Future Trust – Retail Insurance in Super: for Life Cover Super and Protection*first* Super Product Disclosure Statement	Please refer to their PDS for the super wrap account you hold or are taking out.	Please refer to the 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
- 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.

Premium structures you can choose

We offer two types of premium structures that you can choose from: Stepped premiums and Level premiums.

For more information please see page 39.

Our offer

Understanding insurance

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

Benefit(s)	What we will pay when a claimable event occurs. Benefits can either be a one-off payment (lump sum) or a monthly payment for a period of time or until you are no longer disabled. The benefit paid may be the full sum insured, a proportion of the sum insured or another amount. There may be more than one benefit available under your Insurance, to cover different needs.
Setting(s)	TPD, Income Protection and Business Expenses have a choice of settings (which you select when you apply) that will determine 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)	You decide when you take out your insurance if you want an option. There are two types of options: • 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**. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

2

Key information about the Protection*first* range

Protection - Life

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

Application age (next birthday)

Death Benefit
outside super: 11-70
inside super: 18-70

Disability Benefit Option:
outside super: 17-64
inside super: 18-65

Child Critical Illness Benefit
outside super: 3-16

Expiry age (cover expires on Review Date immediately before age noted below)

Outside super: 90

Inside super: 75 (at which time you may apply for a non-super Protection – Life policy for the same sum Insured without having to provide further medical evidence). You'll find more information on page 42.

Child Critical Illness Benefit: 21

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

Death Benefit
No general minimum

Disability Benefit Option
No general minimum

Activities of Daily Living Benefit
No general minimum.

Maximum sum insured

Death Benefit
No general maximum

Disability Benefit Option
$3,000,000

Activities of Daily Living Benefit:
$3,000,000

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

INSIDE OUTSIDE SUPER Available inside and outside super

Your Protection - Life policy

You can structure your Protection - Life policy with:

INSIDE OUTSIDE SUPER a Death Benefit, or

INSIDE OUTSIDE SUPER a Death Benefit with a linked Disability Benefit Option

You can also link a Protection - Flexible Recovery Money policy to a Protection - Life policy to provide you with critical illness cover.

Your Protection - Life insurance benefits

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

Benefit		Purpose of this benefit
Death Benefit Page 51	INSIDE OUTSIDE SUPER	To pay a lump sum benefit if you die.
Accidental Injury Benefit Page 50	INSIDE OUTSIDE SUPER	A portion of the Death Benefit will be paid if, due to an Accident, you suffer the loss of sight and limb.
Terminal Illness Benefit Page 52	INSIDE OUTSIDE SUPER	Where you are diagnosed as having a Terminal Illness and likely to die within 12 months, the death sum insured will be paid out early.
Funeral Assistance Benefit Page 51	OUTSIDE SUPER	To help with urgent costs, such as funeral expenses, an advance payment of 10% of the Death Benefit sum insured up to $10,000, will be paid if you die.
Financial Planning Benefit Page 51	OUTSIDE SUPER	Up to $5,000 will be paid (and shared between recipients) to help you with the cost of a financial plan from a qualified financial adviser, where a lump sum benefit of $100,000, or more, is paid.

Features of your Protection - Life

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

Feature	Purpose of this feature
Cover Bounce-Back Page 52	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available to non-super and SMSF or wrap-platform owned policies, with stepped premiums only.
Future Insurability Option Page 53	To provide you with the ability to increase your Death Benefit and/or Disability Benefit Option without further medical evidence when certain events happen.
Economiser Option Page 53	To help keep your premiums affordable. You can 'freeze' your stepped premium at any time after your 30th birthday. Your premium will then remain fixed, but the sum insured will reduce to the amount of cover that can be purchased for that premium.
Indexation (CPI) Benefit Page 40	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence. Limits apply.

Apply for additional options

You can apply for these options at an additional cost. More information is available at the page number listed under each option.

Option	Purpose of this option
Accidental Death Benefit Page 55	By selecting this option your policy is extended to include an additional Death Benefit amount. This additional sum will be paid if your death results from an Accident, and it occurs within 90 days of the Accident. The additional amount will be the lesser of the death sum insured or $1,000,000.
Child Critical Illness Benefit Page 56	By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. The critical illness conditions covered are listed on page 56.
Business Protection Option Page 55	Allows you to apply for an increase to your Death Benefit sum insured and, if applicable, your Disability Benefit Option sum insured, once a year without having to supply further medical evidence. Limits apply.
Waiver of Premium Page 59	Allows future premiums to be waived while you are Totally Disabled for an extended period or become Retrenched.
Disability Benefit Option Page 57	If you become Totally and Permanently Disabled, the disability sum insured will be paid as a lump sum. Payment of the Disability Benefit will reduce the Death Benefit sum insured. A partial benefit may also be payable for policies outside of super. The Total and Permanently Disability Benefit definition will automatically convert to 'being unable to perform the Activities of Daily Living' on the Review Date before your 65th birthday.
Disability Buy Back Option Page 58	Following a claim for the Disability Benefit, this option allows you to buy back the Death Benefit sum insured on a new Protection – Life policy without providing further medical evidence.
Activities of Daily Living Benefit Page 55	By selecting this option you may extend your cover to include an additional benefit should you be unable to perform the 'Activities of Daily Living'.

Protection - Recovery Money

Provides financial support for your family if you die, with part or all, of the benefit payable early if you suffer a critical illness

Application age (next birthday)

Death Benefit: 11-70
Disability Benefit Option: 17-64
Critical Illness Benefit: 17-64
Child Critical Illness Benefit: 3-16

Expiry age (cover expires on Review Date immediately before age noted below)

Death Benefit: 90
Disability Benefit Option: 90
Critical Illness Benefit: 90
Child Critical Illness Benefit: 21

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

Death Benefit
No general minimum

Disability Benefit Option
No general minimum

Critical Illness Benefit
$10,000

Activities of Daily Living Benefit
No general minimum.

Maximum sum insured

Death Benefit
No general maximum

Critical Illness Benefit
$2,000,000

Disability Benefit Option
$3,000,000

Activities of Daily Living Benefit:
$3,000,000

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

Your Protection - Recovery Money policy

You can structure your Protection - Life policy with:

OUTSIDE SUPER a Death Benefit and a Critical Illness Benefit, or

OUTSIDE SUPER a Death Benefit and a Critical Illness Benefit, with a linked Disability Benefit Option

Your Protection - Recovery Money benefits

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

Benefit		Purpose of this benefit
Death Benefit Page 63	OUTSIDE SUPER	To pay a lump sum benefit if you die.
Critical Illness Benefit Page 62	OUTSIDE SUPER	To pay a lump sum benefit if you suffer one of the listed critical illnesses (on page 61), as defined. Payment of the Critical Illness Benefit will reduce the Death Benefit and, if applicable Disability Benefit.
Child Support Benefit Page 61	OUTSIDE SUPER	If you have a critical illness sum insured of $100,000 or more the policy will include the Child Support Benefit at no extra cost. Your policy will also include $10,000 death or critical illness cover on the life of all your dependant children. The critical illness conditions covered are listed on page 61.
Accidental Injury Benefit Page 61	OUTSIDE SUPER	A portion of the Death Benefit will be paid if, due to an Accident, you suffer the loss of sight and limb.
Terminal Illness Benefit Page 64	OUTSIDE SUPER	Where you are diagnosed as having a Terminal Illness and likely to die within 12 months, the death sum insured will be paid out early.
Funeral Assistance Benefit Page 64	OUTSIDE SUPER	To help with urgent costs, such as funeral expenses, an advance payment of 10% of the Death Benefit sum insured up to $10,000, will be paid if you die.
Financial Planning Benefit Page 64	OUTSIDE SUPER	Up to $5,000 will be paid (and shared between recipients) to help you with the cost of a financial plan from a qualified financial adviser, where a lump sum benefit of $100,000, or more, is paid.

Features of your Protection - Recovery Money

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

Feature	Purpose of this feature
Cover Bounce-Back OUTSIDE SUPER Page 64	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available with stepped premiums only.
Future Insurability Option OUTSIDE SUPER Page 68	To provide you with the ability to increase your Death Benefit and/or Disability Benefit Option without further medical evidence when certain events happen.
Future Insurability Critical Illness Option OUTSIDE SUPER Page 66	To provide you with the ability to increase your critical illness cover without further medical evidence when certain events happen.
Economiser Option OUTSIDE SUPER Page 53	To help keep your premiums affordable. You can 'freeze' your stepped premium at any time after your 30th birthday. Your premium will then remain fixed, but the sum insured will reduce to the amount of cover that can be purchased for that premium.
Indexation (CPI) Benefit OUTSIDE SUPER Page 40	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence.

Protection - Recovery Money

Apply for additional options

You can apply for these options at an additional cost. More information is available at the page number listed under each option.

Option	Purpose of this option
Accidental Death Benefit OUTSIDE SUPER Page 69	By selecting this option your policy is extended to include an additional Death Benefit amount. This additional sum will be paid if your death results from an Accident, and it occurs within 90 days of the Accident. The additional amount will be the lesser of the death sum insured or $1,000,000.
Disability Benefit Option OUTSIDE SUPER Page 73	If you become Totally and Permanently Disabled, the disability sum insured will be paid as a lump sum. Payment of the Disability Benefit will reduce the Death Benefit sum insured and Critical Illness Benefit sum insured. The Totally and Permanently Disabled definition will automatically convert to 'being unable to perform the Activities of Daily Living' on the Review Date before your 65th birthday.
Disability Buy Back Option OUTSIDE SUPER Page 73	Following a claim for the Disability Benefit, this option allows you to buy back the Death Benefit sum insured on a new Protection – Life policy without providing further medical evidence.
Child Critical Illness Benefit OUTSIDE SUPER Page 71	By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. The critical illness conditions covered are listed on page 62.
Severe Illness Benefit OUTSIDE SUPER Page 74	An advance payment of part of the Critical Illness Benefit if you suffer one of the defined severe illnesses. The amount of the benefit will be between $10,000 and 10% of the Critical Illness Benefit Sum Insured and payment will reduce the amount of Death, Critical Illness and (if applicable) Disability Benefits. Limits apply.
Occupationally Acquired Hepatitis B and C OUTSIDE SUPER Page 73	Pays a lump sum if you unintentionally acquire Hepatitis B or Hepatitis C as a result of performing your normal duties at work. The sum insured additional amount will be the lesser of the critical illness sum insured or $500,000.
Critical Illness Reinstatement Option OUTSIDE SUPER Page 72	After the payment of the Critical Illness or Severe Illness Benefit, you can reinstate 100% of the Critical Illness or Severe Illness amount paid without providing further medical evidence.
Critical Illness Buy Back OUTSIDE SUPER Page 72	After the payment of the Critical Illness or Severe Illness Benefit, you can purchase an Protection – Life Policy (Death Benefit only) without providing further medical evidence.
Business Protection Option OUTSIDE SUPER Page 70	Allows you to apply for an increase to your Death Benefit or Critical Illness Benefit sum insured and, if applicable, your Disability Benefit Option sum insured, once a year without having to supply further medical evidence. Limits apply.
Waiver of Premium Option OUTSIDE SUPER Page 74	Allows future premiums to be waived while you are Totally Disabled for an extended period or become Retrenched.
Activities of Daily Living Benefit OUTSIDE SUPER Page 69	By selecting this option you may extend your cover to include an additional benefit should you be unable to perform the 'Activities of Daily Living'.

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Protection - Flexible Recovery Money

Provides you with financial support if you suffer a disability or you're diagnosed with a critical illness

Application age (next birthday)

Disability Benefit Option: 17-64
Critical Illness Benefit: 17-64
Child Critical Illness Benefit: 3-16

Expiry age (cover expires on Review Date immediately before age noted below)

Disability Benefit Option: 90
Critical Illness Benefit: 90
Child Critical Illness Benefit: 21

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

Disability Benefit Option
No general minimum

Critical Illness Benefit
$10,000

Activities of Daily Living Benefit
No general minimum.

Maximum sum insured

Critical Illness Benefit
$2,000,000

Disability Benefit Option
$3,000,000

Activities of Daily Living Benefit:
$3,000,000

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

Your Protection - Flexible Recovery Money policy

This policy must be linked to a Protection - Life policy
A benefit paid under one policy will reduce the benefit sum insured under the linked policy. However a Death Benefit payment will cease this policy.

You can structure your Protection - Flexible Recovery Money policy with:

OUTSIDE SUPER a Critical Illness Benefit, or

OUTSIDE SUPER a Critical Illness Benefit, with a linked Disability Benefit Option

Your Protection - Flexible Recovery Money benefits

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

Benefit	Purpose of this benefit
Critical Illness Benefit OUTSIDE SUPER Page 62	To pay a lump sum benefit if you suffer one of the listed critical illnesses (on page 62), as defined. Payment of the Critical Illness Benefit will reduce the Death Benefit and, if applicable Disability Benefit.
Child Support Benefit OUTSIDE SUPER Page 61	If you have a critical illness sum insured of $100,000 or more the policy will include the Child Support Benefit at no extra cost. Your policy will also include $10,000 death or critical illness cover on the life of all your dependant children. The critical illness conditions covered are listed on page 60.
Financial Planning Benefit OUTSIDE SUPER Page 64	Up to $5,000 will be paid (and shared between recipients) to help you with the cost of a financial plan from a qualified financial adviser, where a lump sum benefit of $100,000, or more, is paid.

Features of your Protection - Flexible Recovery Money

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

Feature	Purpose of this feature
Cover Bounce-Back OUTSIDE SUPER Page 64	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available with stepped premiums only.
Future Insurability Option OUTSIDE SUPER Page 66	To provide you with the ability to increase your Death Benefit and/or Disability Benefit Option without further medical evidence when certain events happen.
Future insurability Critical Illness Option OUTSIDE SUPER Page 68	To provide you with the ability to increase your critical illness cover without further medical evidence when certain events happen.

Feature	Purpose of this feature
Economiser Option OUTSIDE SUPER Page 63	To help keep your premiums affordable. You can 'freeze' your stepped premium at any time after your 30th birthday. Your premium will then remain fixed, but the sum insured will reduce to the amount of cover that can be purchased for that premium.
Indexation (CPI) Benefit OUTSIDE SUPER Page 40	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence.

Apply for additional options

You can apply for these options at an additional cost. More information is available at the page number listed under each option.

Option	Purpose of this option
Disability Benefit Option OUTSIDE SUPER Page 73	If you become Totally and Permanently Disabled, the disability sum insured will be paid as a lump sum. Payment of the Disability Benefit will reduce the Death Benefit sum insured and Critical Illness Benefit sum insured. The Totally and Permanently Disabled definition will automatically convert to 'being unable to perform the Activities of Daily Living' on the Review Date before your 65th birthday.
Disability Buy Back Option OUTSIDE SUPER Page 73	Following a claim for the Disability Benefit, this option allows you to buy back the Death Benefit sum insured on a new Protection – Life policy without providing further medical evidence.
Child Critical Illness Benefit OUTSIDE SUPER Page 71	By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. The critical illness conditions covered are listed on page 71.
Severe Illness Benefit OUTSIDE SUPER Page 74	An advance payment of part of the Critical Illness Benefit if you suffer one of the defined severe illnesses. The amount of the benefit will be between $10,000 and 10% of the Critical Illness Benefit Sum Insured and payment will reduce the amount of Death, Critical Illness and (if applicable) Disability Benefits. Limits apply.
Occupationally Acquired Hepatitis B and C OUTSIDE SUPER Page 73	Pays a lump sum if you unintentionally acquire Hepatitis B or Hepatitis C as a result of performing your normal duties at work. The sum insured additional amount will be the lesser of the critical illness sum insured or $500,000.
Critical Illness Reinstatement Option OUTSIDE SUPER Page 72	After the payment of the Critical Illness or Severe Illness Benefit, you can reinstate 100% of the Critical Illness or Severe Illness amount paid without providing further medical evidence.
Critical Illness Buy Back OUTSIDE SUPER Page 72	After the payment of the Critical Illness or Severe Illness Benefit, you can purchase an Protection – Life Policy (Death Benefit only) without providing further medical evidence.
Business Protection Option OUTSIDE SUPER Page 70	Allows you to apply for an increase to your Death Benefit or Critical Illness Benefit sum insured and, if applicable, your Disability Benefit Option sum insured, once a year without having to supply further medical evidence. Limits apply.
Waiver of Premium Option OUTSIDE SUPER Page 74	Allows future premiums to be waived while you are Totally Disabled for an extended period or become Retrenched.
Activities of Daily Living Benefit OUTSIDE SUPER Page 70	By selecting this option you may extend your cover to include an additional benefit should you be unable to perform the 'Activities of Daily Living'.

Protection - Stand Alone Recovery Money

Provides you with financial support if you suffer a disability or are diagnosed with one of the critical illnesses covered by the policy, or both.

Application age (next birthday)

Disability Benefit Option:
outside super: 17-60
inside super: 18-60

Critical Illness Benefit
outside super: 17-60

Child Critical Illness Benefit
outside super: 3-16

Expiry age (cover expires on Review Date immediately before age noted below)

Disability Benefit Option:
outside super: 90
inside super: 75

Critical Illness Benefit
outside super: 90

Child Critical Illness Benefit
outside super: 21

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

Disability Benefit Option
No general minimum

Critical Illness Benefit
$10,000

Maximum sum insured

Critical Illness Benefit
$2,000,000

Disability Benefit Option
$3,000,000

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

INSIDE OUTSIDE SUPER Available inside and outside super

Your Protection - Stand Alone Recovery Money policy

Your Protection - Stand Alone Recovery Money policy can be structured with:

- INSIDE OUTSIDE SUPER a stand alone Disability Benefit Option,
- OUTSIDE SUPER a stand alone Critial Illness Benefit, or
- OUTSIDE SUPER a stand alone Critical Illness Benefit with a linked Disability Benefit Option

Your Protection - Stand Alone Recovery Money benefits

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

Benefit	Purpose of this benefit
Critical Illness Benefit OUTSIDE SUPER Page 62	To pay a lump sum benefit if you suffer one of the critical illnesses listed on page 61. Payment of the Critical Illness will reduce the Disability Benefit
Child Support Benefit OUTSIDE SUPER Page 61	If you have a critical illness sum insured of $100,000 or more the policy will include the Child Support Benefit at no extra cost. Your policy will also include $10,000 death or critical illness cover on the life of all your dependant children. The critical illness conditions covered are listed on page 61.
Death Benefit INSIDE OUTSIDE SUPER Page 64	If you die while the policy is in force, an amount of $5,000 will be paid.
Financial Planning Benefit OUTSIDE SUPER Page 64	Up to $5,000 will be paid (and shared between recipients) to help you with the cost of a financial plan from a qualified financial adviser, where a lump sum benefit of $100,000, or more, is paid.

Features of your Protection - Stand Alone Recovery Money

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

Feature	Purpose of this feature
Cover Bounce-Back  Page 64	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available to non-super and SMSF or a wrap-platform owned policies, with stepped premiums only.
Future Insurability Option  Page 66	To provide you with the ability to increase your Death Benefit and/ or Disability Benefit Option without further medical evidence when certain events happen.
Future Insurability Critical Illness Option  Page 68	To provide you with the ability to increase your critical illness cover without further medical evidence when certain events happen.
Indexation (CPI) Benefit  Page 40	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence. Limits apply.
Economiser Option  Page 66	To help keep your premiums affordable. You can 'freeze' your stepped premium at any time after your 30th birthday. Your premium will then remain fixed, but the sum insured will reduce to the amount of cover that can be purchased for that premium.

Apply for additional options

You can apply for these options at an additional cost. More information is available at the page number listed under each option.

Option	Purpose of this option
Disability Benefit Option  Page 73	If you become Totally and Permanently Disabled, the disability sum insured will be paid as a lump sum. Payment of the Disability Benefit will reduce the Critical Illness Benefit sum insured. The Totally and Permanently Disabled definition will automatically convert to 'being unable to perform the Activities of Daily Living' on the Review Date before your 65th birthday.
Child Critical Illness Benefit  Page 71	By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. The critical illness conditions covered are listed on page 71.
Business Protection Option  Page 70	Allows you to apply for an increase to your Death Benefit sum insured and, if applicable, your Disability Benefit Option sum insured, once a year without having to supply further medical evidence. Limits apply.
Severe Illness Benefit  Page 74	An advance payment of part of the Critical Illness Benefit if you suffer one of the defined severe illnesses. The amount of the benefit will be between $10,000 and 10% of the Critical Illness Benefit Sum Insured and payment will reduce the amount of Death, Critical Illness and (if applicable) Disability Benefits. Limits apply.
Occupationally Acquired Hepatitis B and C  Page 73	Pays a lump sum if you unintentionally acquire Hepatitis B or Hepatitis C as a result of performing your normal duties at work. The sum insured additional amount will be the lesser of the critical illness sum insured or $500,000.
Critical Illness Reinstatement Option  Page 72	After the payment of the Critical Illness or Severe Illness Benefit, you can reinstate 100% of the Critical Illness or Severe Illness amount paid without providing further medical evidence.
Waiver of Premium Option  Page 74	Allows future premiums to be waived while you are Totally Disabled for an extended period or become Retrenched.

Protection - Income Gold and Income Excell

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

Application age (next birthday)

IG **Protection - Income Gold:** 20-60

IE **Protection - Income Excell:** 20-60

Expiry age (cover expires on Review Date immediately before age noted below)

IG **Protection - Income Gold:** 65*

IE **Protection - Income Excell:** 65*

* Where a benefit period to age 70 is selected and you are Totally or Partially Disabled on the Review Date before your 65th birthday, then payment of benefits will continue to the Review Date before your 70th birthday, or until you are no longer either Totally or Partially Disabled, whichever occurs first.

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

A monthly benefit of
$1,000

Maximum sum insured

75% of first $320,000 pa. of gross income after Business Expenses, and50% of gross income pa. after Business Expenses thereafter, subject to a maximum monthly benefit of $30,000.

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

INSIDE OUTSIDE SUPER Available inside and outside super

Your income protection options

Income protection insurances with high and standard levels of cover:

OUTSIDE SUPER IG **Protection - Income Gold** provides our highest level of cover

INSIDE OUTSIDE SUPER IE **Protection - Income Excell** provides our standard level of cover

Your income protection benefits

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

Benefit	IG	IE	Purpose of this benefit
Total Disability Benefit Page 83	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	To pay a monthly benefit while you are Totally Disabled due to sickness or injury, and unable to work.
Partial Disability Benefit Page 82	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	To pay a proportion of the monthly benefit while you are Partially Disabled due to sickness or injury, and you are only able to work at a reduced capacity.
Death Benefit Page 81	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	If you die while the policy is in force, six times the monthly sum insured will be paid subject to a maximum of $60,000.
Scheduled Injury Benefit* Page 83	OUTSIDE SUPER	OUTSIDE SUPER	If you sustain one or more defined injuries, you will be paid a benefit even if you are working.
Child Income Benefit Page 78	OUTSIDE SUPER	OUTSIDE SUPER	If your dependant child dies or is correctly diagnosed with one of the defined critical illnesses, three times the monthly sum insured up to a maximum of $25,000 will be paid.
Critical Conditions Benefit Page 79	OUTSIDE SUPER	N/A	If you are first diagnosed as suffering a defined condition after you have purchased the policy, you will be paid the monthly sum insured for six months, even if you are working. You can choose to receive this payment as a lump sum. The critical illness conditions covered are listed on page 79.
Emergency Travel Benefit* Page 81	OUTSIDE SUPER	N/A	If, you are outside Australia and you need emergency transport in an air, sea or land ambulance, as a result of a Sickness or Injury, the cost of this transport may be refunded to you.
Rehabilitation Income Benefit Page 82	OUTSIDE SUPER	N/A	If you become Totally Disabled, your monthly benefit will be increased by 50% for up to 12 months while you undergo approved rehabilitative employment.

Benefit	IG	IE	Purpose of this benefit
Rehabilitation Expenses Benefit* Page 82	OUTSIDE SUPER	N/A	To pay up to six times the monthly benefit amount for rehabilitation services or equipment if you are Totally Disabled, to help you get back to work.
Nursing Care Benefit* Page 81	OUTSIDE SUPER	N/A	During the Waiting Period if you are Totally Disabled and confined to bed for at least three days, we will pay an amount for each day of confinement where you need the continuing care of a registered nurse.
Spouse Accommodation Benefit* Page 83	OUTSIDE SUPER	N/A	To reimburse accommodation costs incurred by your spouse, partner or close relative where they need to travel more than 100 km from your home to be close to where you are hospitalised as a result of Total Disability of more than three days.
Unemployment Waiver Page 84	OUTSIDE SUPER	N/A	If you involuntarily become unemployed, we may waive premiums for up 12 months.

* Only available if you choose a Waiting Period of less than 12 months.

Protection - Income Gold and Income Excell

Income Protection benefit settings you choose

The following table details the Waiting Periods that are availabe for the respective Benefit Periods and the impact of the long Waiting Period on the available benefits.

1. Choice of Waiting Period	2. Choice of benefit period	Benefits not available with choice of Waiting Period
14 days 30 days 60 days 90 days 180 days	Two years Five years To age 60 To age 65 To age 70*	
1 year 2 years	To age 60 To age 65 To age 70*	• Spouse Accommodation Benefit • Nursing Care Benefit • Scheduled Injury Benefit • Emergency Travel Benefit • Rehabilitation Expenses Benefit

3. Choice of Indemnity cover or Agreed Value

Indemnity cover - Your benefit amount may be reduced if your earnings have decreased since you took out your income protection insurance.

Agreed Value cover - Your benefit amount won't be reduced because of a change in earnings. Agreed value cover will cost more than indemnity cover for this reason. You'll find more information on page 75.

Agreed Value cover is no longer available if you don't already hold it. If you already continue to make changes or transfer your cover (as set out in this PDS).

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 76.

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.

For details see page 77.

* Where a benefit period to age 70 is selected and you are Totally or Partially Disabled on the Review Date before your 65th birthday, then payment of benefits will continue to the Review Date before your 70th birthday, or until you are no longer either Totally or Partially Disabled, whichever occurs first.

Features of your income protection insurance

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

Feature	IG	IE	Purpose of this benefit
Cover Bounce-Back Page 84	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available to non-super and SMSF or wrap-platform owned policies., with stepped premiums only.
Recurrent Claim Benefit Page 85	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	If your Benefit Period is to age 60, 65 or 70, this enables you to claim your monthly benefit with no new waiting period if your Disability recurs within 12 months after you return to work For all other Benefit Periods this will apply where the related disablement occurs within six months.
Indexation (CPI) Benefit Page 40	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence. Limits apply.

Feature	IG	IE	Purpose of this benefit
Waiver of Premium Page 86	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	Allows future premiums to be waived while you are receiving payments under this policy for being Disabled.
Continuation of insurance Cover Page 84	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	At the expiry of your Protection – Income Gold or Protection – Income Excell policy, and if you are not disabled, you can apply for a Protection – Income Daily Living policy.
Waiting Period Reduction Page 85	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	You can reduce your Waiting Period from 730-days if you have an additional existing group income protection cover without further medical evidence.

Apply for additional options

You can apply for these options at an additional cost. More information is available at the page number listed under each option.

Benefit	IG	IE	Purpose of this benefit
Guaranteed Insurability Option Page 87	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	Allows you to increase your benefit up to 15% every three years without having to provide further medical evidence.
Increasing Claim Benefit Page 87	OUTSIDE SUPER	INSIDE OUTSIDE SUPER	It makes sure your benefits keep pace with inflation by increasing the benefit amount in line with an increase in the Consumer Price Index (CPI).
Accident Benefit Option Page 86	OUTSIDE SUPER	OUTSIDE SUPER	If your suffer Total Disability for at least three days, and this is caused by an injury, you will be receive one thirtieth of the monthly sum insured for each day of Total Disability during the waiting period, up to a maximum of 90 days.
Lump Sum Option Page 87	OUTSIDE SUPER	OUTSIDE SUPER	Allows you to receive your benefits as a lump sum amount rather than as a monthly benefit if you are Totally and Permanently Disabled. Payment of the Lump Sum Option will be treated in the same manner as Total and Permanent Disability or Disability Benefits and a portion of your premium will not be eligible for a tax deduction **There is no additional cost for this option.**
Superannuation Maintenance Benefit Page 88	OUTSIDE SUPER	OUTSIDE SUPER	This option allows you to maintain super contributions during a period of Disability. The Superannuation Maintenance Benefit pays a personal contribution in your name to your nominated super fund during any period of Total or Partial Disability.
Platinum Benefit Page 88	OUTSIDE SUPER	N/A	The amount of any Critical Condition Benefit or Nursing Care Benefit payable to you will increase by one third. If you die while receiving a Platinum Benefit, the Death Benefit is determined using this increased Monthly Benefit.
Debt Replacement Benefit Page 86	OUTSIDE SUPER	N/A	Helps you maintain an income to cover your personal ongoing debt expenses if you become disabled. Limits apply.

Protection - Income Daily Living

Helps replace part of your earnings if you become Substantially Disabled and can't work due to Sickness or Injury

Application age (next birthday)

20-65

Expiry age (cover expires on Review Date immediately before age noted below)

For a 2 year Benefit Period 70
Benefit Period to age 65: 65

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

A Monthly Benefit of $1,000

Maximum sum insured

A Monthly Benefit of $5,000*
*The greater of $3,000 or 75% of the first $250,000 p.a. gross income after Business Expenses, subject to a maximum of $5,000 per month.

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

Your income protection policy

The basic level of income protection cover.

This cover is designed for people who would not be generally able to obtain income protection such as those in hazardous occupations, homemakers and retirees.

Your income protection benefits

More information is available at the page nu mber listed under each benefit.

Benefit	Purpose of this benefit
Daily Living Benefit OUTSIDE SUPER Page 81	If, solely as a result of Sickness or Injury, you are Substantially Disabled, we pay you a monthly sum insured.
Death Benefit OUTSIDE SUPER Page 81	If you die, six times the monthly sum insured will be paid subject to a maximum of $60,000.
Child Income Benefit OUTSIDE SUPER Page 78	If your dependant child dies or is correctly diagnosed with one of the defined critical illnesses, as listed on page 75, three times the monthly sum insured up to a maximum of $25,000 will be paid.
Critical Conditions Benefit OUTSIDE SUPER Page 80	If you are first diagnosed as suffering a critical condition, as listed on page 77 after you have purchased the policy, you will be paid the monthly sum insured for six months, even if you are working. You can choose to receive this payment as a lump sum.

Income Protection benefit settings you choose

The following table details the Waiting Periods that are availabe for the respective Benefit Period.

Waiting Period	Benefit period
30 days 60 days 90 days 180 days	Two years
30 days 60 days 90 days 180 days 1 year 2 years	To age 65

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 and less for longer Waiting Periods.

You'll find more information on page 76.

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 and less for shorter benefit periods.

You'll find more information on page 77.

Features of your Protection - Income Daily Living

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

Feature	Purpose of this feature
Cover Bounce-Back Page 84 OUTSIDE SUPER	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available with stepped premiums only.
Recurrent Claim Benefit Page 85 OUTSIDE SUPER	To enable you to claim your Monthly Benefit with no new waiting period if your Disability recurs within six months after you return to work. All periods of Disability will be considered part of the same Benefit Period.
Indexation (CPI) Benefit Page 40 OUTSIDE SUPER	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence. Limits apply.
Waiver of Premium Page 86 OUTSIDE SUPER	Allows future premiums to be waived while you are receiving payments under this policy for being Substantially Disabled.

Protection - Income Business Expenses

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

Application age (next birthday)

20-60

Expiry age

Review Date immediately before the age 65

Guaranteed Renewable

Until the policy expiry date. You'll find more information on page 42.

Minimum sum insured

A Monthly Benefit of $1,000

Maximum sum insured

A Monthly Benefit of $40,000

Insurance inside and outside super

OUTSIDE SUPER Only available outside super

Your income protection policy

You can apply for this insurance if you are self-employed or in an approved occupation. When you take out a policy, you nominate a monthly sum insured, which may be up to 100% of your Allowable Business Expenses listed in your application.

Your Protection - Income Business Expenses benefits

More information is available at the page number listed for each benefit.

Benefit	Purpose of this benefit
Total Disability Benefit OUTSIDE SUPER Page 84	If you are Totally Disabled, a Monthly Benefit will be paid based on the Allowable Business Expenses incurred during the year before you became Totally Disabled. It will be paid up for up to 12 months.
Partial Disability Benefit OUTSIDE SUPER Page 82	While you are Partially Disabled, a reduced Monthly Benefit will be paid based on the Allowable Business Expenses incurred in during the year before you become Totally Disabled. It will be paid for up to 12 months.
Death Benefit OUTSIDE SUPER Page 81	If you die, three times the Monthly Benefit will be paid up to a maximum of $30,000, or if you are receiving benefits, then up to $60,000 less any amount paid in respect of a current claim.

Allowable Business Expenses

Means your share of the normal day to day expenses of your business actually incurred by you and include, but are not limited to:

- accounting and audit fees
- bank charges
- equipment hire and motor vehicle leases
- business related insurance (excluding premiums for this policy)
- rent and regular interest instalment payment on business mortgage or loan
- electricity, gas, water, heat, laundry, telephone, cleaning
- business property rates and taxes
- telephone costs
- regular advertising costs
- subscriptions/fees/dues to professional associations
- salaries of employees who do not generate sales income or billings, and costs directly related to salaries (e.g. super and other such fixed expenses which are normal in the operation of your profession, business or occupation)
- net cost of a locum (a person sourced external to your business and who is a direct replacement for you whose gross sales, income or billings are less than the fees incurred for that locum)

Protection - Income Business Expenses settings you can choose

Choice of Waiting Period

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 and less for longer waiting periods.

Waiting Period	Benefit period	Extension of Benefit Period
14 days 30 days	12 months	If Total Disability Benefits have been paid for a period of 12 months, the Benefit Period may be extended if the total amount you've received is less than 12 times the monthly sum insured. The period of extension will be: • for 12 months, or • until Total Disability ends, or • until the total amount paid equals 12 times the monthly sum insured; or • until the Expiry Date as shown on your policy, whichever occurs first.

Features of your Protection - Income Business Expenses

More information is available at the page number listed for each feature.

Feature	Purpose of this feature
Cover Bounce-Back Page 84 OUTSIDE SUPER	A premium relief feature that can provide you flexibility to temporarily reduce the sum insured to a specified amount. Available with stepped premiums only.
Recurrent Claim Benefit Page 85 OUTSIDE SUPER	To enable you to claim your Monthly Benefit with no new waiting period if your Disability recurs within six months after you return to work. All periods of Disability will be considered part of the same Benefit Period.
Indexation (CPI) Benefit Page 40 OUTSIDE SUPER	Enables your cover to keep pace with inflation by the greater of the percentage increase in the CPI or 5%, without further medical evidence.
Waiver of Premium Page 86 OUTSIDE SUPER	Allows future premiums to be waived while you are receiving payments under this policy for being Disabled.



3

Your insurance journey

Your insurance journey

In this section you will find:

- Specific information you need to know about each stage of your insurance journey, as well as
- important legislative, regulatory and procedural information about your insurance.

1. Choosing and buying your insurance

Acenda offers a range of insurance to meet your needs. You 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. They'll provide you with a quote for the cost of the insurance and a copy of this PDS for you to read. They can help you complete the application.

What we cover in this section you need to know:

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

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.

What we cover in this section you need to know:

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

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 policy schedule which sets out details of what your 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.

What we cover in this section you need to know:

- Your individual insurance changes and personal circumstances
- Policy fees
- Where to find your premiums
- Paying your first premium
- Minimum premiums
- How to get a quote
- Payment methods
- Premium rates
- Changes to premium rates
- Your insurance can be customised
- Your premium structure
- Indexation (CPI) Benefit
- Premiums inside super - super contributions
- What happens if your premium isn't paid?
- Refunding your premium when you cancel your insurance
- Family law changes
- Government Charges

5. Updating your insurance

We will 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.

What we cover in this section you need to know:

- Guarantee of upgrade
- Changing your insurance
- Insurance in super - continuing your policy past age 65
- Transferring your insurance between non super and super policies
- Converting to a policy outside super
- 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.

What we cover in this section 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.

What we cover in this section 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
- complaints resolution

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. Your financial adviser can help you with this.

If you're applying for insurance inside super, the Trustee will apply for insurance on your behalf using your completed Application Form.

In consultation with your financial adviser you may decide to hold your policy as part of your super arrangements.

If you hold your policy through a super fund, the policy will be owned by the Trustee of the super fund and you will be the life insured. Benefits will be paid to the Trustee on your behalf.

The Trustee will determine how the benefits may be paid to you in accordance with the relevant trust deed and superannuation law. If any part of the superannuation benefit is required to be preserved, then it must be held in a super fund until you satisfy a condition of release.

For super policies, the Death Benefits may, at the discretion of the Trustee and with the consent of the beneficiary, be payable as a pension.

The policy can be held in one of three ways:

1. **through the Fund.** If you choose to obtain insurance through the Fund you will need to pay the premiums for this insurance to the Fund. Because this option is part of a super fund these premiums (when they are received by the Fund are considered to be super contributions). To apply for membership of the Fund you will need to complete the relevant pages in the application form.
2. **through an eligible Super wrap account.** The list of eligible super wrap accounts through which you can pay for your policy is available on our website **acenda.com.au/using-your-insurance/how-to-pay-your-insurance-premiums**

or

3. **you can instruct us to issue the policy to the trustee of another complying super fund of your choice.** You can arrange for your policy to be held through another complying super fund of which you are a member. In this case the premiums for the insurance cover will be payable by that fund. For this to happen, you and the Trustee of the fund will need to complete the relevant pages in the application form.

We do not provide insurance cover for non-complying super funds. If your fund stops being a complying fund at any time, you must notify us immediately, and we may cancel the policy. However, we will offer to cover the life insured under a non-super policy owned by you or any alternative party you nominate.

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 **acenda.com.au** or call **13 65 25** to request the form. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

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.

1. Choosing and buying your insurance

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

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

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

Any such payment made by Acenda 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 reasonable travel and out of pocket costs agreed in advance and the production of any report), unless we tell you otherwise.

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

If you are not the policy owner, we will not share your personal information with the policy owner without your consent, except to the extent necessary to deal with an application, policy or claim. If we share your personal information this will be in line with privacy and confidentiality requirements.

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 Cover

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 Cover**.

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 Cover on pages 120-122.

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 within the cooling off period, we'll refund premiums that you've paid.

The cooling off period is 30 days from the day you 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 30 days, this will confirm your acceptance of your insurance and we won't refund any premiums paid.

4. Paying your premiums

Some important information about premiums and other charges.

Premiums and how they're calculated

Your premium is the amount of money we charge for the insurance we provide and is calculated by applying your **individual insurance choices** and **personal circumstances** to our standard premium rates.

Your individual insurance choices and personal circumstances

Your adviser in discussions with you, will customise your insurance to suit your individual needs.

Individual insurance choices that impact your premium, which may among other things, include:

- **the type of insurance(s) selected –** the cost of each type of insurance depends on the benefits and features it provides. Higher premiums generally apply for insurances with a broader range of benefits and features, compared to insurance with a more limited range of benefits and features.
- **the benefit amount –** generally, the higher the benefit amount you select for each insurance, the higher the premium.
- **the structure of your insurance(s) –** you can link your Disability Benefit or Critical Illness Benefit to each other, and to your Death Benefit. You'll pay less for insurances that are linked because a claim payment from one of these insurances will reduce the benefit amount of other linked insurances.
- **the premium structure you select –** your premium structure will impact your premiums and how they change over time. For more information, see *Your premium structure* on page 39.
- **the Options at extra cost selected –** some types of insurance have options available at an extra cost. If you choose any of these options in your insurance, the premium will be higher.
- **whether a discount applies –** if your insurance meets a certain eligibility criteria, a discount may apply. These discounts are not guaranteed, may be varied or removed, and may not apply over the life of your policy.
- **the frequency of premium payments –** the amount payable each year is higher the more frequently you choose to pay. Monthly and quarterly are the most expensive, followed by half yearly. Yearly payments are the least expensive.
- **Indexation (CPI) Benefit -** if Indexation (CPI) Benefit applies to your insurance, we will increase the sum insured amount at each Review Date. The premium will generally increase to reflect the change. For more information, see *Indexation (CPI) Benefit* on page 40.
- **commission –** your premium includes a commission component. For more information, see *Payments to financial advisers* on page 34.
- **for Income Protection and Business Expenses, the waiting period selected –** generally, the shorter the waiting period you select, the higher the premium.
- **for Income Protection, the benefit period selected –** the longer the benefit period you select, the higher the premium.

Personal circumstances that impact your premium, which may among other things, include:

- **age –** generally, the older you are, the higher the premium.
- **gender –** life and health outcomes vary by gender, including differences in life expectancy and the rate and duration of injuries or illnesses. As a result, premium rates for each insurance will differ by gender.
- **occupation –** we classify occupations into occupation categories based on the risk an occupation has of experiencing injury or illness. Generally, the higher the risk, the higher the premium.
- **smoking status –** premium rates for smokers are higher than they are for non-smokers.
- **health and family history –** risk factors affecting your health and/or your family history may impact your premiums. This is assessed during the underwriting process.
- **sports and recreational pursuits –** participation in certain sporting activities or recreational pursuits may carry greater risk. This may in turn, impact your premium.
- **state of residence –** your premiums include government charges, and each state and territory government may charge stamp duty on different types of insurances depending on your residence.

Policy fees

Acenda reserves the right to charge you a policy fee, or to change the policy fee if there is one. We'll give you three month's written notice if we do.

If a policy fee applies to your policy, it will appear in your Policy Schedule.

The premium you pay may include a policy fee for administering your policy, which can be periodically amended in line with the Consumer Price Index (CPI) at the Review Date.

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

Premium payments	Policy fee
Life	$90.00
Recovery Money	$90.00
Flexible Recovery Money	$0.00
Stand Alone Recovery Money	$90.00
Income (all policies)	$90.00

Where to find your premiums

Your premium will be stated in your Policy Schedule.

We will issue your first Policy Schedule when your insurance commences, and an updated Policy Schedule each year before your Review Date, confirming your premiums and insurance cover from that date.

Paying your first premium

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

We keep any interest earned on this money.

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

Minimum premiums

The following minimum premium requirements apply:

Protection - Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money policies only:

- Stepped premium: $200 p.a. plus policy fee. The minimum premium does not apply if the Death Benefit sum insured (where applicable) is $200,000 or greater.
- Level premium: $500 p.a. plus policy fee. The minimum premium does not apply if the Death Benefit sum insured (where applicable) is $500,000 or greater.

Protection - Income policies only:

- Minimum premium requirements do not apply.

How to get a quote

Your financial adviser will provide you with an indicative quote for your premium based on the types and amounts of insurance you apply for.

This quote will not take into account all of your personal circumstances.

Your actual premium may be different from the quote for reasons including if:

- you make a change to the insurances applied for,
- we assess your application, and are only able to provide insurance if you agree to a higher premium (a Loading) and/or alternate terms. We may decide this is required due to medical or lifestyle reasons or other personal circumstances.

Please speak with your financial adviser.

If you don't have one, please call us on **13 65 25** and we can put you in touch with one. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel.

For customers requiring interpreting or translation services, please call **131 450**.

4. Paying your premiums

Payment methods

Several payment methods are available, and all premiums are paid in advance.

Your annualised premium will generally be higher if you choose to pay more frequently. Monthly and quarterly are the most expensive, followed by half yearly. Yearly payments are the least expensive (see table below).

Frequency of payments	Direct Debit	Credit Card	Cheque	BPay	Eligible super wrap account	Rollover from external super account	Frequency Loadings
Monthly	Y	Y	-	-	Y	-	8%
Quarterly	Y	Y	Y	Y	Y	-	8%
Half-Yearly	Y	Y	Y	Y	Y	-	5%
Yearly	Y	Y	Y	Y	Y	Y	Nil

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.

Protection*first* products inside super don't accept contributions from:

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

For more information about how to pay your premiums, please go to **acenda.com.au/using-your-insurance/how-to-pay-your-insurance-premiums**

How do your premiums change each year

We recalculate the premiums for your policy each year at your Review Date. We will also recalculate the premiums for your policy when there is a change to your policy.

If we make changes to your premium, including making changes to our premium rates, the change will only apply to you once a year, effective from your next Review Date. We'll give you three month's written notice before premiums change.

If you make changes to your policy, we'll recalculate your premium based on the rates applicable at the time the change is approved by us.

Your premiums will vary depending on several factors including:

- **your premium structure –** for more information, see *Your premium structure* on the next page.
- **your eligibility for discounts –** we may from time to time offer discounts that may reduce your premiums. These discounts are not guaranteed, may be varied or removed, and may not apply over the life of your policy.

Your premiums will also change if, for example:

- your benefit amount changes, for example because of Indexation (CPI) Benefit increases,
- your cover changes, for example because there is an automatic change to the terms of your cover when you reach a particular age as set out in your policy,
- there are changes to stamp duty or other government charges,

- there are changes to policy fees (if applicable),
- we make changes to our standard premium rates, or the discounts we offer. For more information, see *Changes to premium rates,* below.

Premium rates

We calculate your premiums by reference to our set of standard premium rates, which are available on request. When setting our standard premium rates, we consider a broad range of factors, including the risks associated with each insurance option, and different personal circumstances. Some of these factors are listed in *Premiums and how they're calculated* on page 36.

Changes to premium rates

When we issue your Policy, we provide you with a Policy Schedule that sets out the premium for your first period of cover. The premium you pay is determined by a set of standard premium rates. The standard premium rates are not guaranteed to stay the same. Your premium can change for a number of reasons, including due to a change in the standard premium rates we use.

We set our standard premium rates to cover expected future claims costs for the group of customers we insure, meet our other costs of doing business and to include a reasonable margin for providing the insurance cover to you.

We regularly review our standard premium rates to ensure they remain appropriate, and if we increase these then your premium will also increase.

When we review our standard premium rates, we will look at factors including the following:

- For expected future claims costs, factors can include recent claims experience, or industry trends which show a likely increase in the future cost of claims;
- For other costs of doing business, factors can include changes to tax, government or other mandatory charges, the cost of reinsurance, the costs to meet compliance and regulatory requirements, distribution costs, and changes to business operating expenses;
- For reasonable margins in providing the insurance cover, factors can include changes to the economic environment such as interest rates, inflation rates and market returns, or the achievement of a fair shareholder target return for the commercial risks taken in providing the insurance.

If we make changes to our standard premium rates, we will always act reasonably and with utmost good faith, and any changes will be applied consistently for policies of the same kind. This means your policy will not be singled out for a change in premium rates.

If your premium increases, you have a number of options to manage the cost of your cover, such as reducing your cover or changing the options on your cover. Please speak to us or your financial adviser for assistance.

Your insurance can be customised

Your insurance can be customised to suit your individual needs.

Life changes over time, and we encourage you to regularly review your insurance cover to ensure it continues to meet your needs.

Your adviser can help you review and adjust your insurance cover.

Additional Information: features, charges and terms

Your premium structure

Stepped premiums

We calculate your stepped premiums each year based on your age and the premium rate that applies at your Review Date. Your premium will usually increase each year as you get older.

For more information, see How do your premiums change each year on page 38.

Level premiums

Level premiums have the cost of providing insurance spread out over a number of years. This means the cost starts out higher than stepped premiums, but depending on how long you hold your insurances, the cost may be lower at some point in the future.

We calculate your level premiums each year based on the benefit amount that was applied for at your age when the insurance started, and the applicable premium rate for that age at your Review Date.

Level premiums do not increase because of your age, however level premiums may still increase due to other factors. For more information, see *How do your premiums change each year* on page 36.

We do not guarantee level premium rates will stay the same.

4. Paying your premiums

If you increase your benefit amount, or it increases because of Indexation (CPI) Benefit, your premium for that increased amount will be based on your age at the date of the increase, and the applicable premium rate.

For Protection - Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money policies, your level premium automatically changes to a stepped premium on the Review Date preceding your 55th, 60th or 65th birthday depending on which age you choose.

Note: The minimum term for the level premium option is five years.

Indexation (CPI) Benefit

Each policy automatically provides increases in the benefits by the greater of the percentage increase in the CPI or 5%, without further medical evidence.

You have the right to refuse an increase in any year. You may cancel the Indexation (CPI) Benefit at any time.

You will be notified of the increase one month prior to the Review Date.

For all premium structures, including level premium, the premium rate applicable to the increased benefits due to CPI will be based on your age when the increase is effective.

If you don't want the CPI increase (in part or in full) for a particular year, please contact us within 2 months after your Review Date.

Benefit	Indexation Benefit
Death Benefit	Up to $3,000,000
Disability Benefit	Up to $3,000,000
Critical Illness Benefit	Up to $1,000,000*
Daily Living Benefit	Up to $3,000

* Indexation is automatically cancelled when benefit amount is $1,750,000

The Indexation (CPI) Benefit is not available for Activities of Daily Living Benefit and Child Critical Illness Benefit. Unless specified below there are no restrictions on the amount of cover that may be indexed.

Premiums inside super – super contributions

When your insurance is held inside super, the premiums you pay directly are considered to be super contributions. These premiums will be for the cost of the insurance. Your insurance won't accept investment contributions.

While you can contribute as much as you like into super, 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.

There may be other tax implications where premiums are paid from a personal account. To find out more, including the current limits and who can contribute, go to **apra.gov.au** or **ato.gov.au**. You can also speak with your financial adviser.

If you choose to pay your premiums by rollover to the Fund we can only accept the rollover of taxed superannuation monies.

By paying your premium with taxed superannuation monies you will only be required to rollover 85% of the total premium, and this will be reflected in your quote and on your Policy Schedule.

The trustee of the Fund can claim a 15% tax rebate of the contribution tax already paid and they have chosen to pass this benefit to you. This amount funds the remaining premium for your insurance.

This rebate is not guaranteed, and if it changes in future, we'll give you notice.

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 owing to us.

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

- you will need to pay all outstanding premiums; and

- you will need to respond to health or lifestyle questions. The reinstatement of your insurance may be declined dependent on your responses.

There is 30 days after cancellation where the insurance can be reinstated without the need to answer these questions. You should contact us soon after your insurance is cancelled if you want it reinstated.

Refunding your premium when you cancel your insurance

If you cancel your insurance and:

- if 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
- if you pay your premium quarterly, 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.

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 your rights, liabilities or property interests 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 your 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

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

a. where the illness was diagnosed or investigated; or

b. where the injury occurred

prior to the effective date of the improvement.

Should a situation arise where a policy owner is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.

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

The policies are 'guaranteed renewable'. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

Transferring your insurance between non-super and super policies

At any time prior to the expiry of your policy you can transfer your insurance between non-super and super policies or vice versa within the Protection*first* range as long as the insurance is still in place.

Transferring insurance involves replacing it with insurance on another policy.

For example:

- you may transfer your Protection – Life policy outside super to a Protection - Life policy inside super, to obtain the benefits of holding your insurance policy within a superannuation fund, or
- you may transfer to Protection – Life policy inside super to a Protection – Life policy outside super as you can no longer contribute to a super fund.

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 Protection - Life super policy to a non super policy Protection - Life policy can be found in *Converting to a policy oustide super* in the next section.

Converting to a policy outside super

What is conversion?

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

When does conversion happen?

If your Protection – Life policy has been set up under a super fund it will usually expire at the Review Date before your 75th birthday.

If your policy expires and you wish to continue your cover, you have three months to apply for death cover under a new non-super Protection – Life policy for the same sum insured without having to provide further medical evidence

How does the conversion work?

On conversion, we'll cancel the Protection – Life 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 the 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 **acenda.com.au** or call **13 65 25** to request the form. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

Replacing your existing insurance

If you're replacing the 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 Acenda, then you agree that we will cancel the insurance once your Protection*first* range policy starts.

If the insurance you're replacing is with another provider, then once your Protection*first* range policy starts, it will be your responsibility to cancel the replaced insurance. If you don't, any benefit 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 call us on **13 65 25**. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

A new policy may require you to re-serve Waiting Periods, additional health exclusions may apply, and the new policy may not provide you 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**. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

6. Making a claim

If you need to make a claim, please call us on 1300 125 246 between 8.30am and 6pm (AEST/AEDT), Monday to Friday, to find out what you need to do and request 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.

We can then start working on your claim.

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

7. Paying benefits

Benefit payments for all insurance

What benefits are paid

The benefit we pay will be either:

- 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.

For insurance in super, we will not pay a benefit unless the trustee is able to immediately release that benefit pursuant to a condition of release. This does not apply if your insurance commenced before 1 July 2014.

Your Trustee will release those benefits to you if permitted under super law, which set 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 Accidental Death	**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. The Trustee may require two Medical Practitioners to certify that the Life Insured meets the definition of Permanent Incapacity, to assess eligibility for tax concessions before the Trustee releases the benefit.
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 the SIS definition 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: • 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.

Other legislative, regulatory and procedural information you need to know

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.

Acenda 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.

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	• Premium is not tax deductible. • Benefit is tax-free.	• 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, Critical Illness Benefit, Occupationally Acquired Hepatitis B and C lump sum benefit insurance	• 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.	• 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	Benefits are generally tax-free. However, seek tax advice specific to your circumstances.	Seek tax advice specific to your circumstances.
Income Protection, Business Expenses insurances	• 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. • **For Income Protection Gold and Excell policies** -If you select the Lump Sum Option approximately 10% of your premium will not be tax deductible. We will provide the details within your annual statement that we provide to you. If you receive the benefits under the Lump Sum Option, this amount will not be treated as assessable income. • Where the life insured dies while receiving Income Protection benefits, the lump sum benefit paid is not likely to be assessable as income.	

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)

Acenda and the Trustee need your TFN to complete your application for a Protection*first* super policy.

You should also be aware:

- Acenda 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 Acenda and the Trustee of your TFN,
- without your TFN, Acenda and the Trustee may have difficulty (now or in the future) tracing your benefits in order to undertake any account consolidation or payment,
- Acenda 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 Acenda and the Trustee in writing not to pass on your TFN.

The Life Insurance Code of Practice

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

To find out more about the Code of Practice you can visit our website at **acenda.com.au/code-of-practice**

Complaints resolution

If you have a complaint about our organisation, related to our products, services, staff or the handling of a complaint, we'd like an opportunity to put it right.

Please call us on **13 65 25** (Toll free **1800 062 061**) or for international calls **+61 2 9121 6500** (charges apply) between 8.30am and 6pm (AEST/AEDT), Monday to Friday to discuss your concerns. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

If we are unable to resolve your issues to your satisfaction, we will put you in contact with our Internal Complaints Resolution Team. For more information, please visit **acenda.com.au/support/customer**

If you're not satisfied with the resolution provided by our Internal Complaints Resolution Team, or we haven't responded to you in 45 calendar days for super or traditional trustee service complaints, and 30 calendar days for other products and services, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA is an independent body that provides a complaint resolution service free of charge to customers. You can contact AFCA at any time, in writing, by email or by phone. AFCA's contact details are below:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Phone: **1800 931 678** (free call)
Email: **info@afca.org.au**
Web: **afca.org.au**



4

Summary of the terms and conditions

Summary of the terms and conditions

In this section you will find a summary of:

1. **Terms for specific insurance, benefits, features and options,**
2. **Exclusions, and**
3. **Termination events.**

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

Summary of the terms for:

Protection - Life

Benefits	
Accidental Injury Benefit	S
Death Benefit	S
Disability Benefit Option	O65
Financial Planning Benefit*	S
Funeral Assistance Benefit*	S
Terminal Illness Benefit	S
Features	
Cover Bounce-back	S
Future Insurability Option	S
Economiser Option	S
Indexation (CPI) Benefit	S
Additional Options	
Accidental Death Benefit	O
Activities of Daily Living Benefit	O
Business Protection Option	O
Child Critical Illness Benefit*	O
Disability Buy Back Option	O
Waiver of Premium	O

S	Standard feature included in basic price
O	Optional feature at additional cost
O65	Optional feature at additional cost, definition changes to Activities of Daily Living definition on the Review Date before your 65th birthday
*	not available for super policies

Upgrade Guarantee

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

a. where the illness was diagnosed or investigated; or

b. where the injury occurred

prior to the effective date of the improvement.

Should a situation arise where a policy owner is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.

Benefits

Accidental Injury Benefit

If due to an Accident you suffer one of the Accidental Injury Benefit events (see below) while the death sum insured is in force, we will pay the Accidental Injury Benefit to the policy owner.

For super policies where the Death Benefit first commenced after 30 June 2014 the Accidental Injury Benefit event must also result in you being Permanently Incapacitated, as defined on page 113 to receive benefits.

What we will pay

The Accidental Injury Benefit payable will be a proportion of the Death Benefit, as described in the table below:

Accidental Injury Benefit events	**Portion of Death Benefit payable**
• loss of the use of both hands • loss of the use of both feet • loss of sight in both eyes • loss of the use of one hand and one foot • loss of the use of one foot and the sight in one eye • loss of the use of one hand and the sight in one eye	100% of the Death Benefit up to $2,000,000
Loss of the use of one foot	25% of the Death Benefit up to $500,000
Loss of sight in one eye	

Conditions that apply to the Accidental Injury Benefit

- The loss or loss of the use, as the case may be, must be total and permanent and happen while this Policy is in force.
- The loss or loss of the use, as the case may be, must happen within 6 months of the Accident and be a direct result of the Accident.
- On payment of the Accidental Injury Benefit, the Death Benefit payable on your death will be reduced by the Accidental Injury Benefit paid and we will reduce the premiums payable for this Death Benefit in line with the reduced death sum insured.
- If more than one Acenda insurance policy covers you for an Accidental Injury Benefit event and you suffer that Accidental Injury Benefit event, the maximum we will pay is the applicable Death Benefit set out in the table above. If the total amount of Accidental Injury benefits under all these policies is more than the maximum Benefit payable for that Accidental Injury Benefit event as shown in the table above, the Accidental Injury Benefit will be paid from each policy in proportion to the total Death Benefit payable under the Acenda insurance policies.
- If you are also covered under the Disability Benefit Option (Stand Alone) or Critical Illness Benefit (Stand Alone) with Acenda, the maximum benefit payable under this Accidental Injury Benefit as shown in the table above will be reduced by the total of any Benefit paid under those other insurance covers for an event that is also covered under the Accidental Injury Benefit.

What Accidental Injury Benefit does not cover

If, before this policy started, or was last reinstated, you had already lost the use of one hand or of one foot or the loss of sight of one eye, we will not pay any Accidental Injury Benefit if you subsequently suffer one or more of the Accidental Injury Benefit events. Alternatively, we may agree to pay 25% of the Death Benefit up to $500,000.

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

Payment of the Accidental Injury Benefit may affect other Benefits. If we pay the Accidental Injury Benefit, and you are covered by the Disability Benefit Option, we will reduce the Disability Benefit by the amount of Accidental Injury Benefit paid.

We will reduce these premiums in line with these reduced Benefits.

Death Benefit

If you die the agreed death sum insured will be paid.

Financial Planning Benefit

This feature is not available for super policies.

Under this feature when we pay a lump sum benefit of at least $100,000 (or such other amount as advised by us from time to time) we will reimburse up to a maximum of $5,000 to cover the cost of a fully documented financial plan as prepared by a qualified financial planner.

Where there is more than one person entitled to receive part of the lump sum benefit, each recipient will be entitled to an equal share of the Financial Planning Benefit. For example where four people receive a share of the lump sum benefit each recipient would be entitled to receive up to $1,250.

The total Financial Planning Benefit payable in respect of the policy is $5,000 and will only be payable once.

The financial plan must be provided within 12 months of receiving the lump sum benefit.

We will not reimburse any costs incurred as a result of dealing with the payment of the lump sum benefit or costs incurred in the implementation of the financial plan.

Funeral Assistance Benefit

This feature is not available for super policies.

Within 14 days of receipt of certified copies of your birth certificate and notice of your death from a registered Medical Practitioner, we will pay the lesser of 10% of the death sum insured or $10,000 to be used for your funeral expenses.

The death sum insured will be reduced by the amount paid for the Funeral Assistance Benefit.

Summary of the terms and conditions

The payment of the Funeral Assistance Benefit is not an admission of liability on our behalf and does not mean that any other benefits under this policy will be admitted or paid. The payment of the Funeral Assistance Benefit is a complete discharge of all liability we have in relation to the amount paid under this benefit.

This benefit is not payable in the event of suicide within 13 months of commencement of the policy.

We reserve the right to recover the Funeral Assistance Benefit if the Death Benefit claim is subsequently denied, or where the proceeds of the policy have been paid. The Funeral Assistance Benefit is payable only once.

Terminal Illness Benefit

Under this benefit where you are diagnosed as having a Terminal Illness, the death sum insured will be paid out early with the agreement of the policy owner.

The Disability Benefit Option (if added), will be reduced by the Terminal Illness Benefit.

Features

Cover Bounce-back

(Available to non-super, SMSF and wrap-platform owned policies, with stepped premiums only.)

This is a feature included in Protection – Life

You can reduce the sum insured by your chosen amount (the Suspended Amount), for an agreed period of time (the Suspension Period). During the Suspension Period you will be insured only for the Remaining Amount and only pay premiums for the Remaining Amount.

At the end of the Suspension Period, you can restore all or part of the Suspended Amount.

Conditions of the Cover Bounce-back feature

- You must have held the insurance for at least two years.
- The suspension periods available are 3, 6, 9, and 12 months.
- You can exercise this feature up to a total of 12 months over the duration of the insurance.
- This feature is not available if your premiums are in arrears.
- To exercise this feature, you must notify us and complete the required steps before your next premium due date from which you wish to apply. When we receive your request, we will confirm the details in writing to you, including the length of the Suspension Period.
- You cannot exercise this feature:
  - At the same time as the Economiser feature.
  - At the same time as the Future Insurability feature.
- If the Indexation (CPI) Benefit applies, it will continue to apply to the Remaining Amount during the Suspension Period.
- If you exercise this feature, you also have to reduce the sum insured on any linked insurance and all terms for this feature shall also apply to the linked insurance.
- When you exercise this feature the Remaining Amount cannot be reduced below the current minimum sum insured for the relevant insurance.

Reduction of Liability Terms

Insurance in respect of the Life Insured and our liability fully ceases for the Suspended Amount for the entire duration of the Suspension Period.

No Liability Terms - In respect of the Suspended Amount, no benefit shall be payable for any death, disability, sickness, injury, critical illness event (including partial critical illness event and child support) or any other insured event for which a benefit would ordinarily be payable where it:

- First occurs during the Suspension Period; or
- Arises from or is related to an injury, sickness, condition or symptom that first occurs during the Suspension Period which the Life insured:
  - Was aware of, or a reasonable person in the Life Insured's position would've been aware of; or
  - Sought advice or treatment from a registered Medical Practitioner or other health professional during the Suspension Period (or a reasonable person in the Life Insured's position would have sought such advice or treatment).

The above No Liability Terms shall continue to apply to the Restored Amount for the entire duration of the insurance. It shall also continue to apply to the equivalent amount of the Restored Amount if you transfer the insurance to another Acenda policy for the entire duration of the insurance on the other Acenda policy.

Transferring insurance means replacing the insurance, either the full or part of the sum insured, with insurance on another policy. For example, the Death Benefit on a Protection – Life policy outside super is replaced with Protection - Life Cover inside super.

How you can restore your Suspended Amount at the end of the Suspension Period

We will notify you prior to the end of the Suspension Period and you can request to restore all or part of the Suspended Amount. The amount restored will be the Restored Amount. There is no further medical or financial underwriting as the original disclosures you made at the time you applied for the insurance and any increase continue to apply.

If you direct that only part or none of the Suspended Amount be restored, your direction will be binding and cannot be amended 30 days after the end of the Suspension Period.

If you do not request an extension, we will automatically restore the full Suspended Amount to your insurance, unless you have directed us otherwise.

If you make a claim during the Suspension Period:

- Subject to these Cover Bounce-back terms, the terms of your insurance continue to apply during the Suspension Period.
- If you make a claim on your insurance that is subject of these Cover Bounce-back terms, your insurance terminates on payment of the Remaining Amount.
- If a Buy Back option applies to your insurance, your insurance will be restored to the amount of insurance prior to the Suspension Period.

For this feature only:

- **Suspended Amount** means the amount, being a portion of the sum insured, that we agree is temporarily deducted from the sum insured for the relevant insurance.
- **Suspension Period** means the agreed period of time that a Suspended Amount applies to the relevant insurance.
- **Remaining Amount** means the balance of the sum insured, after deduction of the Suspended Amount, that applies to the relevant insurance during the Suspension Period (see your Policy Schedule issued when you exercise this feature).
- **Restored Amount** means the Suspended Amount, either in full or the agreed portion that is added back to the sum insured at the end of the Suspension Period.

Economiser Option

The cost of your insurance will generally change each year. However you can freeze your premium at any time after your 30th birthday, helping you to control the cost of your insurance by requesting to apply this Economiser option. This means:

- Indexation (CPI) Benefit is no longer applied, and
- The sum insured is reduced by the same percentage as the percentage increase in premium rates that would have occurred had this reduction not been made, except at Review Dates when benefits automatically reduce or end for other reasons, or premium loadings end. This has the effect of 'freezing' the premium; however, the premium may still change due to changes to the policy fee, premium rates, discounts, or other pricing factors.

You may cancel the Economiser at any time in writing. Indexation, if applicable, will then be reinstated.

Future Insurability Option - Death or disability

You can request an increase in the death and/or disability sum insured without providing further medical evidence as follows:

- If a Personal or Business Event happens (see below) while this insurance is in force, and
- before the Review Date after your 55th birthday.
- You will need to request the increase in writing and provide financial evidence to satisfy the increase and proof of the Personal or Business Event.

Unless we otherwise agree, the policy owner can only apply for an increase in the death and/or disability sum insured 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;
- the premiums are not being waived under the Waiver of Premium Option;
- you are not entitled to make a claim for Terminal Illness or Critical Illness Benefit under any Policy that you hold with us.

Personal Event

You can apply to increase the death and/or disability sum insured by up to 25% of the Original sum insured if you:

Summary of the terms and conditions

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

The maximum increase for any one of these events is $200,000.

Loans and mortgages

If you take out a mortgage, or increase your home loan to improve your home, the maximum increase amount you can apply for is the lesser of:

- 50% of the Original sum insured,
- the full value of the new mortgage,
- the full value of the latest increase in the existing mortgage.

The maximum increase for any one of these events is $200,000.

Business Events

Revenue Protection (Key Person)

This is not available for super policies after 30 June 2014.

If you are a Key Person in your business and your value to the business increases (see below), you can apply to increase the death and/or disability sum insured in proportion to the increase in your value to the business since the last Review Date. The maximum amount you can apply to increase the death and/or disability sum insured for this event is the lesser of:

- 25% of the Original Benefit,
- five times the increase in your value to the business, averaged over the preceding three years, and
- $200,000.

The value of you to the business in any year is equal to the total of your remuneration package for that year excluding discretionary benefits, plus your share of net profit distributed by the business in that year.

In any period that the business was not operating your value to the business is nil.

Ownership (Buy/Sell), share purchase, business continuation agreement

If this policy forms part of a written ownership (buy/sell), share purchase, or business continuation agreement and you are a partner, shareholder or unit holder in the business then, where the value of your financial interest in the business increases (see below), you can apply to increase the death and/or disability sum insured in proportion to the increase in the value of your financial interest in the business since the last Review Date.

The maximum amount you can apply to increase the death and/or disability sum insured for this event is the lesser of:

- 25% of the Original sum insured,
- the increase, averaged over the preceding three years, in the net value of your financial interest in the business, and
- $200,000.

The value of your financial interest in the business in any one year will be calculated on your share of the net value of the business at the end of that year ('net' meaning the value of the business less any liabilities). The method chosen to value the business must be in accordance with established business valuation practice for the industry in which the business operates and must be satisfactory to us.

In any period that the business was not operating the value of your financial interest in the business is nil.

The level of your death and/or disability sum insured must be equal to, or less than, the value of you financial interest in the business as determined above.

Asset Protection (Loan Guarantee)

If this death and/or disability sum insured covers any part of a business loan (Business Loan) which you are personally responsible for, and where the part of the Business Loan for which you are responsible increases, you can apply to increase your death or disability sum insured in proportion to the increase in the part of the Business Loan you are responsible for since the last Review Date.

The maximum increase amount for this event is the lesser of:

- 25% of the Original Benefit,
- the increase in that part of the Business Loan you are responsible for, which is averaged over the preceding three years, and
- $200,000.

The part of the Business Loan you are responsible for in any one year will be calculated on your share of the Business Loan at the end of that year.

In any period that the business was not operating the part of the Business Loan you are responsible for is nil.

Conditions that apply to increases without further medical evidence

You must apply for an increase in your death and/or disability sum insured:

- 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 must provide proof of the event to our satisfaction.

Proof needed for a Business Event increase 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.

Under this feature you can only apply for one increase during any one-year period.

The maximum cumulative amount of all increases in the death or disability sum insured is the lesser of:

- 100% of the Original Benefit, and
- $2,000,000.

If you are covered by more than one Acenda insurance policy (non-super and super) which allows you to increase the death and/or disability sum insured without further medical evidence, the maximum cumulative amount of all increases in the death and/or disability sum insured for all these Acenda policies is the lesser of:

- an amount equal to the total of your death and/or disability sum insured under the policies at the start of each policy, and
- $2,000,000.

The above increases in cover are subject to the maximum initial cover amounts as defined for the respective benefits.

In the first six months after the death and/or disability sum insured is increased due to your marriage, divorce or mortgage, the increased Benefit will only be paid in the event of accidental death or disability (caused by violent, accidental, external and visible means).

The premiums for the Policy will rise in line with the increased Death and/or Disability Benefit Option.

Options

Accidental Death Benefit

The Accidental Death Benefit is no longer available if you don't already hold it.

If you already hold the Accidental Death Benefit, you can continue to change ownership structures and move the benefit between super and non-super.

By selecting this option your cover is extended to include an additional amount of death cover should your death be as a result of an Accident and occur within 90 days of the Accident. The additional amount will be the lesser of the death sum insured or $1,000,000.

'Accident' means an event causing death directly by violent, accidental, external and visible means, independent of other causes.

Activities of Daily Living Benefit

By selecting this option you may extend your cover to include an additional benefit should you be unable to perform the 'Activities of Daily Living'.

This benefit is only available if:

- the level of disability cover with us under this or any other policy with us, in total is $3,000,000 or greater, or
- under our normal underwriting rules you are not eligible for the Disability Benefit Option.

If you become unable to perform the Activities of Daily Living (as defined on page 105), the Activities of Daily Living Benefit will be paid as a lump sum.

For super policies where the Activities of Daily Living Benefit first commenced after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Once the Activities of Daily Living Benefit is paid the death sum insured is reduced by the amount paid under your Activities of Daily Living Benefit.

Any remaining benefits under your Protection – Life policy, will continue and your premium will be adjusted accordingly.

Sum Insured

The maximum sum insured under the Activities of Daily Living Benefit is $3,000,000. Indexation to cover inflation as defined on page 40 will not apply to this benefit.

The sum insured together with the disability sum insured may not exceed the lesser of $5,000,000 or the death sum insured.

Business Protection Option

The Business Protection Option allows you to apply for an increase to your death and (if applicable) disability sum insured, once a year without having to supply further medical evidence.

Summary of the terms and conditions

This option may be used for:

- Business succession planning,
- Loan guarantor insurance, and
- Key person insurance (the Business Protection Option cannot be used for this purpose if the policy is owned by a super fund)

You will need to confirm your reason for the increase in writing and provide us with a valuation from a qualified accountant, your business value, the key person or provide evidence of the contractual guarantees, together with any other financial evidence to satisfy us that the value of your financial interest is at least equal to the increased amount of cover. Any increase in the sum insured is subject to our approval.

Increasing your Death Benefit

The death sum insured may be increased to the lesser of:

- three times the death sum insured when the option was first purchased, and
- $15 million.

Increasing your Disability Benefit Option. The Disability Benefit Option sum insured may be increased to the lesser of:

- three times the sum insured when this option was first purchased, and
- $3 million.

In addition, if the disability sum insured you need exceeds $3 million you can apply to purchase the excess under the Activities of Daily Living Benefit.

The total of the disability sum insured and Activities of Daily Living Benefit may not exceed the lesser of $5 million and the death sum insured under the policy (if applicable).

When can you apply?

You can exercise your right to apply for an increase in cover at any time up to the Review Date preceding your 65th birthday. If you don't increase your cover at least once in any three year period, the option will be cancelled, unless you can demonstrate that the financial evidence relating to your business and the purpose identified by you, in respect of that period, did not support an increase in the sum insured.

The maximum age when the option can be purchased is up to age 60 next birthday. This option ends on the Review Date before your 65th birthday.

Where this option applies the Indexation (CPI) Benefit will not apply.

Child Critical Illness Benefit

This benefit is not available for super policies.

By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. If a child dies or is diagnosed with one of the following critical illnesses (as defined) at any time up to the Review Date preceding the child's 21st birthday, we will pay the Child Critical Illness Benefit to the owner of the policy.

The child must be the natural child or grandchild, the stepchild or step grandchild or adopted child or adopted grandchild of yours, or you must be the legal guardian of the child.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Brain or Spinal Cord Tumour – of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Coma – with specific criteria
- Deafness – permanent
- Encephalitis – of specified severity
- Heart Attack – with evidence of severe heart muscle damage
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease – of specified severity
- Loss of Limbs and/or Sight – total and irrecoverable
- Loss of Speech – total and permanent
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Meningitis and/or Meningococcal Disease – of specified severity
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis – permanent and of specified severity
- Primary Pulmonary Hypertension – of specified severity
- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity

The definitions of these critical illnesses are provided in the 'Key medical and disability definitions' section of this document starting on page 98.

On payment of the Child Critical Illness Benefit the cover for that child will end and no further benefit will be payable in respect of that child.

Any remaining benefits under your policy, will continue and your premium will be adjusted accordingly.

Sum Insured

The cover under the Child Critical Illness Benefit is subject to a minimum sum insured of $10,000 with a maximum sum insured of $200,000 per child.

Indexation, to cover inflation, as defined on page 40 will not apply to this benefit.

Continuation of insurance cover

On the Review Date following the insured child's 16th birthday and before the Review Date preceding the insured child's 21st birthday, the insured child will have the option to apply for an insurance policy with a Death Benefit and Critical Illness Benefit for the same level of sum insured without the need to provide any medical evidence.

Disability Benefit Option

You can include optional disability cover for an additional premium.

If you become Totally and Permanently Disabled, the disability sum insured will be paid as a lump sum.

Once the Disability Benefit Option is paid the death cover and critical illness cover both end, unless either of those Benefits is more than the Disability Benefit Option. Where that is the case, the excess death and critical illness cover will continue and your premium will be adjusted accordingly.

For super policies where the Disability Benefit Option first started after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

When you apply, you can choose either the 'any occupation' or 'own occupation' test of Total and Permanent Disability. The own occupation test is only available to certain occupations. Also, for super policies, you can no longer choose the Own Occupation definition of Total and Permanent Disability after 30 June 2014 if you don't already have this definition.

This choice affects your premium, and you should discuss it with your financial adviser.

The Disability sum insured together with the Activities of Daily Living Benefit sum insured may not exceed the lesser of the Death sum insured and $5,000,000.

Own Occupation

'Own occupation' means the occupation in which you were engaged immediately before the start of your Total and Permanent Disability.

If you choose the 'own occupation' test, Total and Permanent Disability means either:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or
b. you have been unable to perform your own occupation for an uninterrupted period of at least three months due to Sickness or Injury and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation, or
c. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene, and
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

For the purposes of paragraph (b), 'unlikely ever' includes having regard to, but is not limited to, the prospect of improvement after treatment or rehabilitation recommended by a Medical Practitioner and which you could reasonably be expected to undertake.

For super policies where the Disability Benefit Option first started after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Definition after the Review Date following your 64th birthday

On the Review Date following your 64th birthday the above definitions of Total and Permanent Disability will no longer apply. Instead, to be considered to have a Total and Permanent Disability will mean you are diagnosed as `being unable to perform the Activities of Daily Living' (as defined on page 109).

Summary of the terms and conditions

This definition shall apply irrespective of your occupation and whether you have selected the `any occupation' or `own occupation' test.

For super policies where the Disability Benefit Option first commenced after 30 June 2014, you must also be Permanently Incapacitated as defined on page 113 to receive a benefit.

Any Occupation

If you choose the 'any occupation' test, Total and Permanent Disability means either:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or
b. you have been unable to perform your own occupation for an uninterrupted period of at least three months due to Sickness or Injury and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation or other occupation for which you are suited by education training or experience which would pay remuneration at a rate greater than 25% of your earnings during your last 12 consecutive months of work, or
c. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

For the purposes of paragraph (b), 'unlikely ever' includes having regard to, but is not limited to, the prospect of improvement after treatment or rehabilitation recommended by a Medical Practitioner and which you could reasonably be expected to undertake.

For super policies where the Disability Benefit Option first started after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Definition after the Review Date following your 64th birthday

On the Review Date following your 64th birthday the above definition of Total and Permanent Disability will no longer apply. Instead, to be considered to have a Total and Permanent Disability will mean you are diagnosed as `being unable to perform the Activities of Daily Living' (as defined on page 109).

This definition shall apply irrespective of your occupation and whether you have selected the `any occupation' or `own occupation' test.

For super policies where the Disability Benefit Option first commenced after 30 June 2014, you must also be Permanently Incapacitated as defined on page 113 to receive a benefit.

Partial benefit

This benefit is not available for super policies.

If you select either the 'any occupation' or 'own occupation' test a partial benefit is payable if you suffer the total and irrecoverable loss of the:

i. sight of one eye, or
ii. use of one limb (where a limb is defined as one whole hand or one whole foot).

The partial benefit is limited to 25% of the disability sum insured or $500,000 whichever is the lesser. Where 25% of the disability sum insured is less than $10,000 then no benefit will be payable.

Home Duties

Home duties means you have been engaged in full-time normal domestic duties in your own residence for more than six months.

If your occupation immediately before the start of Total and Permanent Disability can be described as 'Home Duties', then Total and Permanent Disability shall mean that you have, for an uninterrupted period of three months, been under medical supervision with complete inability to perform at least four of the Normal Domestic Duties. And we also believe that, after consideration of medical and any other evidence, you are unlikely ever to recover.

For the purposes of defining 'unlikely ever', this includes having regard to, but is not limited to, the prospect of improvement after treatment or rehabilitation recommended by a Medical Practitioner and which you could reasonably be expected to undertake.

Disability Buy Back Option

If you select this option, you can purchase an Protection – Life Policy (death only) without providing further medical evidence after receiving a Disability Benefit.

This option can only be exercised within the period between 14 and 44 days after the payment of the Disability Benefit Option. If your policy includes this Disability Buy Back Option, we will provide cover on the following basis:

a. the Death sum insured does not exceed the Disability Benefit Option paid,

b. premiums are charged at the appropriate rate for the attained age next birthday based on the current insurance rates at the time, and

c. any original exclusions or special conditions are maintained.

This option does not apply after payment of a Terminal Illness Benefit or Activities of Daily Living Benefit.

This option can be purchased up to age 60 next birthday and ends on the Review Date before your 65th birthday.

Note that the Disability Buy Back Option is not available after a Terminal Illness Benefit, or Activities of Daily Living Benefit has been paid under this policy.

Waiver of Premium Option

This option allows future premiums to be waived while you are Totally Disabled for an extended period or become Retrenched.

If you are Totally Disabled for at least three continuous months, subsequent premiums during the remaining period of Total Disability will be waived up to the Review Date before your 65th birthday. While premiums are being waived Indexation (CPI) Benefit will not apply.

For the purposes of the Waiver of Premium Option, you will be considered Totally Disabled if we are satisfied that:

a. you have suffered total and irrecoverable loss of the:
   - sight of both eyes, or
   - use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   - sight of one eye and use of one limb, or

b. you have been unable to perform your own occupation (or other occupation for which you are suited by education, training or experience) for an uninterrupted period of at least three months due to Sickness or Injury.

Where you are wholly engaged in full-time unpaid domestic duties at the date of the event causing Total Disability, then the occupation for which you are suited by education, training or experience is taken to include unpaid domestic duties. In this case you must be disabled to such an extent that you are confined to your place of principal residence unless assisted.

Retrenchment

If you become Retrenched we will waive premiums for a cumulative period of 12 months during the life of the policy. For the purposes of this option you will be considered Retrenched if, after this policy has been in force for at least 6 months, you become involuntarily unemployed and register with Centrelink or a recognised employment agency.

Premiums for increases or policies affected as a result of Business Protection Option or the Buy-Back Option are not subject to this option.

This option can be purchased up to age 60 next birthday and ends on the Review Date before your 65th birthday.

Summary of the terms and conditions

Summary of the terms for:

- Protection - Recovery Money
- Protection - Flexible Recovery Money
- Protection - Stand Alone Recovery Money

Benefits	Recovery Money*	Flexible Recovery Money*	Stand Alone Recovery Money
Accidental Injury Benefit	S	N/A	N/A
Child Support Benefit*	S	S	S
Critical Illness Benefit	O70	S	S
Death Benefit	S	N/A	$5,000
Financial Planning Benefit*	S	S	S
Funeral Assistance Benefit	S	N/A	S
Terminal Illness Benefit	S	N/A	N/A
Options			
Accidental Death Benefit	O	N/A	N/A
Activities of Daily Living Benefit	O	O	N/A
Business Protection Option	O	O	O
Child Critical Illness Benefit*	O	O	O
Critical Illness Buy Back Option	O	O	N/A
Critical Illness Reinstatement Option*	O	O	O
Disability Benefit Option	O65	O65	O65
Disability Buy Back Option	O	O	O
Occupationally Acquired Hepatitis B and C	O	O	O
Severe Illness Benefit	O	O	O
Waiver of Premium	O	O	O
Features			
Cover Bounce-back	S	S	S
Economiser Option	S	S	S
Future Insurability	S	S	S
Future Insurability Critical Illness*	S	S	S
Indexation (CPI) Benefit	S	S	S

S	Standard feature included in basic price
$5,000	Standard feature included in basic price, benefit limited to $5,000
O	Optional feature at additional cost
O65	Optional feature at additional cost, definition changes to Activities of Daily Living definition on the Review Date before your 65th birthday
O70	Standard feature included in basic price, definition changes to Activities of Daily Living definition on the Review Date before your 70th birthday
*	Not available for super policies
N/A	Not Available

Upgrade Guarantee

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

a. where the illness was diagnosed or investigated; or

b. where the injury occurred

prior to the effective date of the improvement.

Should a situation arise where a policy owner is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.

Benefits

Accidental Injury Benefit

This feature is included in Protection – Recovery Money

If due to an Accident you suffer one of the Accidental Injury Benefit events (see below) while the death sum insured is in force, we will pay the Accidental Injury Benefit to the policy owner.

For super policies where the Death Benefit first commenced after 30 June 2014 the Accidental Injury Benefit event must also result in you being Permanently Incapacitated, as defined on page 113, to receive benefits.

What we will pay

The Accidental Injury Benefit payable will be a proportion of the Death Benefit, as described in the table below:

Accidental Injury Benefit events	Portion of Death Benefit payable
• loss of the use of both hands • loss of the use of both feet • loss of sight in both eyes • loss of the use of one hand and one foot • loss of the use of one foot and the sight in one eye • loss of the use of one hand and the sight in one eye	100% of the Death Benefit up to $2,000,000
• loss of the use of one foot • loss of sight in one eye	25% of the Death Benefit up to $500,000

Conditions that apply to the Accidental Injury Benefit

- The loss or loss of the use, as the case may be, must be total and permanent and happen while this Policy is in force.
- The loss or loss of the use, as the case may be, must happen within 6 months of the Accident and be a direct result of the Accident.
- On payment of the Accidental Injury Benefit, the Death Benefit payable on your death will be reduced by the Accidental Injury Benefit paid and we will reduce the premiums payable for this Death Benefit in line with the reduced death sum insured.
- If more than one Acenda insurance policy covers you for an Accidental Injury Benefit event and you suffer that Accidental Injury Benefit event and if the total amount of Accidental Injury benefits under all these policies is more than the maximum Benefit payable for that Accidental Injury Benefit event as shown in the table above, the Accidental Injury Benefit will be paid from each policy in proportion to the total Death Benefit payable under the Acenda insurance policies.
- If you are also covered under Disability Benefit Option (Stand Alone) or Critical Illness Benefit (Stand Alone) with Acenda, the maximum benefit payable under this Accidental Injury Benefit as shown in the table above will be reduced by the total of any Benefit paid under those other insurance covers for an event that is also covered under the Accidental Injury Benefit.

What Accidental Injury Benefit does not cover

If, before this Policy started, or was last reinstated, you had already lost the use of one hand or of one foot or the loss of sight of one eye, we will not pay any Accidental Injury Benefit if you subsequently suffer one or more of the Accidental Injury Benefit events. Alternatively, we may agree to pay 25% of the Death Benefit up to $500,000.

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

Payment of the Accidental Injury Benefit may affect other Benefits. If we pay the Accidental Injury Benefit, and you are covered by any of the following insurance (see the Policy Schedule):

- Disability Benefit Option
- Critical Illness Benefit

we will reduce the Disability and/or Critical Illness Benefit by the amount of Accidental Injury Benefit paid.

We will reduce these premiums in line with these reduced Benefits.

Child Support Benefit

This feature is included in Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

If you have a critical illness sum insured of $100,000 or more the policy will include the Child Support Benefit at no cost.

Summary of the terms and conditions

Your policy will also include $10,000 death or critical illness cover on the life of all your dependant children. A dependant child means a natural child, a stepchild, an adopted child or a child under the legal guardianship, of the life insured.

If a dependant child dies or is diagnosed with one of the following critical illnesses (as defined) at any time up to the Review Date before the dependant child's 18th birthday, we will pay the Child Support Benefit to you.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Brain or Spinal Cord Tumour – of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Coma – with specified criteria
- Deafness - permanent
- Encephalitis – of specified severity
- Heart Attack - with specified of severe heart muscle damage
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease – of specified severity
- Loss of Limbs and/or Sight – total and irrecoverable
- Loss of Speech – total and permanent
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Meningitis and/or Meningococcal Disease – of specified severity
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis – permanent and of specified severity
- Primary Pulmonary Hypertension – of specified severity
- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity
- Type 1 Diabetes

Definitions for each of these critical illnesses are contained within the 'Key medical and disability definitions' section of this document starting on page 98.

Once the Child Support Benefit is paid the cover for that dependant child will end and no further Child Support Benefit will be payable in respect of that dependant child.

Maximum sum insured

The maximum Child Support Benefit payable for any one dependant child is a total of $10,000.

When cover starts

The Child Support Benefit for each dependant child will start on the later of:

- the Review Date following the dependant child's 2nd birthday, and
- the date the policy starts to which the Child Support Benefit is attached.

When cover ends

The Child Support Benefit for each dependant child will end on the earliest of:

- the Review Date before the dependant child's 18th birthday
- payment of the Child Support Benefit in respect of the dependant child, and
- the policy to which the Child Support Benefit is attached ends.

Critical Illness Benefit

Critical Illness definition up to the Review Date following your 69th birthday

If you are diagnosed with one of the following critical illnesses at any time up to the Review Date following your 69th birthday, we will pay the critical illness sum insured as a lump sum.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Brain or Spinal Cord Tumour – of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Chronic Lung Disease – of specified severity
- Coma– with specified criteria
- Coronary Artery By-Pass Surgery – excluding less invasive procedures
- Coronary Artery Disease
- Deafness - permanent
- Dementia – permanent and of specified severity
- Diabetes – of specified severity
- Encephalitis – of specified severity

- Heart Attack – with evidence of severe heart muscle damage
- Heart Surgery
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease – of specified severity
- Loss of Independent Existence – of specified severity
- Loss of Speech – total and permanent
- Loss of Limbs and/or Sight – total and irrecoverable
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Medically Acquired HIV Infection
- Meningitis and/or Meningococcal Disease – of specified severity
- Motor Neurone Disease – unequivocal diagnosis
- Multiple Sclerosis – of specified severity
- Muscular Dystrophy - unequivocal diagnosis
- Occupationally Acquired HIV Infection
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis – permanent and of specified severity
- Parkinson's Disease – of specified severity
- Parkinson-Plus Syndrome – unequivocal diagnosis
- Pneumonectomy – complete removal of an entire lung
- Primary Pulmonary Hypertension – of specified severity
- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity

To receive a benefit you must meet the definition of the critical illness as specified in the 'Key medical and disability definitions' section of this document, starting on page 98.

For Coronary Artery Disease the amount payable may be limited as set out in the 'Key medical and disability definitions' section starting on page 98.

For Occupationally Acquired HIV Infection and Medically Acquired HIV Infection the Critical Illness Benefit may not be payable where a Cure becomes available as set out in 'Key medical and disability definitions' section starting on page 98.

Critical Illness definition after the Review Date following your 69th birthday

If you are covered under the Critical Illness Benefit and have not made a claim the Critical Illness Benefit will continue until the policy expires.

However the above list of critical illnesses will no longer apply. Instead, the Critical Illness Benefit will only be payable if you are diagnosed as being 'unable to perform the Activities of Daily Living' (as defined on page 109).

For Recovery Money Policies

If you die while the policy is in force or are diagnosed with a Terminal Illness the sum insured will be paid to you or to your estate as directed by you. If you are diagnosed with a critical illness or become Totally and Permanently Disabled (if disability cover is added), the sum insured will be paid to you. Payment of one type of benefit automatically reduces the sum insured for the other types of insurance by the corresponding amount.

For Flexible Recovery Money policies

If a Death Benefit or Terminal Illness Benefit is paid under the associated Protection – Life policy, the Critical Illness Benefit payable under this policy will be reduced to nil and the policy will end.

If, while the policy is in force, a Critical Illness Benefit is paid under this policy, the amount of Death Benefit, Terminal Illness Benefit and, if applicable, Disability Benefit Option payable under the Protection – Life policy will be reduced by a corresponding amount, as explained on page 18.

If, while the policy is in force, a Disability Benefit Option is paid, the Critical Illness Benefit under this policy will be reduced by the total amounts actually paid under this policy and the associated Protection – Life policy.

For Stand Alone Recovery Money policies

Once a Critical Illness Benefit is paid, the disability cover will end, unless the disability sum insured exceeds the Critical Illness Benefit. Where it does, the excess disability cover continues on payment of the corresponding premiums.

Death Benefit

This benefit is applicable to Protection – Recovery Money

If you die the agreed death sum insured will be paid.

Summary of the terms and conditions

Death Benefit

This benefit is applicable to Protection – Stand Alone Recovery Money

If you die while the policy is in force we will pay a death benefit of $5,000 to you. This benefit is not payable if you die as a result of suicide within 13 months of the start or reinstatement of the policy.

Financial Planning Benefit

This feature is included in Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money.

This feature is not available for super policies.

Under this feature when we pay a lump sum benefit of at least $100,000 (or such other amount as advised by us from time to time) we will reimburse up to a maximum of $5,000 to cover the cost of a fully documented financial plan as prepared by a qualified financial planner.

Where there is more than one person entitled to receive part of the lump sum benefit, each recipient will be entitled to an equal share of the Financial Planning Benefit. For example where four people receive a share of the lump sum benefit each recipient would be entitled to receive up to $1,250.

The total Financial Planning Benefit payable in respect of the policy is $5,000 and will only be payable once.

The financial plan must be provided within 12 months of receiving the lump sum benefit.

Funeral Assistance Benefit

This benefit is applicable to Protection – Recovery Money

This benefit is not available for super policies.

Within 14 days of receipt of certified copies of your birth certificate and notice of your death from a registered Medical Pratitioner, we will pay the lesser of 10% of the death sum insured or $10,000 to be used for your funeral expenses.

If paid, the death sum insured will be reduced by the amount paid for the Funeral Assistance Benefit.

The payment of the Funeral Assistance Benefit is not an admission of liability on our behalf and does not mean that any other benefits under this policy will be admitted or paid. The payment of the Funeral Assistance Benefit is a complete discharge of all liability we have in relation to the amount paid under this benefit.

This benefit is not payable in the event of suicide within 13 months of commencement of the policy.

We reserve the right to recover the Funeral Assistance Benefit if the Death Benefit claim is subsequently denied, or where the proceeds of the policy have been paid. The Funeral Assistance Benefit is payable only once.

Terminal Illness Benefit

Under this benefit where you are diagnosed as having a Terminal Illness and likely to die within 12 months, the death sum insured will be paid out early with the agreement of the policy owner.

The Critical Illness Benefit, and the Disability Benefit Option (if added), will be reduced by the Terminal Illness Benefit.

Features

Cover Bounce-back

(Available to non-super, SMSF and wrap-platform owned policies, with stepped premiums only.)

This is a feature included in Protection – Recovery Money, Protection – Flexible Recovery Money, Protection – Stand Recovery Money

You can reduce the sum insured by your chosen amount (the Suspended Amount), for an agreed period of time (the Suspension Period). During the Suspension Period you will be insured only for the Remaining Amount and only pay premiums for the Remaining Amount.

At the end of the Suspension Period, you can restore all or part of the Suspended Amount.

Conditions of the Cover Bounce-back feature

- You must have held the insurance for at least two years.
- The suspension periods available are 3, 6, 9, and 12 months.
- You can exercise this feature up to a total of 12 months over the duration of the insurance.
- This feature is not available if your premiums are in arrears.
- To exercise this feature, you must notify us and complete the required steps before your next premium due

date from which you wish to apply. When we receive your request, we will confirm the details in writing to you, including the length of the Suspension Period.

- You cannot exercise this feature:
  - At the same time as the Economiser feature.
  - At the same time as the Future Insurability feature.
- If the Indexation (CPI) Benefit applies, it will continue to apply to the Remaining Amount during the Suspension Period.
- If you exercise this feature, you also have to reduce the sum insured on any linked insurance and all terms for this feature shall also apply to the linked insurance.
- When you exercise this feature the Remaining Amount cannot be reduced below the current minimum sum insured for the relevant insurance.

Reduction of Liability Terms

Insurance in respect of the Life Insured and our liability fully ceases for the Suspended Amount for the entire duration of the Suspension Period.

No Liability Terms - In respect of the Suspended Amount, no benefit shall be payable for any death, disability, sickness, injury, critical illness event (including partial critical illness event and child support) or any other insured event for which a benefit would ordinarily be payable where it:

- First occurs during the Suspension Period; or
- Arises from or is related to an injury, sickness, condition or symptom that first occurs during the Suspension Period which the Life insured:
  - Was aware of, or a reasonable person in the Life Insured's position would have been aware of; or
  - Sought advice or treatment from a registered Medical Practitioner or other health professional during the Suspension Period (or a reasonable person in the Life Insured's position would have sought such advice or treatment).

The above No Liability Terms shall continue to apply to the Restored Amount for the entire duration of the insurance. It shall also continue to apply to the equivalent amount of the Restored Amount if you transfer the insurance to another Acenda policy for the entire duration of the insurance on the other Acenda policy.

Transferring insurance means replacing the insurance, either the full or part of the sum insured, with insurance on another policy. For example, the Death Benefit on a Protection – Life policy outside super is replaced with Protection - Life Cover inside super.

How you can restore your Suspended Amount at the end of the Suspension Period

We will notify you prior to the end of the Suspension Period and you can request to restore all or part of the Suspended Amount. The amount restored will be the Restored Amount. There is no further medical or financial underwriting as the original disclosures you made at the time you applied for the insurance and any increase continue to apply.

If you direct that only part or none of the Suspended Amount be restored, your direction will be binding and cannot be amended 30 days after the end of the Suspension Period.

If you do not request an extension, we will automatically restore the full Suspended Amount to your insurance, unless you have directed us otherwise.

If you make a claim during the Suspension Period:

- Subject to these Cover Bounce-back terms, the terms of your insurance continue to apply during the Suspension Period.
- If you make a claim on your insurance that is subject of these Cover Bounce-back terms, your insurance terminates on payment of the Remaining Amount.
- If a Buy Back option applies to your insurance, your insurance will be restored to the amount of insurance prior to the Suspension Period.

For this feature only:

- **Suspended Amount** means the amount, being a portion of the sum insured, that we agree is temporarily deducted from the sum insured for the relevant insurance.
- **Suspension Period** means the agreed period of time that a Suspended Amount applies to the relevant insurance.
- **Remaining Amount** means the balance of the sum insured, after deduction of the Suspended Amount, that applies to the relevant insurance during the Suspension Period (see your Policy Schedule issued when you exercise this feature).

Summary of the terms and conditions

- **Restored Amount** means the Suspended Amount, either in full or the agreed portion that is added back to the sum insured at the end of the Suspension Period.

Economiser Option

This feature is included in Protection –Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

The cost of your insurance will generally change each year. However you can freeze your premium at any time after your 30th birthday, helping you to control the cost of your insurance by requesting to apply this Economiser option. This means:

- Indexation (CPI) Benefit (as defined on page 40) is no longer applied, and
- The sum insured is reduced by the same percentage as the percentage increase in premium rates that would have occurred had this reduction not been made, except at policy anniversaries when benefits automatically reduce or end for other reasons, or premium loadings end. This has the effect of 'freezing' the premium; however, the premium may still change due to changes to the policy fee, premium rates, discounts, or other pricing factors.

You may cancel the Economiser at any time in writing. Indexation, if applicable, will then be reinstated.

Future Insurability Option – Death and disability

This feature is included in Protection – Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

You can request an increase in the death and/or disability sum insured without providing further medical evidence as follows:

- If a Personal or Business Event happens (see below) while this insurance is in force, and
- before the Review Date after your 55th birthday.

You will need to request the increase in writing and provide financial evidence to satisfy the increase and proof of the Personal or Business Event.

Unless we otherwise agree, the policy owner can only apply for an increase in the death and/or disability sum insured 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;
- the premiums are not being waived under the Waiver of Premium Option;
- you are not entitled to make a claim for Terminal Illness or Critical Illness Benefit under any policy that you hold with us.

Personal Event

You can apply to increase the death and/or disability sum insured by up to 25% of the Original sum insured if you:

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

The maximum increase for any one of these events is $200,000.

Loans and mortgages

If you take out a mortgage, or increase your home loan to improve your home, the maximum increase amount you can apply for is the lesser of:

- 50% of the Original sum insured,
- the full value of the new mortgage,
- the full value of the latest increase in the existing mortgage.

The maximum increase for any one of these events is $200,000.

Business Events

Revenue Protection (Key Person)

This is not available for super policies after 30 June 2014.

If you are a Key Person in your business and your value to the business increases (see below), you can apply to increase the death and/or disability sum insured in proportion to the increase in your value to the business since the last Review Date. The maximum amount you can apply to increase the death and/or disability sum insured for this event is the lesser of:

- 25% of the Original Benefit,

- five times the increase in your value to the business, averaged over the preceding three years, and
- $200,000.

The value of you to the business in any year is equal to the total of your remuneration package for that year excluding discretionary benefits, plus your share of net profit distributed by the business in that year.

In any period that the business was not operating your value to the business is nil.

Ownership (Buy/Sell), share purchase, business continuation agreement

If this Policy forms part of a written ownership (buy/sell), share, purchase, or business continuation agreement and you are a partner, shareholder or unit holder in the business then, where the value of your financial interest in the business increases (see below), you can apply to increase the death and/or disability sum insured in proportion to the increase in the value of your financial interest in the business since the last Review Date.

The maximum amount you can apply to increase the death and/or disability sum insured for this event is the lesser of:

- 25% of the Original sum insured,
- the increase, averaged over the preceding three years, in the net value of your financial interest in the business, and
- $200,000.

The value of your financial interest in the business in any one year will be calculated on your share of the net value of the business at the end of that year ('net' meaning the value of the business less any liabilities). The method chosen to value the business must be in accordance with established business valuation practice for the industry in which the business operates and must be satisfactory to us.

In any period that the business was not operating the value of your financial interest in the business is nil.

The level of your death and/or disability sum insured must be equal to, or less than, the value of you financial interest in the business as determined above.

Asset Protection (Loan Guarantee)

If this death and/or disability sum insured covers any part of a business loan (Business Loan) which you are personally responsible for, and where the part of the Business Loan for which you are responsible increases, you can apply to increase your death or disability sum insured in proportion to the increase in the part of the Business Loan you are responsible for since the last Review Date.

The maximum increase amount for this event is the lesser of:

- 25% of the Original Benefit,
- the increase in that part of the Business Loan you are responsible for, which is averaged over the preceding three years, and
- $200,000.

The part of the Business Loan you are responsible for in any one year will be calculated on your share of the Business Loan at the end of that year.

In any period that the business was not operating the part of the Business Loan you are responsible for is nil.

Conditions that apply to increases without further medical evidence

You must apply for an increase in your death and/or disability sum insured:

- 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 must provide proof of the event to our satisfaction.

Proof needed for a Business Event increase 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.

Under this feature you can only apply for one increase during any one-year period.

The maximum cumulative amount of all increases in the death or disability sum insured is the lesser of:

- 100% of the Original Benefit, and
- $2,000,000.

If you are covered by more than one Acenda insurance policy (non-super and super) which allows you to increase the death and/or disability sum insured without further medical evidence, the maximum cumulative amount of all increases in the death and/or disability

Summary of the terms and conditions

sum insured for all these Acenda policies is the lesser of:

- an amount equal to the total of your death and/or disability sum insured under the policies at the start of each policy, and
- $2,000,000.

The above increases in cover are subject to the maximum initial cover amounts as defined for the respective benefits.

In the first six months after the death and/or disability sum insured is increased due to your marriage, divorce or mortgage, the increased Benefit will only be paid in the event of accidental death or disability (caused by violent, accidental, external and visible means).

The premiums for the policy will rise in line with the increased Death and/or Disability Benefit Option.

Future Insurability Option - Critical Illness

This feature is included in Protection – Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

You can request an increase in the critical illness sum insured without providing further medical evidence as follows:

- If a Personal or Business Event happens (see below) while this insurance is in force, and
- before the Review Date after your 55th birthday.

You will need to request the increase in writing and provide financial evidence to satisfy the increase and proof of the Personal or Business Event.

Unless we otherwise agree, the policy owner can only apply for an increase in the death and/or disability sum insured 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;
- the premiums are not being waived under the Waiver of Premium Option;
- you are not entitled to make a claim for Terminal Illness or Critical Illness Benefit under any policy that you hold with us.

You can apply to increase the Critical Illness sum insured by up to 25% of the Original sum insured if you:

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

The maximum increase for any one of these events is $200,000.

Loans and mortgages

If you take out a mortgage, or increase your home loan to improve your home, the maximum increase amount you can apply for is the lesser of:

- 50% of the Original sum insured,
- the full value of the new mortgage,
- the full value of the latest increase in the existing mortgage.

The maximum increase for any one of these events is $200,000.

Business Events

Revenue Protection (Key Person)

If you are a Key Person in your business and your value to the business increases (see below), you can apply to increase the death and/or disability sum insured in proportion to the increase in your value to the business since the last Review Date. The maximum amount you can apply to increase the death and/or disability sum insured for this event is the lesser of:

- 25% of the Original Benefit,
- five times the increase in your value to the business, averaged over the preceding three years, and
- $200,000.

The value of you to the business in any year is equal to the total of your remuneration package for that year excluding discretionary benefits, plus your share of net profit distributed by the business in that year.

In any period that the business was not operating your value to the business is nil.

Ownership (Buy/Sell), share purchase, business continuation agreement

If this policy forms part of a written ownership (buy/sell), share, purchase, or business continuation agreement and you are a partner, shareholder or unit holder in the business then, where the value of your financial interest in the business increases (see below), you can apply to increase the death and/or disability sum insured in proportion to the increase in the value of your financial interest in the business since the last Review Date.

The maximum amount you can apply to increase the death and/or disability sum insured for this event is the lesser of:

- 25% of the Original sum insured,
- the increase, averaged over the preceding three years, in the net value of your financial interest in the business, and
- $200,000.

The value of your financial interest in the business in any one year will be calculated on your share of the net value of the business at the end of that year ('net' meaning the value of the business less any liabilities). The method chosen to value the business must be in accordance with established business valuation practice for the industry in which the business operates and must be satisfactory to us.

In any period that the business was not operating the value of your financial interest in the business is nil.

The level of your death and/or disability sum insured must be equal to, or less than, the value of you financial interest in the business as determined above.

Asset Protection (Loan Guarantee)

If this policy covers any part of a business loan (Business Loan) which you are personally responsible for, and where the part of the Business Loan for which you are responsible increases, you can apply to increase your death or disability sum insured in proportion to the increase in the part of the Business Loan you are responsible for since the last Review Date.

The maximum increase amount for this event is the lesser of:

- 25% of the Original Benefit,
- the increase in that part of the Business Loan you are responsible for, which is averaged over the preceding three years, and
- $200,000.

The part of the Business Loan you are responsible for in any one year will be calculated on your share of the Business Loan at the end of that year.

In any period that the business was not operating the part of the Business Loan you are responsible for is nil.

Conditions that apply to increases without further medical evidence

You must apply for an increase in your critical illness sum insured:

- 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 must provide proof of the event to our satisfaction.

Proof needed for a Business Event increase 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.

Under this feature you can only apply for one increase during any one-year period.

The maximum cumulative amount of all increases in the critical illness sum insured is the lesser of:

- 100% of the Original Benefit, and
- $2,000,000.

If you are covered by more than one Acenda insurance policy (non-super and super) which allows you to increase the critical illness sum insured without further medical evidence, the maximum cumulative amount of all increases in the critical illness sum insured for all these Acenda policies is the lesser of:

- an amount equal to the total of your critical illness sum insured under the policies at the start of each policy, and
- $2,000,000.

The above increases in cover are subject to the maximum initial cover amounts as defined for the respective benefits.

In the first six months after the critical illness sum insured is increased due to your marriage, divorce or mortgage, the increased Benefit will only be paid in the event of accidental death or disability (caused by violent, accidental, external and visible means).

The premiums for the policy will rise in line with the increased critical illness sum insured.

Options

Accidental Death Benefit

Applicable to Protection – Recovery Money

The Accidental Death Benefit is no longer available for purchase from 1 November 2019. If you purchased this option prior to this date, this will not affect your ability to change ownership structures and move the benefit between super and non-super.

By selecting this option your cover is extended to include an additional amount of death cover should your

Summary of the terms and conditions

death be as a result of an Accident and occur within 90 days of the Accident. The additional amount will be the lesser of the death sum insured or $1,000,000.

'Accident' means an event causing death directly by violent, accidental, external and visible means, independent of other causes.

Activities of Daily Living Benefit

Applicable to Protection – Recovery Money and Flexible Recovery Money

By selecting this option you may extend your cover to include an additional benefit should you be unable to perform the 'Activities of Daily Living'.

This benefit is only available if:

- the level of disability cover with us under this or any other policy with us, in total is $3,000,000 or greater, or
- under our normal underwriting rules you are not eligible for the Disability Benefit Option.

If you become unable to perform the Activities of Daily Living (as defined below), the Activities of Daily Living Benefit will be paid as a lump sum.

For super policies where the Activities of Daily Living Benefit first commenced after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Once the Activities of Daily Living Benefit is paid the death sum insured, and if applicable Critical Illness sum insured, is reduced by the amount paid under your Activities of Daily Living Benefit.

Any remaining benefits under your Protection – Life policy, will continue and your premium will be adjusted accordingly.

Sum Insured

The maximum sum insured under the Activities of Daily Living Benefit is $3,000,000. Indexation (CPI) Benefit to cover inflation as defined on page 40 will not apply to this benefit.

The sum insured together with the disability sum insured may not exceed the lesser of $5,000,000 or the death sum insured.

The sum insured together with the critical illness sum insured may not exceed the death sum insured.

Definition

Being unable to perform the Activities of Daily Living means:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or

b. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene, and
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid, or

c. you are totally and permanently suffering a cognitive impairment requiring ongoing continuous care and supervision of another adult.

For super policies where the Activities of Daily Living Benefit first commenced after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Business Protection Option

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

This benefit is not available for super policies unless you had that option at 30 June 2014.

The Business Protection Option allows you to apply for an increase to your death and (if applicable) disability sum insured and/or critical illness sum insured, once a year without having to supply further medical evidence.

This option may be used for:

- Business succession planning
- Loan guarantor insurance, and
- Key person insurance (the Business Protection Option cannot be used for this purpose if the policy is owned by a super fund)

You will need to confirm your reason for the increase in writing and provide us with a valuation from a qualified accountant, your business value, the key person or provide evidence of the contractual guarantees, together with any other financial evidence to satisfy us that the value of your financial interest is at least equal to the increased amount of

cover. Any increase in the sum insured is subject to our approval.

Increasing your Death Benefit

The death sum insured may be increased to the lesser of:

- three times the death sum insured when the option was first purchased, and
- $15 million.

Increasing your Disability Benefit Option

The Disability Benefit Option sum insured may be increased to the lesser of:

- three times the sum insured when this option was first purchased, and
- $3 million.

In addition, if the disability sum insured you need exceeds $3 million you can apply to purchase the excess under the Activities of Daily Living Benefit.

The total of the disability sum insured and Activities of Daily Living Benefit may not exceed the lesser of $5 million and the death sum insured under the policy (if applicable).

Increases under Recovery Money, Flexible Recovery Money or Stand Alone Recovery Money policies

If you have cover with us under a Recovery Money, Flexible Recovery Money or Stand Alone Recovery Money policy you may increase the critical Illness sum insured to the lesser of:

- three times the sum insured when this option was first purchased, and
- $2 million.

In addition the critical illness sum insured with us and under any similar policy with any other insurer cannot exceed $2 million. Additional critical illness cover will not be issued in excess of this total limit.

Further, the critical illness sum insured may not be increased to an amount in excess of your death sum insured under the policy (if applicable).

When can you apply?

You can exercise your right to apply for an increase in cover at any time up to the Review Date preceding your 65th birthday. If you don't increase your cover at least once in any three year period, the option will be automatically cancelled, unless you can demonstrate that the financial evidence relating to your business and the purpose identified by you, in respect of that period, did not support an increase in the sum insured.

The maximum age when the option can be purchased is up to age 60 next birthday. This option ends on the Review Date before your 65th birthday.

Where this option applies the Indexation (CPI) Benefit will not apply.

Child Critical Illness Benefit

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. If a child dies or is diagnosed with one of the following critical illnesses (as defined) at any time up to the Review Date preceding the child's 21st birthday, we will pay the Child Critical Illness Benefit to the owner of the policy.

The child must be the natural child or grandchild, the stepchild or step grandchild or adopted child or adopted grandchild of yours, or you must be the legal guardian of the child.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Brain or Spinal Cord Tumour – of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Coma – with specific criteria
- Deafness – permanent
- Encephalitis – of specified severity
- Heart Attack – with evidence of severe heart muscle damage
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease – of specified severity
- Loss of Limbs and/or Sight – total and irrecoverable
- Loss of Speech – total and permanent
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Meningitis and/or Meningococcal Disease – of specified severity
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis – permanent and of specified severity
- Primary Pulmonary Hypertension – of specified severity

- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity

The definitions of these critical illnesses are provided in the 'Key medical and disability definitions' section of this document starting on page 98.

On payment of the Child Critical Illness Benefit the cover for that child will end and no further benefit will be payable in respect of that child.Any remaining benefits under your policy, will continue and your premium will be adjusted accordingly.

Sum Insured

The cover under the Child Critical Illness Benefit is subject to a minimum sum insured of $10,000 with a maximum sum insured of $200,000 per child.

Indexation (CPI) Benefit, to cover inflation, as defined on page 40 will not apply to this benefit.

Continuation of insurance cover

On the Review Date following the insured child's 16th birthday and before the Review Date preceding the insured child's 21st birthday, the insured child will have the option to apply for an insurance policy with a Death Benefit and Critical Illness Benefit for the same level of sum insured without the need to provide any medical evidence.

Critical Illness Buy Back Option

Applicable to Protection – Recovery Money and Flexible Recovery Money

After the payment of the Critical Illness or Severe Illness Benefit, you can purchase an Protection – Life policy (death only) without providing further medical evidence.

This option can only be exercised within 30 days of the first anniversary when the valid claim form was lodged. If your policy includes this option, we will provide cover on the following basis:

a. the death sum insured may not exceed the Critical Illness or Severe Illness Benefit paid, and

b. premiums will be charged at the appropriate rate for your age next birthday based on the then current insurance rates, and

c. any original exclusions or special conditions applicable under this policy will be maintained.

Where the Critical Illness Buy Back Option is exercised in conjunction with the Critical Illness Reinstatement Option, Indexation (CPI) Benefit (as defined on page 40) will not be available.

This option can be purchased up to age 60 next birthday and ends on the Review Date before your 70th birthday.

Critical Illness Reinstatement Option

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

After the payment of the Critical Illness or Severe Illness Benefit, you can reinstate 100% of the critical illness cover without providing further medical evidence. This feature provides critical illness sufferers with a second level of protection and peace of mind.

You can exercise this option within 30 days of the first anniversary of when the valid claim form was lodged. If your policy includes this option, we will reinstate your critical illness cover on the following basis:

a. you do not have to provide further medical evidence, and

b. the critical illness sum insured must not exceed 100% of the Critical Illness or Severe Illness Benefit paid, and

c. an additional premium will be charged at the appropriate rate for your age next birthday based on the then current insurance rates, and

d. indexation will not be available, and

e. any original exclusions or special conditions applicable under your policy will be maintained.

If you are subsequently diagnosed with a critical illness, we will pay a claim under the reinstated cover provided the critical illness event arose after the cover was reinstated.

We will not pay a claim under the reinstated cover if the critical illness claimed:

a. is the same as the original critical illness event, or

b. has occurred as a direct or indirect result of the original critical illness event, or

c. is a Cardiovascular Related Illness and the original critical illness event was also a Cardiovascular Related Illness, or

d. is a Stroke – in the brain and of specified severity (including Paralysis – permanent and of specified severity as a result of a cerebrovascular accident) and the original critical illness event was a Cardiovascular Related Illness.

In the previous paragraph, Cardiovascular Related Illness means any of the following as defined: Coronary Artery By-Pass Surgery – excluding less invasive procedures, Heart Attack – with evidence of severe heart muscle damage, Heart Surgery, Cardiomyopathy – of specified severity, Open Heart Surgery, Out of Hospital Cardiac Arrest, Primary Pulmonary Hypertension – of specified severity.

This option cannot be exercised where:

a. a Disability, Activities of Daily Living, Occupationally Acquired Hepatitis B and C or Terminal Illness Benefit is paid, or
b. a partial benefit is paid for Coronary Artery Disease.

The maximum age at which the option can be purchased is up to age 60 next birthday.

This option ends on the Review Date before your 70th birthday.

Disability Benefit Option

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

You can include optional disability cover for an additional premium.

If you become Totally and Permanently Disabled, the disability sum insured will be paid as a lump sum.

Once the Disability Benefit Option is paid the death cover and critical illness cover both end, unless either of those Benefits is more than the Disability Benefit Option. Where that is the case, the excess death and critical illness cover will continue and your premium will be adjusted accordingly.

For super policies where the Disability Benefit Option first started after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

When you apply, you can choose either the 'any occupation' or 'own occupation' test of Total and Permanent Disability. The own occupation test is only available to certain occupations. Also, for super policies, you can no longer choose the Own Occupation definition of Total and Permanent Disability after 30 June 2014 if you don't already have this definition. See page 108 for the 'any occupation' and 'own occupation' definitions of Total and Permanent Disability.

This choice affects your premium, and you should discuss it with your financial adviser.

The Disability sum insured together with the Activities of Daily Living Benefit sum insured may not exceed the lesser of the Death sum insured and $5,000,000.

The partial benefit is limited to 25% of the disability sum insured or $500,000 whichever is the lesser. Where 25% of the disability sum insured is less than $10,000 then no benefit will be payable.

Disability Buy Back Option

Applicable to Protection – Recovery Money and Flexible Recovery Money

If you select this option, you can purchase an Protection – Life policy (death only) without providing further medical evidence after receiving a Disability Benefit.

This option can only be exercised within the period between 14 and 44 days after the payment of the Disability Benefit Option. If your policy includes this Disability Buy Back Option, we will provide cover on the following basis:

a. the Death sum insured does not exceed the Disability Benefit Option paid,
b. premiums are charged at the appropriate rate for the attained age next birthday based on the current insurance rates at the time, and
c. any original exclusions or special conditions are maintained.

This option can be purchased up to age 60 next birthday and ends on the Review Date before your 65th birthday.

Note that the Disability Buy Back Option is not available after a Critical Illness Benefit, Terminal Illness Benefit, or Activities of Daily Living Benefit has been paid under this policy.

Occupationally Acquired Hepatitis B and C

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

This option allows your cover to include a benefit for Occupationally Acquired Hepatitis B and C (as defined in the 'Key medical and disability definitions' starting on page 98).

The additional amount will be the lesser of the critical illness sum insured or $500,000.

This option can be purchased up to age 60 next birthday and ends on the Review Date before your 70th birthday.

Summary of the terms and conditions

Severe Illness Benefit

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

This option allows your cover to include the severe illnesses listed below. If you are diagnosed with one of the following severe illnesses at any time up to your Review Date before your 70th birthday, we will pay you a Severe Illness Benefit as a lump sum.

The severe illnesses covered are:

- Breast Cancer – Other of specified severity
- Diabetes – Other of specified severity
- Early Stage Brain or Spinal Cord Tumour – of specified type
- Female Cancer – Other of specified severity
- Intensive Care – requiring continuous mechanical ventilation for 5 days
- Major Organ Transplant Waiting List
- Male Cancer – Other of specified severity
- Melanoma – of specified severity
- Partial Deafness – permanent
- Partial Loss of Sight and/or Limbs – total and irrecoverable
- Prostate Cancer – Other of specified severity
- Severe Burns – of specified severity
- Severe Osteoporosis – before age 50 and of specified severity
- Severe Rheumatoid Arthritis – of specified severity
- Systemic Lupus Erythematosus with Lupus Nephritis

To receive a benefit you must meet the definition of the severe illness specified in the 'Key medical and disability definitions' section of this document starting on page 98.

Sum Insured

The sum insured payable under the Severe Illness Benefit is an advance payment of the Critical Illness Benefit. Where the critical illness sum insured is $100,000 or greater you may select any amount between $10,000 and 10% of the critical illness sum insured.

If the critical illness sum insured is between $50,000 and $100,000, the Severe Illness Benefit (if selected) is $10,000.

This option is not available if the critical illness sum insured is less than $50,000.

Any payment of the Severe Illness Benefit will reduce the amount of death cover, critical illness cover and disability cover (if applicable).

We will pay multiple benefits under the Severe Illness Benefit subject to the following:

- the total of all payments does not exceed the critical illness sum insured, and
- we will only pay once for each condition covered under the Severe Illness Benefit.

The option can be purchased up to age 60 next birthday and ends on the Review Date before your 70th birthday.

Where disability cover applies, the Severe Illness Benefit will be reduced by any partial amounts paid under the Disability Benefit Option. This may reduce the Severe Illness Benefit to nil.

Waiver of Premium Option

Applicable to Protection – Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money

This option allows future premiums to be waived while you are Totally Disabled for an extended period or become Retrenched.

If you are Totally Disabled for at least three continuous months, subsequent premiums during the remaining period of Total Disability will be waived up to the Review Date before your 65th birthday. While premiums are waived, Indexation (CPI) Benefit will not apply.

For the purposes of the Waiver of Premium Option, you will be considered Totally Disabled if we are satisfied that:

a. you have suffered total and irrecoverable loss of the:
   - sight of both eyes, or
   - use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   - sight of one eye and use of one limb, or

b. you have been unable to perform your own occupation (or other occupation for which you are suited by education, training or experience) for an uninterrupted period of at least three months due to Sickness or Injury.

Where you are wholly engaged in full-time unpaid domestic duties at the date of the event causing Total Disability, then the occupation for which you are suited by education, training or experience is

taken to include unpaid domestic duties. In this case you must be disabled to such an extent that you are confined to your place of principal residence unless assisted.

Retrenchment

If you become Retrenched we will waive premiums for a cumulative period of 12 months during the life of the policy. For the purposes of this option you will be considered Retrenched if, after this policy has been in force for at least 6 months, you become involuntarily unemployed and register with Centrelink or a recognised employment agency.

Premiums for increases or policies affected as a result of Business Protection Option or the Buy-Back Option are not subject to this option.

This option can be purchased up to age 60 next birthday and ends on the Review Date before your 65th birthday.

Summary of the terms and conditions

Summary of the terms for:

- Protection - Income Gold
- Protection - Income Excell
- Protection - Income Daily Living
- Protection - Business Expenses

Benefits	Income Gold*	Income Excell	Income Daily Living*	Income Business Expenses*
Child Income Benefit*	S	S	S	N/A
Critical Conditions Benefit*	S	N/A	S	N/A
Daily Living Benefit	N/A	N/A	S	N/A
Death Benefit	S	S	S	S
Emergency Travel Benefit*	S	N/A	N/A	N/A
Nursing Care Benefit*	S	N/A	N/A	N/A
Partial Disability Benefit	S	S	N/A	S
Rehabilitation Expenses Benefit*	S	N/A	N/A	N/A
Rehabilitation Income Benefit*	S	N/A	N/A	N/A
Scheduled Injury Benefit*	S	S	N/A	N/A
Spouse Accommodation Benefit*	S	N/A	N/A	N/A
Total Disability Benefit	S	S	N/A	S
Unemployment Waiver*	S	N/A	N/A	N/A
Options				
Accident Benefit Option*	O	O	N/A	N/A
Debt Replacement Benefit*	O	N/A	N/A	N/A
Increasing Claim Benefit	O	O	N/A	N/A
Lump Sum Option	ON	ON	N/A	N/A
Platinum Benefit*	O	N/A	N/A	N/A
Super Maintenance Benefit*	O	O	N/A	N/A
Features				
Continuation of Insurance Cover	S	S	N/A	N/A
Cover Bounce-back	S	S	S	S
Guaranteed Insurability Option	O	O	N/A	N/A
Indexation (CPI) Benefit	S	S	S	S
Recurrent Claim Benefit	S	S	S	S
Waiting Period Reduction	S	S	N/A	N/A
Waiver of Premium	S	S	S	S

S	Standard feature included in basic price
O	Optional feature at additional cost
ON	Optional feature at no additional cost
*	Not available for super policies
N/A	Not Available

Upgrade Guarantee

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

a. where the illness was diagnosed or investigated; or

b. where the injury occurred

prior to the effective date of the improvement.

Should a situation arise where a policy owner is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.

Waiting Period

Applicable to Protection – Income Gold and Excell

You must choose a Waiting Period when taking out your policy. The Waiting Period is the length of time before benefits become payable.

Your choice of Waiting Period depends on your choice of Benefit Period and the type of premium (i.e. stepped or level).

Your financial adviser will be able to assist you with all these choices.

If you choose a two or five year Benefit Period, you have the choice of Waiting Periods of 14 days, 30 days, 60 days, 90 days, and 180 days.

If you choose a Benefit Period to age 60, 65 or 70 years you also have the choice of Waiting Periods of 365 and 730 days.

However if you choose a 365 days or 730 days Waiting Period, the Spouse Accommodation Benefit, Nursing Care Benefit, Scheduled Injury Benefit, Emergency Travel Benefit and Rehabilitation Income Benefit are not available.

Generally speaking, the longer the Waiting Period, the lower the insurance premium.

The Waiting Period starts on the date that you receive advice of Disability from a Medical Practitioner. In circumstances where it can be substantiated that Disability had begun earlier than the date of receiving advice from a Medical Practitioner, the start date may be backdated by up to seven days with medical certification.

If you return to full-time gainful employment during the Waiting Period for five consecutive days or less, the number of days that you were gainfully employed will be added to the Waiting Period.

You must be Disabled throughout the Waiting Period.

If you return to full time gainful employment during the Waiting Period for more than five consecutive days, the Waiting Period begins again from the day after the last day you were gainfully employed.

However, if you have an income protection policy with a 730 day Waiting Period as an addition to an existing group income protection cover which has a two year Benefit Period and you return to full time gainful employment during the Waiting Period for 20 consecutive days or less, the number of days that you were gainfully employed will be added to the Waiting Period. If you return to full time gainful employment during the Waiting Period for more than 20 consecutive days, the Waiting Period begins again from the day after the last day you were gainfully employed.

Waiting Period

Applicable to Protection – Income Daily Living

The Waiting Period is the length of time you must wait before benefits become payable

Your choice of Waiting Period depends on your choice of Benefit Period. Your financial adviser will be able to help you with this choice.

If you choose a two year Benefit Period, you can choose a Waiting Periods of 30 days, 60 days, 90 days, and 180 days.

If you choose a Benefit Period to age 65 years you also have the choice of 365 and 730 day Waiting Periods. Generally speaking, the longer the Waiting Period, the lower the insurance premium.

The Waiting Period starts on the date you receive advice of Substantial Disability from a Medical Practitioner.

If you can prove that Substantial Disability began earlier than the date you received advice from a Medical Practitioner, the start date may be backdated by up to seven days with medical certification.

You must be Substantially Disabled throughout the Waiting Period.

Waiting Period

Applicable to Protection – Income Business Expenses

You must choose a Waiting Period when taking out the policy. The Waiting Period is the length of time you must wait before benefits become payable. You can choose a Waiting Period of 14 or 30 days.

You must be Disabled throughout the Waiting Period.

Benefit Period

Applicable to Protection – Income Gold and Excell

The Benefit Period is the maximum length of time you can receive benefits while you are Totally or Partially Disabled due to Sickness or Injury. The Benefit Period starts at the end of the applicable Waiting Period. It continues until the expiry of the Benefit Period selected or the Review Date preceding the specified age (whichever occurs first), in accordance with the following table, on the next page.

Summary of the terms and conditions

Benefit Period	Expiry at Review Date preceding age
2 years for Sickness and Injury	65
5 years for Sickness and Injury	65
To age 60 years for Sickness and Injury	60
To age 65 years for Sickness and Injury	65
To age 70 years for Sickness and Injury*	70

* The Benefit Period to age 70 years is only available to people in certain occupational classes and is not available if you hold your policy in a super fund. Where the Benefit Period is to age 70 years, the expiry date of the policy is the Review Date before your 65th birthday. However, if you are Totally or Partially Disabled on the Review Date before your 65th birthday then payment of benefits will continue to the Review Date before your 70th birthday, or until you are no longer either Totally or Partially Disabled, whichever occurs first.

Benefit Period

Applicable to Protection – Income Daily Living

The Benefit Period is the maximum length of time you can receive benefits while you are Substantially Disabled due to Sickness or Injury.

The Benefit Period starts at the end of your Waiting Period. It continues until the expiry of the Benefit Period selected or the Review Date preceding the specified age (whichever occurs first), as shown in the following table.

Benefit Period	Expiry at Review Date preceding age
2 years for Sickness and Injury	70
To age 65 years for Sickness and Injury	65

Benefit Period

Applicable to Protection – Income Business Expenses

The Benefit Period is the maximum length of time you can receive Benefits while you are Totally or Partially Disabled due to Sickness or Injury. The Benefit Period starts at the end of your Waiting Period and is payable for a maximum of 12 months.

Extension of Benefit Period

Applicable to Protection – Income Business Expenses

If Total Disability Benefits have been paid for a period of 12 months, the Benefit Period may be extended if the total amount you've received is less than 12 times the monthly sum insured. The period of extension will be:

- for 12 months, or
- until Total Disability ends, or
- until the total amount paid equals 12 times the monthly sum insured; or
- until the Expiry Date as shown on your policy,

whichever occurs first.

Agreed Value

When you take out a policy, you nominate a monthly sum insured up to a maximum of 75% of your Monthly Earnings (the definition of Monthly Earnings is set out on page 112). This benefit will be paid if you become Totally Disabled, subject to proof of Monthly Earnings and the limited circumstances under which this may be adjusted, as set out in 'Maximum benefits payable offset' on page 88. For the proportion payable on Partial Disability, refer to page 82.

Indemnity

When you take out a policy, you nominate a monthly sum insured up to a maximum of 75% of Monthly Earnings (see definition of Monthly Earnings is set out on page 112). If you are Totally Disabled, subject to the limited circumstances under which they may be adjusted, as set out in 'Maximum benefits payable offset' on page 88, the benefit paid will be the lesser of this amount and 75% of your Pre-Disability Earnings (see the definition of Pre-Disability Earnings on page 113). For the proportion payable on Partial Disability, refer to page 82.

Benefits

Child Income Benefit

Applicable to Protection – Income Protection Gold, Excell and Daily Living

This benefit is not available if your policy is held in a super fund.

We will pay you three times the monthly sum insured, as a lump sum, up to a maximum of $25,000 if a dependant child dies or suffers one of the critical illnesses listed below at any time up to the Review Date preceding the child's 18th birthday. Dependant child means a natural child, a stepchild, an adopted child or a child under the legal guardianship, of the life insured.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Benign Brain or Spinal Cord Tumour – of specified severity
- Blindness – of specified severity
- Cancer – excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Coma – with specified criteria
- Deafness - permanent
- Encephalitis – of specified severity
- Heart Attack – with evidence of severe heart muscle damage
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease– of specified severity
- Loss of Limbs and/or Sight – total and irrecoverable
- Loss of Speech – total and permanent
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Meningitis and/or Meningococcal Disease – of specified severity
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis – permanent and of specified severity
- Primary Pulmonary Hypertension – of specified severity
- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity
- Type 1 Diabetes

The definitions of the critical illnesses are contained within the 'Key medical and disability definitions' section of this document starting on page 98.

On payment of the Child Income Benefit the cover for that dependant child will end and no further benefit will be payable under the Child Income Benefit in respect of that dependant child.

Maximum sum insured

The maximum level of cover payable under the Child Income Benefit in respect of any one dependant child is three times the monthly sum insured subject to a maximum total of $25,000 with us and under any similar policy with any other insurer.

When cover starts

The Child Income Benefit in respect of each dependant child will start on the later of the following events:

- The Review Date following the dependant child's 2nd birthday, and
- The policy start date to which the Child Income Benefit is attached.

When cover ends

The Child Income Benefit in respect of each dependant child will end on the earliest of the following events:

- The Review Date following the dependant child's 17th birthday,
- Payment of the Child Income Benefit in respect of the dependant child, and
- The policy to which the Child Income Benefit is attached ends.

Critical Conditions Benefit

Applicable to Protection - Income Gold

This benefit is not available if your policy is held in a super fund.

If you are first diagnosed as suffering from one of the conditions listed below after you have purchased the policy, you will be paid the monthly sum insured for six months, even if you are working.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Benign Brain or Spinal Cord Tumour – of specified severity
- Cancer - excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Chronic Lung Disease – of specified severity
- Coma – with specified criteria
- Coronary Artery By-Pass Surgery – excluding less invasive procedures
- Coronary Artery Disease
- Deafness – permanent
- Diabetes - of specified severity
- Dementia – permanent and of specified severity
- Encephalitis – of specified severity
- Heart Attack – with evidence of severe heart muscle damage
- Heart Surgery
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease – of specified severity
- Loss of Independent Existence – of specified severity

Summary of the terms and conditions

- Loss of Limbs and/or Sight – total and irrecoverable
- Loss of Speech – total and permanent
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Medically Acquired HIV Infection
- Meningitis and/or Meningococcal Disease – of specified severity
- Motor Neurone Disease - unequivocal diagnosis
- Multiple Sclerosis – of specified severity
- Muscular Dystrophy - unequivocal diagnosis
- Occupationally Acquired Hepatitis B and C
- Occupationally Acquired HIV Infection
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Parkinson's Disease – of specified severity
- Parkinson-Plus Syndrome – unequivocal diagnosis
- Pneumonectomy – complete removal of an entire lung
- Primary Pulmonary Hypertension – of specified severity
- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity

To receive a benefit you must meet the definition of the critical illness as specified in the 'Key medical and disability definitions' section of this document, starting on page 98.

You can choose to receive the benefit as a lump sum or monthly in advance for a total of six months.

How often can you claim?

You can't claim for the same Critical Illness more than once during the life of your policy. However if you recovered from your prior critical condition return to employment and have not received benefits from this policy for at least six months, we will pay Benefits if you suffer another type of critical condition.

Claiming Disability Benefits

When your Critical Conditions Benefit payment period ends, you may be able to claim Disability Benefits. However, you must wait until the Waiting Period expires before Disability Benefits become payable.

The Waiting Period begins on the date the critical condition is diagnosed.

The Critical Conditions Benefit will end on either the policy expiry date or the Review Date before your 65th birthday, whichever happens first.

Critical Conditions Benefit

Applicable to Protection - Income Daily Living

This benefit is not available if your policy is held in a super fund.

If you are first diagnosed as suffering from one of the conditions listed below after you have purchased the policy, you will be paid the monthly sum insured for six months, even if you are working.

The critical illnesses covered are:

- Aplastic Anaemia – of specified severity
- Benign Brain or Spinal Cord Tumour – of specified severity
- Blindness – of specified severity
- Cancer - excluding specified early stage cancers
- Cardiomyopathy – of specified severity
- Chronic Lung Disease – of specified severity
- Coma – with specified criteria
- Coronary Artery By-Pass Surgery – excluding less invasive procedures
- Coronary Artery Disease
- Deafness - permanent
- Dementia – permanent and of specified severity
- Diabetes – of specified severity
- Encephalitis – of specified severity
- Heart Attack – with evidence of severe heart muscle damage
- Heart Surgery
- Intensive Care – requiring continuous mechanical ventilation for 7 days
- Liver Disease – of specified severity
- Loss of Independent Existence – of specified severity
- Loss of Limbs and/or Sight – total and irrecoverable
- Loss of Speech – total and permanent
- Major Burns – of specified severity
- Major Head Trauma – of specified severity
- Major Organ Transplant
- Medically Acquired HIV Infection
- Meningitis and/or Meningococcal Disease – of specified severity
- Motor Neurone Disease - unequivocal diagnosis
- Multiple Sclerosis – of specified severity
- Muscular Dystrophy - unequivocal diagnosis

- Occupationally Acquired HIV Infection
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paralysis – permanent and of specified severity
- Parkinson's Disease – of specified severity
- Parkinson-Plus Syndrome – unequivocal diagnosis
- Pneumonectomy – complete removal of an entire lung
- Primary Pulmonary Hypertension – of specified severity
- Renal Failure – requiring permanent dialysis
- Stroke – in the brain and of specified severity

To receive a benefit you must meet the definition of the critical illness as specified in the 'Key medical and disability definitions' section of this document, starting on page 98.

You can choose to receive the benefit as a lump sum or monthly in advance for a total of six months.

How often can you claim?

You can't claim for the same Critical Illness more than once during the life of your policy. However if you recovered from your prior critical condition return to employment and have not received benefits from this policy for at least six months, we will pay Benefits if you suffer another type of critical condition.

Claiming Disability Benefits

When your Critical Conditions Benefit payment period ends, you may be able to claim Disability Benefits. However, you must wait until the Waiting Period expires before Disability Benefits become payable.

The Waiting Period begins on the date the critical condition is diagnosed.

The Critical Conditions Benefit will end on either the policy expiry date or the Review Date before your 65th birthday, whichever happens first.

Daily Living Benefit

Applicable to Protection – Income Daily Living

If, solely as a result of Sickness or Injury, you are Substantially Disabled, we pay you a monthly sum insured. Payment starts from the first day after the Waiting Period ends and continues while you are Substantially Disabled up to the end of the Benefit Period for any one Sickness or Injury. We pay one- thirtieth of the monthly sum insured for each day of Substantial Disability.

Death Benefit

Applicable to Protection - Income Gold, Excell and Daily Living

If you die while this policy is in force, the Death Benefit will be paid.

The Death Benefit is six times the monthly sum insured subject to a maximum of $60,000, and is paid on proof of death. This will be paid as a lump sum. Payment of the Death Benefit means no other benefits are payable.

Death Benefit

Applicable to Protection – Income Business Expenses

The Death Benefit will be paid as a lump sum to you if you die. It is the greater of:

- three times the Monthly Benefit up to a maximum of $30,000 in total, or
- 12 times the Monthly Benefit, less any amounts already paid in respect of the current claim, up to a total of $60,000 if you are currently receiving benefits from the policy

It is paid on due proof of death. Once the Death Benefit is paid no other benefits will be payable. This benefit expires on your 65th birthday, the Expiry Date as shown on the policy schedule or when this policy ends, whichever occurs first.

Emergency Travel Benefit

Applicable to Protection – Income Gold only

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of 12 months or more.

If, as a result of a Sickness or Injury, you need emergency transportation in an air, sea or land ambulance while outside Australia, we may, refund the costs of the emergency transportation within the country where the Sickness or Injury occurred.

If, while outside Australia, you become Totally Disabled for more than 30 days, we will reimburse you the cost of a single economy airfare by the most direct route on a recognised airline if Disability continues, and you choose to return to Australia.

The maximum benefit is three times the monthly sum insured and is payable only once in any 12 month period. Emergency Travel Benefits are not payable if you are insured or entitled to seek reimbursement for these costs from another source.

Nursing Care Benefit

Applicable to Protection – Income Gold only

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of 12 months or more.

Summary of the terms and conditions

During the Waiting Period if you are Totally Disabled and confined to bed for at least three days we will pay an amount of one-thirtieth of the Monthly Benefit for each day of confinement if a doctor certifies that you need the continuing care of a registered nurse, other than an immediate family member. This would start from the earliest of:

- the first day of care, until the end of the Waiting Period, when you are no longer confined to bed, or
- you no longer need the care of a registered nurse, and
- for a maximum of 90 days.

Partial Disability Benefit

Applicable to Protection – Income Gold and Excell

If you are Partially Disabled, we will pay a proportion of the monthly sum insured. If you are Disabled for longer than the Waiting Period, we will assess the impact of your Partial Disability on your earning ability.

For super policies where the insurance first commenced after 30 June 2014, you must also have satisfied the SIS definition of Temporary Incapacity before any benefits are payable as defined on page 114.

We will pay a proportion of the Monthly Benefit, at the end of the Waiting Period, due to your Partial Disability only if:

i. because of your Partial Disability you have been unable to generate at least 80% of your Pre-Disability Earnings for the duration of the Waiting Period, or

ii. your Partial Disability is due to you having suffered a Deemed Disability and at the end of the applicable payment period for Deemed Disability benefits you are still Partially Disabled at the end of the Waiting Period.

If you satisfy one of the above criteria, the proportion we will pay will be:

$$\frac{A - B}{A}$$

where A is your Pre-Disability Earnings and B is your Monthly Earnings for the month in which Partial Disability is claimed.

We will pay a full Monthly Benefit, if you are Partially Disabled and

i. unable to work for more than 10 hours per week, and

ii. unable to generate more than 20% of your Pre-Disability Earnings,

If part 'a. iii.' of the definition of Partial Disability applies, (you are capable of working on a partial basis but you are not working), then we will calculate Monthly Earnings based on what you could reasonably be expected to earn if you were working. We will base this calculation on medical advice (which will include the opinion of your Medical Practitioner).

If you have suffered a Deemed Disability and at the end of the applicable payment period you are Partially Disabled, the Waiting Period will be deemed to have started on the date that you suffered the Deemed Disability, as certified by a Medical Practitioner.

We will pay the Partial Disability Benefit monthly in arrears. The Partial Disability Benefit will stop at the end of the Benefit Period, or when you are no longer Partially Disabled, whichever occurs first.

Partial Disability Benefit

Applicable to Protection – Income Business Expenses

If you are Partially Disabled a portion of the Monthly Benefit will be paid to you based on the following formula:

$$\frac{(A - B) \times C}{A}$$

Where:

- A is your Pre-Disability Business Income
- B is your Business Income for the month in which the Partial Disability Benefit is claimed, before any benefit is payable under the policy to a minimum of zero, and
- C is the lesser of the Monthly Benefit and the Allowable Business Expenses for that month.

The Partial Disability Benefit starts accruing from the day after you are no longer Totally Disabled, or the day after the end of the Waiting Period, whichever is later. It is paid monthly in arrears, and will stop at the end of the Benefit Period or when you are no longer Partially Disabled or when your Business Income equals or exceeds your Pre Disability Business Income, whichever happens first.

Rehabilitation Expenses Benefit

Applicable to Protection – Income Gold only

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of 12 months or more.

If you need to undergo a formal rehabilitation course while you are Totally Disabled or need special equipment to help you to return to work or live at home, we will pay for such extraordinary expenses where you cannot recover them elsewhere up to six times the monthly sum insured.

Rehabilitation Income Benefit

Applicable to Protection – Income Gold only

This benefit is not available if your policy is held in a super fund.

If you become Totally Disabled and you choose to engage in a rehabilitation

program which is government recognised and approved by us we will increase your Total Disability Benefit by 50%. This will be paid for up to 12 months for any one period of disability while undergoing this rehabilitation.

Scheduled Injury Benefit

Applicable to Protection – Income Gold and Excell

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of 12 months or more.

If you sustain any of the injuries in the table below, we will pay you a Scheduled Injury Benefit even if you are working. When you sustain more than one of these injuries at the same time, you will be paid for the Injury that pays the largest benefit.. If you sustain another of these injuries during the payment period for an earlier injury, you will be paid for the first claim and for any portion of the second claim period which does not overlap.

The Scheduled Injury Benefit is payable from the date we received a valid claim form which verifies the Injury. You can choose to receive the Scheduled Injury Benefit as either:

1. a lump sum benefit, calculated by either multiplying your monthly sum insured by the payment period in the table below or the number of months until the Benefit Period expires, whichever is the smallest, or
2. a Monthly Benefit equal to your monthly sum insured, payable for the number of months shown in the table below or until the your Benefit Period expires, whichever occurs first.

Total and Permanent Loss of	Payment period (months)
Use of your legs or your legs and arms due to Paralysis – permanent and of specified severity	60
• the use of both hands • the use of both feet • the sight in both eye • 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	24
One leg or one arm	18
One hand or one foot or the sight in one eye	12
One hand or one foot or the sight in one eye	6

Fracture of the	Payment period (months)
Thigh	3
Pelvis	3
Skull (except bones of face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (exluding ankle)	2
Knee cap	2
Forearm (above the wrist)	1½
Collarbone	1½

When your Scheduled Injury Benefit Period ends, you may be able to claim Disability Benefits. However, you must wait until the Waiting Period expires before Disability Benefits become payable.

Spouse Accommodation Benefit

Applicable to Protection – Income Gold only

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of 12 months or more.

If your spouse, partner or close relative needs accommodation more than 100 km from your home, so that they can be close to where you are hospitalised during a period of Total Disability lasting more than three days, we will reimburse the cost of the accommodation, less any amounts that are reimbursed from other sources.

The maximum amount payable is the lesser of one- thirtieth of the Monthly Benefit or $250 per day for a maximum of 30 days and is only available once every 13 months.

Total Disability Benefit

Applicable to Protection -Income Gold and Excell

If, solely as a result of Sickness or Injury, you are Totally Disabled while your policy is in force, we will pay the monthly sum insured. Payment will begin to accrue from the first day after the Waiting Period has elapsed, be paid monthly in arrears and continue while you are Totally Disabled up to the end of the Benefit Period for any one Sickness or Injury. We will pay one-thirtieth of the monthly sum insured for each day of Total Disability.

Summary of the terms and conditions

For super policies where the insurance first commenced after 30 June 2014, you must also have satisfied the SIS definition of Temporary Incapacity before any benefits are payable as defined on page 114.

Total Disability Benefit

Applicable to Protection - Income Business Expenses

If you are Totally Disabled, we will pay you a monthly Total Disability Benefit. This will be equal to the Allowable Business Expenses you list in your application that are actually incurred for that month, up to the Maximum Monthly Benefit payable. If you make a claim you need to provide evidence of all your Allowable Business Expenses for that month.

Unemployment Waiver

Applicable to Protection – Income Gold only

This benefit is not available if your policy is held in a super fund.

After your policy has been in force for six months, if you involuntarily become unemployed and register with Centrelink or a recognised employment agency we will waive premiums for the duration of your unemployment up to 12 months during the life of the policy.

Features

Continuation of insurance cover

Applicable to Protection - Income Gold and Excell

When the policy ends, if you are not Disabled you will have the option to apply for an insurance policy with a Daily Living Benefit without having to provide any medical evidence. You can apply for the lesser of:

- the monthly sum insured at policy expiry, or
- $5,000 (or such other amount as advised by us from time to time)

Cover Bounce-back

(Available to non-super, SMSF and wrap-platform owned policies, with stepped premiums only.)

Applicable to Protection – Income Gold, Income Excell, Income Daily Living & Income Business Expenses

You can reduce the sum insured by your chosen amount (the Suspended Amount), for an agreed period of time (the Suspension Period). During the Suspension Period you will be insured only for the Remaining Amount and only pay premiums for the Remaining Amount.

At the end of the Suspension Period, you can restore all or part of the Suspended Amount.

Conditions of the Cover Bounce-back feature

- You must have held the insurance for at least two years.
- The suspension periods available are 3, 6, 9, and 12 months.
- You can exercise this feature up to a total of 12 months over the duration of the insurance.
- This feature is not available if your premiums are in arrears.
- To exercise this feature, you must notify us and complete the required steps before your next premium due date from which you wish to apply. When we receive your request, we will confirm the details in writing to you, including the length of the Suspension Period.
- You cannot exercise this feature:
  - At the same time as the Economiser feature.
  - If applicable to your policy, the Guaranteed Insurability Option
- If the Indexation (CPI) Benefit applies, it will continue to apply to the Remaining Amount during the Suspension Period.
- If you exercise this feature, you also have to reduce the sum insured on any linked insurance and all terms for this feature shall also apply to the linked insurance.
- When you exercise this feature the Remaining Amount cannot be reduced below the current minimum sum insured for the relevant insurance.

Reduction of Liability Terms

Insurance in respect of the Life Insured and our liability fully ceases for the Suspended Amount for the entire duration of the Suspension Period.

No Liability Terms - In respect of the Suspended Amount, no benefit shall be payable for any death, disability, sickness, injury, critical illness event (including partial critical illness event and child support or income benefit conditions) or any other insured event for which a benefit would ordinarily be payable where it:

- First occurs during the Suspension Period; or
- Arises from or is related to an injury, sickness, condition or symptom that first occurs during the Suspension Period which the Life insured:
  - Was aware of, or a reasonable person in the Life Insured's position would've been aware of; or

– Sought advice or treatment from a registered Medical Practitioner or other health professional during the Suspension Period (or a reasonable person in the Life Insured's position would have sought such advice or treatment).

The above No Liability Terms shall continue to apply to the Restored Amount for the entire duration of the insurance. It shall also continue to apply to the equivalent amount of the Restored Amount if you transfer the insurance to another Acenda policy for the entire duration of the insurance on the other Acenda policy.

Transferring insurance means replacing the insurance, either the full or part of the sum insured, with insurance on another policy. For example, the Death Benefit on a Protection – Life policy outside super is replaced with Protection - Life Cover inside super.

How you can restore your Suspended Amount at the end of the Suspension Period

We will notify you prior to the end of the Suspension Period and you can request to restore all or part of the Suspended Amount. The amount restored will be the Restored Amount. There is no further medical or financial underwriting as the original disclosures you made at the time you applied for the insurance and any increase continue to apply.

If you direct that only part or none of the Suspended Amount be restored, your direction will be binding and cannot be amended 30 days after the end of the Suspension Period.

If you do not request an extension, we will automatically restore the full Suspended Amount to your insurance, unless you have directed us otherwise.

If you make a claim during the Suspension Period:

- Subject to these Cover Bounce-back terms, the terms of your insurance continue to apply during the Suspension Period.
- If you make a claim on your insurance that is subject of these Cover Bounce-back terms, your insurance terminates on payment of the Remaining Amount.

For this feature only:

- **Suspended Amount** means the amount, being a portion of the sum insured, that we agree is temporarily deducted from the sum insured for the relevant insurance.
- **Suspension Period** means the agreed period of time that a Suspended Amount applies to the relevant insurance.
- **Remaining Amount** means the balance of the sum insured, after deduction of the Suspended Amount, that applies to the relevant insurance during the Suspension Period (see your Policy Schedule issued when you exercise this feature).
- **Restored Amount** means the Suspended Amount, either in full or the agreed portion that is added back to the sum insured at the end of the Suspension Period.

Recurrent Claim Benefit

Applicable to Protection - Income Gold and Excell

If your Benefit Period is to age 60, 65 or 70 and you suffer a Total or Partial Disability within 12 months after the end of a Disability claim from the same or related causes, the Waiting Period will not be applied again and all periods of Disability will be considered part of the same Benefit Period.

For all other Benefit Periods this will apply where the related disablement occurs within six months.

Recurrent Claim Benefit

Applicable to Protection – Income Daily Living and Income Business Expenses

If you suffer a Total or Partial Disability within six months after the end of a Disability claim from the same or related causes, the Waiting Period will not be applied again and all periods of Disability will be considered part of the same Benefit Period.

Waiting Period Reduction

Applicable to Protection - Income Gold and Excell

If you apply for an income protection policy with a 730-day Waiting Period as an addition to an existing group income protection cover we will allow you to reduce your Waiting Period to 90 days, 180 days or 365 days without the need to supply further medical evidence in the event that your group income protection cover ends. Your group income protection policy must have a two year Benefit Period, and you must notify us of this in writing within 60 days of your group income protection cover ending.

The reduced Waiting Period and applicable premium will take effect from your next premium due date following the change of the Waiting Period.

This is only available if:

- you have an income protection policy with a 730-day Waiting Period with us,

Summary of the terms and conditions

- no benefits are payable under this policy or the group income protection policy when you apply to reduce your Waiting Period,
- the group income protection policy is in force, and
- you are ineligible to exercise any continuation or similar option under that policy and you must not have exercised any such option.

The group income protection policy under which you are insured must be held by the trustee of a super fund of which you were a standard employer-sponsored member in terms of the Superannuation Industry (Supervision) Act.

Wavier of Premium

Once you have been disabled for longer than the Waiting Period, we will waive all your premiums payable under your policy for the period you continue to receive the Daily Living, Partial or Total Disability Benefit.

Options

Accident Benefit Option

Applicable to Protection - Income Gold and Excell

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of more than 90 days.

If during the Waiting Period you become Totally Disabled due to Injury for at least three days, you will receive one-thirtieth of the monthly sum insured for each day of Total Disability during the Waiting Period, up to a maximum of 90 days.

Debt Replacement Benefit

Applicable to Protection - Income Gold

This benefit is not available if your policy is held in a super fund.

This option can help you maintain an income to cover your personal ongoing debt expenses if you become Disabled. It is payable in addition to any other benefits payable under the policy (excluding the Death Benefit).

You can choose to cover up to 100% of your Allowable Personal Expenses as follows:

- your home mortgage – the percentage share of the minimum monthly mortgage repayments attributable to your contribution to the household income,
- any personal equity or overdraft facilities,
- any personal residential and commercial property investment linked loans,
- any personal Motor Vehicle leases and/or loans,
- private school tuition fees – the percentage share attributable to your contribution to the household income, and
- any loans in your name, family trusts or company(ies) for which you are personally liable.

Allowable Personal Expenses specifically excludes any expenses for which you are not personally liable or any expenses relating to the running of your business (if applicable).

Payment of Benefits

The benefits are payable for a maximum of 12 months in respect of any one claim and are restricted to a total of 24 months over the life of the policy.

The benefit payable is the lesser of:

- The debt replacement monthly sum insured; and
- 1/12th of the Allowable Personal Expenses during the 12 months immediately preceding Disability

If you receive a proportion of your monthly sum insured, then the Debt Replacement Benefit will be reduced in the same proportion as the monthly sum insured.

The Debt Replacement Benefit is payable together with the following benefits: Total Disability Benefit, Partial Disability Benefit, Scheduled Injury Benefit, Critical Conditions Benefit, Nursing Care Benefit and Accident Benefit Option.

How much can you apply for?

The benefit is only available if:

- your total Monthly Earnings for the preceding 12 months are at least $295,000,
- you have, or are applying for, death cover with us of at least $1,000,000, and
- the Benefit Period selected is to age 60, 65 or 70.

The minimum monthly debt replacement sum insured is $1,000.

The maximum monthly debt replacement sum insured is $16,000.

If you include the Debt Replacement Benefit, the total of the Debt Replacement Benefit, monthly sum insured and the Superannuation Maintenance Benefit, the total benefit cannot exceed $40,000.

If you also have an Income Protection – Business Expenses policy, your total sum insured under the Superannuation Maintenance Benefit, monthly sum insured, Debt Replacement Benefit

and the Income Protection – Business Expenses policy cannot exceed $70,000.

You can add this option to your insurance up to age 55 next birthday. The option ends on the Review Date before your 60th birthday.

Increasing Claim Benefit

Applicable to Protection - Income Gold and Excell

After receiving a benefit for 12 months, the benefit amount will be increased by the increase in the Consumer Price Index.

Guaranteed Insurability Option

Applicable to Protection - Income Gold and Excell

This option allows you to increase your benefit up to 15% every three years without having to provide further medical evidence. The minimum increase is $150 per month and the maximum is determined by the maximum benefit we permit for your occupation and income at the time. Up to six option dates are available up to 50 next birthday. Increases do not apply if you are Disabled at the time.

Lump Sum Option

Applicable to Protection - Income Gold and Excell

This benefit is not available if your policy is held in a super fund.

The Lump Sum Option allows you to receive your benefits as a lump sum amount rather than monthly if you are totally and permanently disabled.

This option can only be selected where your Benefit Period is to age 65.

Under this option if you meet the definition of Total and Permanent Disability, you may choose to receive a lump sum benefit instead of your monthly sum insured. Payment of the Lump Sum Option means that no other benefits are payable from the policy.

When you receive your monthly sum insured it is generally treated as assessable income and therefore taxable for income tax purposes, however payment of the Lump Sum Option would be treated in the same manner as Total and Permanent Disability or Disability benefits and a portion of your premium will not be eligible for a tax deduction as described on page 46.

Benefit amount

The benefit payable under the Lump Sum Option is the lesser of:

- $2,500,000 and
- a multiple of the Monthly Benefit, where the multiple is:
  - 180 if you are under age 40
  - 156 if you are age 40 to 44
  - 132 if you are age 45 to 49
  - 108 if you are age 50 to 55
  - the number of complete months until your benefit expires if you are age 56 and above.

If you are eligible to receive a lump sum benefit under the Lump Sum Option, we will use the multiple applicable on the date we confirm you meet the definition of Total and Permanently Disability, and not the date the request was received.

For the Lump Sum Option the definition of Total and Permanent Disability means either:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or

b. you have been unable to perform your own occupation for an uninterrupted period of at least three months due to Sickness or Injury and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation or other occupation for which you are suited by education training or experience which would pay remuneration at a rate greater than 25% of your earnings during your last 12 consecutive months of work, or

c. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

To be eligible for the Lump Sum Option you must:

1. select the Lump Sum Option when you take out your policy
2. receive monthly Total Disability benefits for a period of at least 24 continuous months since your Total Disability started and remain eligible for ongoing Total Disability benefits

Summary of the terms and conditions

3. send us a written request to exercise the Lump Sum Option, and
4. meet the definition of Total and Permanent Disability as above.

You can't cancel the Lump Sum Option once it has been selected.

Platinum Benefit

Applicable to Protection - Income Gold

This benefit is not available if your policy is held in a super fund or if you select a Waiting Period of more than 180 days.

If you purchase the Platinum Benefit any Critical Condition Benefit or a Nursing Care Benefit payable to you will increase by one third. If you die while receiving a Platinum Benefit, the Death Benefit is determined using this increased Monthly Benefit.

Super Maintenance Benefit

Applicable to Protection - Income Gold and Excell

This benefit is not available if your policy is held in a super fund.

This option allows you to maintain your super contributions during a period of Disability. The Superannuation Maintenance Benefit pays a personal contribution in your name to your nominated super fund during any period of Total or Partial Disability.

You can insure up to 100% of your super contributions made by you or your employer in the 12 months before the application. This amount must be a minimum of 5% of your gross Monthly Earnings and a maximum of 15% of your gross Monthly Earnings.

Your Superannuation Maintenance Benefit will not be included as income for the purposes of determining your monthly sum insured. That is, your monthly sum insured will be based on your Monthly Earnings after deducting your Superannuation Maintenance Benefit.

If your total super contributions (made by you and your employer) are more than 15% of your gross Monthly Earnings the excess amount over 15% paid by us may be included as income for the purposes of determining your monthly sum insured.

The maximum monthly amount payable when you receive both the Monthly Benefit and the Superannuation Maintenance Benefit is $30,000.

The Superannuation Maintenance Benefit is payable if you receive any of the following benefits: Total Disability Benefit, Partial Disability Benefit, Scheduled Injury Benefit, Critical Conditions Benefit, Nursing Care Benefit and Accident Benefit Option.

If you receive a proportion of your monthly sum insured, your Superannuation Maintenance Benefit will be reduced in the same proportion as the monthly sum insured.

The Superannuation Maintenance Benefit will be paid directly into your nominated super fund only while you are eligible to make personal contributions to super.

The super fund must be a regulated super fund or retirement savings account and contributions must be permitted by the super and tax legislation.

If you need to make a claim, you will need to provide details of your super fund or retirement savings account for the benefit to be paid.

You cannot convert the Superannuation Maintenance Benefit to any other type of benefit. It will be paid while you continue to be entitled to benefits under the policy. The Superannuation Maintenance Benefit cannot be cancelled or removed while you are receiving benefits under the policy.

Matters affecting the payment of benefits

Protection - Income Gold and Excell

Unemployment

If you are unemployed, or on maternity or paternity leave, for more than 12 months immediately before becoming Totally Disabled, then the definition of 'Total Disability' set out on page 110 is replaced by the following:

Means that solely because of Sickness or Injury:

a. you are unable to perform any occupation for which you are reasonably suited by education, training or experience, and
b. you are not working in any gainful occupation, and
c. you are following the advice of a Medical Practitioner.

If you are on sabbatical leave or study leave from your employer or long service leave this will not be considered as unemployment.

Maximum benefits payable offset

The maximum Total Disability Benefit and Partial Disability Benefit payable under the policy are reduced in certain circumstances.

If you hold your policy in a super fund, in addition to the offsets below there may be circumstances where the Trustee

may not be able to pass the benefits on to you (see page 45).

For Agreed Value Policies Only

If you have an agreed value policy, the maximum amount payable under the Total Disability Benefit and Partial Disability Benefit will be reduced if:

i. you are eligible to receive benefits from a pre-existing disability insurance or salary continuance policy from us or any other insurer which you had not disclosed when applying for this policy, or

ii. your occupation is not a professional occupation such as surgeon, accountant or solicitor and a workers compensation payment or other legislated payment is received in respect of loss of income and in calculating the payment the relevant tribunal or authority did not or could not take into account entitlements under this policy.

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

In these circumstances:

i. your Total Disability Benefit may be reduced so that the total, together with benefits from other sources, does not exceed 75% of your Pre-Disability Earnings

ii. Where benefits from other sources are paid as a lump sum we'll treat the lump sum as though 1% is paid for each month, you receive a benefit for a maximum of seven years, and the maximum benefit is calculated taking this figure into account, and

iii. your Partial Disability Benefit may be reduced so that your total Monthly Earnings and your monthly Partial Disability Benefit (as limited by this condition) is not greater than 100% of your Pre-Disability Earnings.

Your benefit will not be affected by any amounts you receive from:

i. lump sum or income benefits under other insurance policies, except as described above, or

ii. lump sum or income benefits under any retirement or super fund (including government and statutory funds), provided that if these policies or funds existed when the policy started or was reinstated, all details were fully disclosed.

When your Total Disability Benefit or Partial Disability Benefit is reduced in accordance with this condition, a proportionate refund of premiums paid will be made. The refund will be: A x B x C

where: 'A' is the percentage reduction in the benefit; and 'B' is your average monthly premium over the 12 months before Total Disability; and 'C' is the lesser of the number of months your policy was in force before your claim started and 12.

For Indemnity Policies Only

If you have an indemnity policy, the maximum amount payable under the Total Disability Benefit and Partial Disability Benefit will be reduced if:

i. you are eligible to receive benefits from a pre-existing disability insurance or salary continuance policy from us or any other insurer which you had not disclosed when applying for this policy,

ii. your occupation is not a professional occupation such as surgeon, accountant or solicitor and you are eligible to receive any income provided by or arranged by an employer, partnership or business including sick leave, or

iii. your occupation is not a professional occupation such as surgeon, accountant or solicitor and you receive a workers compensation payment or other legislated payment in respect of loss of income and, when calculating the payment, the relevant tribunal or authority did not or could not take into account entitlements under this policy.

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

In these circumstances:

i. your Total Disability Benefit may be reduced so that it, together with the total of those monies, does not exceed 75% of your Pre-Disability Earnings

ii. Where benefits from other sources are paid as a lump sum we'll treat the lump sum as though 1% is paid for each month, that a benefit is paid to you for a maximum of seven years, and the maximum benefit will be calculated taking this figure into account, and

iii. your Partial Disability Benefit may be reduced so that the total of your Monthly Earnings and your monthly Partial Disability Benefit (as limited by this condition) is not greater than 100% of your Pre-Disability Earnings.

Your benefit will not be affected by any amounts you receive from:

i. lump sum or income benefits from other insurance policies, except as described above, or

ii. lump sum or income benefits from any retirement or super fund (including government and statutory funds),

Summary of the terms and conditions

provided that if these policies or funds existed at the time of the policy start date or its reinstatement, all details were fully disclosed.

Concurrent benefits

Only one of the Total Disability Benefit, Partial Disability Benefit, Critical Conditions Benefit, Nursing Care Benefit, Accident Benefit or Scheduled Injury Benefit is payable at any one time. In the event that you are entitled to more than one Benefit at any one time you'll receive the larger Benefit amount.

Payment of benefits

Most benefits are paid monthly in arrears, except for the Scheduled Injury Benefit and the Critical Conditions Benefit which are paid in advance. Benefits for periods of less than one month will be paid pro rata based on a 30-day month.

Protection - Income Daily Living

Maximum benefits payable offset

The maximum Daily Living Benefit under the policy may be reduced in certain circumstances if:

i. you are eligible to receive benefits from a pre-existing disability insurance or salary continuance policy from us or any other insurer which you had not disclosed when applying for this policy, or

ii. you are eligible to receive any income provided by or arranged by an employer, partnership or business including sick leave, or

iii. you receive a workers compensation payment or other legislated payments for loss of income and, when calculating the payment, the relevant tribunal or authority did not or could not take into account entitlements under this policy.

In these circumstances:

i. your Daily Living Benefit may be reduced so that the total, together with benefits from other sources, does not exceed 75% of Your Pre-Disability Earnings, and

ii. Where benefits from other sources are paid as a lump sum we'll treat the lump sum as though 1% is paid for each month that a benefit is paid to you for a maximum of 7 years, and the maximum benefit will be calculated taking this figure into account.

Your benefit will not be affected by any amounts you receive from:

i. lump sum or income benefits from other insurance policies, except as described above, or

ii. lump sum or income benefits from any retirement or super fund (including government and statutory funds), provided that if these policies or funds existed at the time of the policy start date or its reinstatement, all details were fully disclosed.

Payment of benefits

Benefits are paid to you monthly in arrears. Benefits for periods of less than one month will be paid pro rata based on a 30-day month.

Exclusions that apply for Protection policies:

- Protection - Life
- Protection - Recovery Money
- Protection - Flexible Recovery Money
- Protection - Stand Alone Recovery Money

The exclusions below apply to each insurance as described.

Certain benefits, features, options and definitions may have additional specific exclusions that are contained in the relevant definition of a defined term - for example, Occupationally Acquired HIV Infection.

There are certain exclusions that apply to your policy. Exclusions are circumstances in which you won't be eligible to receive benefits under the policy.

Accidental Death Benefit

The Accidental Death Benefit will not be payable if your death is caused directly or indirectly by suicide or attempted suicide, self-inflicted Sickness or Injury or participation in insurrection.

Activities of Daily Living Benefit

The Activities of Daily Living Benefit and Waiver of Premium Option will not be payable in the event of attempted suicide, self-inflicted Sickness or Injury or participation in insurrection.

Death Benefit

The Death Benefit is not payable if your death was caused by suicide within 13 months of the start or reinstatement of the policy. If your death was caused by suicide within 13 months of an increase then the increase in the sum insured is not payable.

Where we agree to replace an existing policy from another insurer, and that policy has been in force for at least 13 months, the 13 month exclusion clause for suicide will not apply up to the sum insured of the policy being replaced but will apply to any amount in excess of this.

Disability Benefit

The Disability Benefit Option, will not be payable in the event of attempted suicide, self-inflicted Sickness or Injury or participation in insurrection.

Child Critical Illness Benefit

No payment will be made for Cancer – excluding specified early stage cancers, Cardiomyopathy – of specified severity, Heart Attack – with evidence of severe heart muscle damage, Open Heart Surgery, or Out of Hospital Cardiac Arrest if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the start or reinstatement of the policy.

No payment will be made if the event causing the death or critical illness (if applicable) is caused by:

- a congenital condition
- an intentional act of the insured child's parent or guardian
- an intentional act of someone who lives with or supervises the insured child, or
- an intentional act by you.

Child Support Benefit

No payment will be made if the dependant child dies or the critical illness is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the start or reinstatement of the policy.

No payment will be made if the event causing the death or critical illness condition (if applicable) was caused by:

- a congenital condition
- an intentional act by the dependant child's parent or guardian
- an intentional act by someone who lives with or supervises the dependant child, or
- an intentional act by you.

Critical Illness Benefit

No Critical Illness Benefit will be payable in the event of self-inflicted Sickness or Injury.

The Critical Illness Benefit will not be payable if it is shown that you do not have the condition which has been diagnosed.

No payment will be made for Heart Attack – with specified of severe heart muscle damage, Cardiomyopathy – of specified severity, Stroke – in the brain and of specified severity, Benign Brain or Spinal Cord Tumour – of specified severity, Cancer – excluding specified early stage cancers, Heart Surgery, Open Heart Surgery, Coronary Artery By Pass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the start or reinstatement of the policy – we call this the 'three month exclusion'.

Summary of the terms and conditions

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

If you have Stand Alone Recovery Money, we will only pay the Critical Illness Benefit if:

- you live for at least 14 days, and
- have not been declared either dead or brain dead, after diagnosis of the Critical Illness is diagnosed.

Benefits for multiple Sicknesses or Injuries

We will consider multiple claimable Sicknesses or Injuries as a single event and will be liable for payment once only under this Policy.

Replacement policies

Where this policy is to replace an existing similar policy from another insurer, the three month exclusion will not apply where the same medical conditions and procedures have been covered under the policy you're replacing.

In addition the life to be insured must be the same under both policies and the policy being replaced must have been in force for at least three months.

This will only apply up to the lesser of:

- the sum insured under the policy being replaced and,
- the sum insured under this policy.

If you make a claim within the first three months you will need to provide evidence of the following to allow the three month exclusion to be waived:

a. the conditions and procedures covered under the replaced policy,

b. the currency of the replaced policy at the policy start date of this policy, and

c. cancellation of the replaced policy from the previous insurer,

Occupationally Acquired Hepatitis B and C

No payment will be made where:

- the infection is intentionally self-inflicted, or
- a Cure has become available prior to the event causing the infection. This exclusion will not apply if you undertake the Cure and it isn't successful , or
- you have elected not to take any Vaccine available prior to the event. This exclusion will not apply if you have taken the Vaccine and it fails to prevent infection , or
- you have become positive to Hepatitis B surface antigen within six months from the commencement of the benefit or within six months of the reinstatement of the benefit

'Cure' means any Australian Government approved treatment which renders Hepatitis B or Hepatitis C inactive and non-infectious.

'Vaccine' means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use to produce immunity to Hepatitis B or Hepatitis C.

Severe Illness Benefit

The Severe Illness Benefit will not be payable:

- if you do not have the condition which has been diagnosed.
- for Breast Cancer – Other of specified severity, Early Stage Benign Brain or Spinal Cord Tumour – of specified type, Female Cancer – Other of specified severity Melanoma – of specified severity or Prostate Cancer – Other of specified severity if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the start or reinstatement of the policy.

Where disability cover applies, the Severe Illness Benefit will be reduced by any partial amounts paid under the Disability Benefit Option. This may reduce the Severe Illness Benefit to nil.

Waiver of Premium Option

The Waiver of Premium Option will not be payable in the event of attempted suicide, self-inflicted Sickness or Injury or participation in insurrection.

Exclusions that apply for Protection policies:

- Protection - Income Gold
- Protection - Income Excell
- Protection - Income Daily Living
- Protection - Income Business Expenses

There are certain exclusions that apply to your policy. Exclusions are circumstances in which you won't be eligible to receive benefits under the policy.

The policy does not apply to or cover any Disability caused by:

a. war, or an act of war, or

b. intentional self-injury, or attempted suicide, or

c. pregnancy, childbirth or miscarriage unless Disability continues for more than three months after the end of the pregnancy. When this occurs the date of Disability will be taken as being the date of the end of the pregnancy, or

d. your participation in a criminal activity or your incarceration.

In addition, regardless of whether or not there is a connection between your Disability and your incarceration, benefits will not be paid in relation to any period during which you are incarcerated.

Criminal activity means any activity giving rise to your conviction and incarceration. Incarceration means confinement in a jail of any description (including a prison farm or remand centre).

Child Income Benefit

No payment will be made if the dependant child dies or the critical illness is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the start or reinstatement of the policy.

No payment will be made if the event causing death or the critical illness condition (if applicable) was caused by:

- a congenital condition,
- an intentional act by the dependant child's parent or guardian,
- an intentional act by someone who lives with or supervises the dependant child, or
- an intentional act by you.

Critical Conditions Benefit

The Critical Conditions Benefit will not be paid if:

a. you are diagnosed with Heart Attack – with evidence of severe heart muscle damage, Cardiomyopathy – of specified severity, Stroke – in the brain and of specified severity, Benign Brain or Spinal Cord Tumour – of specified severity, Cancer – excluding specified early stage cancers, Heart Surgery, Open Heart Surgery, Coronary Artery By-Pass Surgery – excluding less invasive procedures or Coronary Artery Disease, or symptoms leading to the diagnosis become reasonably apparent within three months of starting, increasing or reinstating the policy. If this occurs within three months before an increase in benefits, the increase will not be payable – we call this the 'three month exclusion', or

b. it is shown that you do not have the condition which has been diagnosed.

Replacement insurance

Where this Income Protection policy is to replace an existing similar policy from another insurer, the three month exclusion as defined in part 'a.' above, will not apply where the same medical conditions and procedures were covered under the policy being replaced.

This will only apply: up to the lesser of the monthly sum insured under the policy being replaced and the monthly sum insured under this policy:

- where the life to be insured is the same under both policies, and
- where the policy being replaced has been in force for at least three months.

If you claim within the first three months of this policy the policy owner must provide, evidence of:

a. the conditions and procedures covered under the replaced policy,

b. the currency of the replacement policy on the policy start date of this policy, and

c. cancellation of the replaced policy from the previous insurer,

The Critical Conditions Benefit will end on either the policy expiry date or the Review Date before your 65th birthday, whichever happens first.

Lump Sum Option

The Lump Sum Option is not payable if, in our opinion, you are diagnosed with a Terminal Illness and likely to die within 12 months. A Medical Practitioner nominated by us will need to provide specified information about the nature of your Sickness or Injury.

Summary of the terms and conditions

Termination - when your Protection policy and benefits will end

The termination events below apply to each policy as described.

Protection – Life Cover:

If a policy held outside super:

The policy will terminate on the earliest of the following events to occur:

- the Review Date prior to your 90th birthday, or
- when a Disability Benefit Option is paid and the sum insured for this benefit is equal to the Death Benefit amount, or
- payment of a benefit under a linked Protection – Flexible Recovery Money is equal to the sum insured of the Death Benefit on this policy,
- when you suffer a Terminal Illness and a Terminal Illness Benefit is paid by us, or
- when you die and the Death Benefit is paid by us, or
- when you cancel the policy, or
- when the policy is cancelled due to non-payment of a premium.

If a policy held inside super:

The policy will terminate on the earliest of the following events to occur:

- the Review Date prior to your 75th birthday, or
  - If you wish to take advantage of the option to continue cover under a non-superannuation policy, you will need to advise us in writing in accordance with that condition.
- when a Disability Benefit Option is paid and the sum insured for this benefit is equal to the Death Benefit amount, or
- payment of a benefit under a linked Protection – Flexible Recovery Money is equal to the sum insured of the Death Benefit on this policy,
- when you suffer a Terminal Illness and a Terminal Illness Benefit is paid by us, or
- when you die and the Death Benefit is paid by us, or
- when you cancel the policy, or
- when the policy is cancelled due to non-payment of a premium; or
- cover may be cancelled if at any time the superannuation fund through which the Policy is held ceases to be a complying superannuation fund for the purposes of the Superannuation Industry (Supervision) Act 1993.

Protection – Recovery Money

The policy will terminate on the earliest of the following events to occur:

- the Review Date prior to your 90th birthday, or
- when a Critical Illness claim is paid by us (other than payment of a partial claim for Coronary Artery Disease, payment of a Child Critical Illness Benefit, Accidental Injury Benefit, Severe Illness Benefit). If the Death or Disability Benefit is greater, then the excess Death or Disability Benefit continues upon payment of the appropriate premium, or
- when a Death Benefit or Terminal Illness Benefit is paid by us, or
- when a Disability Benefit Option is paid and the sum insured for this benefit is equal to the Death Benefit amount, or
- when you die, or
- when you cancel the policy, or
- when the policy is cancelled due to non-payment of a premium.

Protection – Flexible Recovery Money

The policy will terminate on the earliest of the following events to occur:

- the Review Date prior to your 90th birthday, or
- when a Critical Illness claim is paid by us (other than payment of a partial claim for Coronary Artery Disease, payment of a Child Critical Illness Benefit, Accidental Injury Benefit, Severe Illness Benefit). If the Disability Benefit is greater, then the excess Disability Benefit continues upon payment of the appropriate premium, or
- when a Disability Benefit Option is paid and the sum insured for this benefit is equal to the Death Benefit amount on the linked Protection – Life policy, or
- when you suffer a Terminal Illness and a Terminal Illness Benefit is paid by us, or
- when you die and the Death Benefit is paid by us, or
- when you cancel the policy, or
- when the policy is cancelled due to non-payment of a premium, or
- the approved Protection – Life insurance contract written in conjunction with this Policy is terminated.

Protection – Stand Alone Recovery Money

If a policy held outside super:

The policy will terminate on the earliest of the following events to occur:

- the Review Date prior to your 90th birthday,or
- where the policy has a stand-alone Disability Benefit Option and the benefit is paid, or
- where the policy has a stand-alone Critical Illness Benefit and the benefit is paid (other than payment of a partial claim for Coronary Artery Disease, payment of a Child Critical Illness Benefit, or payment of a Severe Illness Benefit), or
- where the policy has a Critical Illness Benefit with a linked Disability Benefit Option and the sum insured of both benefits are equal, and the Disability Benefit Option is paid, or
- when you die and a Death Benefit is paid by us, or
- when you cancel the policy, or
- when the policy is cancelled due to non-payment of a premium.

If a policy held inside super:

The policy will terminate on the earliest of the following events to occur:

- the Review Date prior to your 75th birthday, or
- where the policy has a stand-alone Disability Benefit Option and the benefit is paid, or
- when you die and a Death Benefit is paid by us, or
- when you cancel the policy, or
- when the policy is cancelled due to non-payment of a premium, or
- cover may be cancelled if at any time the superannuation fund through which the Policy is held ceases to be a complying superannuation fund for the purposes of the Superannuation Industry (Supervision) Act 1993.

Protection – Income Gold, Income Excell, Income Daily Living and Income Business Expenses

Your policy ends on the earliest of:

- the Expiry Date shown on the schedule, or
- when we receive your written request for cancellation, or
- we cancel your policy, if you fail to pay premiums when due, or
- the death of the life insured.

Specific termination events for benefits, features and options

Business Protection Option

The Business Protection Option, and your obligation to pay premiums for this Option, terminates at the first to occur of:

a. the Policy to which the Business Protection Option is attached ends, or

b. the Review Date immediately prior to your 65th birthday, or

c. the premium for this Option is not paid when due; or

d. the policy owner notifies us in writing that the policy owner wishes to cancel this Option.

If the Option is not exercised at least once in any 3 year period, then the Option will expire (unless the policy owner can demonstrate to our satisfaction that the financial evidence relating to your business and the Purpose identified by the policy owner, in respect of that period, did not support an increase in the sum insured).

Child Critical Illness Benefit

The Child Critical Illness Benefit in respect of each insured child will end on the earliest of the following:

- The Review Date preceding the insured child's 21st birthday.
- Payment of the Child Critical Illness Benefit in respect of the insured child.
- The insured child applies for an insurance policy under the continuation of insurance cover, and
- The policy to which the Child Critical Illness Benefit is attached ends.

Child Support Benefit

The Child Support Benefit in respect of each dependant child will cease on the earliest of the following events:

- The Review Date preceding the dependant child's 18th birthday;
- Payment of the Child Support Benefit in respect of the dependant child; and
- The Policy to which the Child Support Benefit is attached ends.

Critical Illness Buy Back Benefit

- The Review Date prior to your 70th birthday;
- The policy to which the Critical Illness Buy Back Benefit is attached ends.

Summary of the terms and conditions

Critical Illness Reinstatement Option

- The Review Date prior to your 70th birthday;
- The policy to which the Critical Illness Reinstatement Option is attached ends.

Disability Benefit

- The Review Date prior to your 90th birthday;
- When a Disability Benefit claim is admitted by us;
- The policy to which the Disability Benefit is attached ends.

Disability Buy Back Benefit

- The Review Date prior to your 65th birthday;
- The policy to which the Disability Buy Back Benefit is attached ends.

Occupationally Acquired Hepatitis B and Hepatitis C

- The Review Date prior to your 70th birthday;
- When an Occupationally Acquired Hepatitis B and Hepatitis C Benefit claim is admitted by us;
- The policy to which the Disability Benefit is attached ends.

Severe Illness Benefit

The Severe Illness Benefit will cease on the earliest of the following events:

a. The Review Date preceding your 70th birthday;

b. You die;

c. You no longer have a Critical Illness benefit; and

d. The Policy to which the Severe Illness Benefit is attached ends.

Waiver of Premium Option

The benefits provided by the Waiver of Premium will terminate on the earliest of the following events:

a. if the Policy terminates, or

b. on the Review Date prior to your 65th birthday, or

c. on your death, or

d. for waiver due to Total Disability, you cease to be Totally Disabled, or

e. for waiver due to Retrenchment, you cease to be unemployed or the 12 month cumulative period is exhausted.

Child Income Benefit

The Child Income Benefit in respect of each dependant child will cease on the earliest of the following events:

- The Review Date preceding the dependant child's 18th birthday;
- Payment of the Child Income Benefit in respect of the dependant child; and
- The Policy to which the Child Support Benefit is attached ends.

Debt Replacement Benefit

The payment of Debt Replacement Benefit ends on the earliest of the following:

- 12 months' benefits have been paid in respect of any one claim
- a total of 24 months benefits have been paid in respect of all claims
- the date your Disability ends
- you reach the Expiry Date as shown on your policy schedule
- the policy ends, or
- you die.

5

Key medical and disability definitions

1. Medical Condition definitions relating to Protection - Life, Protection - Recovery Money and Protection Income Policies

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 that is current at the time you first notify us of your claim.

This section covers the precise medical definitions in relation to cover under the Protection*first* policies.

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:

a. marrow stimulating agents

b. bone marrow transplantation (including haematopoietic stem cell transplantation)

c. blood product transfusions

d. immunosuppressive agents.

Benign Brain or Spinal Cord Tumour – of specified severity

means a non-cancerous tumour in the brain, meninges, or intracranial section of a cranial nerve, or an acoustic neuroma, or a non-cancerous tumour of the spinal cord. The presence of the tumour must be confirmed by imaging studies such as CT scan or MRI, and result in:

- at least 25% permanent whole person impairment (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), or
- a permanent loss of the ability to perform one or more Activities of Daily Living (ADL) without physical help from someone else, 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

means the total and irrecoverable Loss of Sight of both eyes.

Loss of Sight means the complete and irrecoverable loss of sight from any cause. If the extent of sight loss is such that correction measures can achieve neither visual acuity of 6/60, nor a field of vision 20 degrees of arc or greater, then this will be accepted as Loss of Sight.

Breast Cancer – Other of specified severity

means carcinoma in situ of the breast characterised by 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 tumour must be classified as Tis according to the TNM staging method or AJCC* Stage 0.

*AJCC refers to the staging method of the American Joint Committee on Cancer.

Cancer – excluding specified early stage cancers

means 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).
- All prostate cancer unless:
  - it is histopathologically described as at least TNM classification T1c, or another equivalent classification, or
  - the Gleason score is 6 or more, or
  - 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 histopathological examination, or
  - is greater than 1.0 mm depth of invasion (Breslow), or
  - is at least Clark Level 3 of invasion.
- Basal cell carcinoma of the skin.
- 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

means a condition of impaired ventricular function resulting in permanent physical impairment to the degree of at least Class 3 on New York Heart Association Classification of cardiac impairment.

Chronic Lung Disease – of specified severity

means the final stage of lung disease, needing permanent oxygen therapy with a consistent pulmonary function test result of:

- FEV1 less than 40% predicted; or
- a DLCO less than 40% predicted.

Coma – with specified criteria

means a loss of consciousness and responsiveness in which the life insured is incapable of sensing or responding to external stimuli, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Coronary Artery By-Pass Surgery – excluding less invasive procedures

means the actual undergoing of coronary artery by-pass surgery considered necessary by a cardiologist to treat coronary artery disease, but not including angioplasty, other intra-arterial, or laser procedures.

Coronary Artery Disease

means the actual undergoing of coronary artery angioplasty to correct a narrowing or blockage of three or more different coronary arteries. This procedure can be completed in one procedure or via multiple procedures within a three month period. Angiographic evidence, indicating obstruction of three or more different coronary arteries is required to confirm the need for this procedure. The procedure must be considered necessary by a cardiologist to correct or treat Coronary Artery Disease.

A partial benefit is payable under Protection - Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money for this condition if the procedure is to treat one or two coronary arteries. The partial benefit is limited to 25% of the sum insured as stated on the Policy Schedule or $50,000 whichever is the lesser. A partial benefit is only payable if the sum insured is $40,000 or more.

Partial benefits can only be paid once under this condition and the remaining sum insured for death, critical illness or disability benefits will be reduced by the amount paid.

Deafness – permanent

means 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.

Dementia – permanent and of specified severity

means 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.

1. Medical Condition definitions relating to Protection - Life, Protection - Recovery Money and Protection Income Policies

Diabetes – of specified severity

means 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, or
- severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification).

Diabetes – Other of specified severity

means the diagnosis after age 30 of type 1 (autoimmune) diabetes, confirmed by development of diabetes associated islet autoantibodies and requiring insulin to manage the condition.

Early Stage Benign Brain or Spinal Cord Tumour

means a non-cancerous tumour in the brain, meninges, or intracranial section of a cranial nerve, or an acoustic neuroma, or a non-cancerous tumour of the spinal cord. The presence of the tumour must give 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.

Encephalitis – of specified severity

means severe inflammation of the brain resulting in permanent neurological deficit, resulting in either:

a. at least 25% whole person impairment (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), as certified by a consultant neurologist, or

b. the insured person being totally and permanently unable to perform any one of the following 'Activities of Daily Living':

   i. bathing and showering

   ii. dressing and undressing

   iii. eating and drinking

   iv. using a toilet to maintain personal hygiene,

   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

Female Cancer – Other of specified severity

means carcinoma in situ characterised by 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.

Carcinoma in situ of the following sites is covered:

- cervix-uteri: where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0 (excluded are Cervical Intraepithelial Neoplasia (CIN) classifications including CIN 1 and CIN 2)
- fallopian tube: where the tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO* Stage 0
- ovary: where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0
- vagina: where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0
- vulva: where the tumour must be classified as Tis according to the TNM staging method or FIGO* Stage 0.

*FIGO refers to the staging method of The Federation Internationale de Gynecologie et d'Obstetrique.

Heart Attack – with evidence of severe heart muscle damage

means a definitive diagnosis of myocardial infarction characterized by the death of a portion of heart muscle as a result of inadequate blood supply to a relevant area. The basis for myocardial infarction must be evidenced by:

a.

i. New electrocardiographic changes, and

ii. Raised cardiac enzymes, troponins or other biochemical markers above generally accepted laboratory levels of normal, each of which must be consistent with myocardial infarction, or

b.

i. Raised cardiac enzymes, troponins or other biochemical markers above generally accepted laboratory levels of normal, and

ii. A reduction in Left Ventricular Ejection Fraction below 50% where measured at least 6 weeks after the cardiac event, each of which must be consistent with myocardial infarction.

Other acute coronary syndromes including unstable angina and acute coronary insufficiency are not covered by this definition.

If the above tests are inconclusive we will consider other appropriate and medically recognised tests.

Heart Surgery

means the actual undergoing of any heart surgery that is considered necessary to replace or correct cardiac valves as a consequence of heart valve defects, or to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, or other non-surgical techniques.

Intensive Care - requiring continuous mechanical ventilation for 5 days

means 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

means 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.

Liver Disease – of specified severity

means chronic liver failure, together with permanent jaundice, ascites or hepatic encephalopathy.

Loss of Independence Existence – of specified severity

means a condition as a result of a disease, illness or injury whereby you are totally and permanently:

a. unable to perform at least two of the following five 'Activities of Daily Living':

i. bathing and showering

ii. dressing and undressing

iii. eating and drinking

iv. using a toilet to maintain personal hygiene, and

v. moving from place to place by walking, wheelchair or with assistance of a walking aid, or

b. suffering a cognitive impairment requiring ongoing continuous care and supervision of another adult.

Loss of Limbs and/or Sight – total and irrecoverable

means the total and irrecoverable:

- Loss of use of two limbs (where a limb is defined as one whole hand, or one whole foot), or
- Loss of Sight of one eye and loss of use of one limb.

Loss of Sight

means the complete and irrecoverable loss of sight from any cause. If the extent of sight loss is such that correction measures can achieve neither visual acuity of 6/60, nor a field of vision 20 degrees of arc or greater, then this will be accepted as Loss of Sight.

1. Medical Condition definitions relating to Protection - Life, Protection - Recovery Money and Protection Income Policies

Loss of Speech – total and permanent

means total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

Major Burns – of specified severity

means 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 Head Trauma – of specified severity

means a cerebral injury resulting in permanent neurological deficit, resulting in either:

a. at least 25% whole person impairment (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), as certified by a consultant neurologist, or

b. the insured person being totally and permanently unable to perform any one of the following 'Activities of Daily Living':

   i. bathing and showering,

   ii. dressing and undressing,

   iii. eating and drinking,

   iv. using a toilet to maintain personal hygiene,

   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

Major Organ Transplant

means the human to human organ transplant, as a result of injury or disease from a donor to you, of one or more of the following complete organs:

- heart
- kidney
- liver
- lung
- pancreas
- small bowel, or
- the transplantation of bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded from this definition.

Major Organ Transplant Waiting List

means the life insured has been placed on a waiting list within Australia or New Zealand for an organ transplant from a human donor of a major organ that is listed in the definition of Major Organ Transplant. The transplant must be considered medically necessary, and the condition must be untreatable by any other means other than organ transplant, as confirmed by an appropriate specialist.

Male Cancer – Other of specified severity

Carcinoma in situ of the penis

means the life insured is confirmed by biopsy to have localised pre-invasive cancer in the penis with a TNM Classification of Tis (penile intraepithelial neoplasia [PeIN]) where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Carcinoma in situ of the testicle

means the life insured is confirmed by biopsy to have localised pre-invasive cancer in one or both testicles with a TNM Classification of Tis (germ cell neoplasia in situ) where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissues, and one or both of the testicles are removed by radical orchidectomy. The removal must be considered to be the appropriate and necessary treatment and is performed specifically to arrest the spread of malignancy. 'Invade' means to infiltrate and/or destroy the tissue of origin or surrounding tissue.

Medically Acquired HIV Infection

means accidental infection with Human Immunodeficiency Virus (HIV) where the virus was acquired in Australia by you from one of the following necessary events conducted by a recognised Medical Practitioner:

- A blood transfusion
- Transfusion with blood products
- Organ transplant to you

- Assisted reproductive techniques
- A medical procedure or operation performed by a Medical Practitioner

Any event that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant state health service or equivalent including, at a minimum, baseline screening with regular screening at six weeks, 12 weeks and six months post event. This screening will require a supporting negative HIV Test performed on material taken after the event date. Blood product will need to be made available for independent testing.

Exclusion

No payment will be made where a Cure has become available prior to the event causing the infection or where you have elected not to take any Vaccine available prior to the event.

'Cure' means any Australian Government approved treatment which renders HIV inactive and non-infectious.

'Vaccine' means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use to produce immunity to the Human Immunodeficiency Virus.

Melanoma – of specified severity

means the presence of one or more malignant melanomas. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Meningitis and/or Meningococcal Disease – of specified severity

means meningitis or meningococcal septicaemia, resulting in either:

a. at least 25% permanent whole person impairment (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), as certified by a consultant neurologist, or

b. the insured person being totally and permanently unable to perform at least two of the following 'Activities of Daily Living':

   i. bathing and showering,

   ii. dressing and undressing,

   iii. eating and drinking,

   iv. using a toilet to maintain personal hygiene,

   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

Motor Neurone Disease - unequivocal diagnosis

means an unequivocal diagnosis of motor neurone disease by a consultant neurologist, with the Insured not necessarily confined to a wheelchair.

Multiple Sclerosis – of specified severity

means the unequivocal diagnosis of multiple sclerosis by a Medical Practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

Muscular Dystrophy – unequivocal diagnosis

means the unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.

Occupationally Acquired Hepatitis B and C

means Hepatitis B or Hepatitis C where the virus was acquired due to an event occurring while engaging in your normal occupation and proof of seroconversion from:

- Hepatitis B surface antigen negative to Hepatitis B surface antigen positive, or
- Hepatitis C antibody negative to Hepatitis C antibody positive,

being demonstrated by testing within six months of the event. Hepatitis B or Hepatitis C acquired in any other manner is excluded.

Any event that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant practice body or state health service, including, at a minimum, baseline screening with regular screening at six weeks, 12 weeks and six months post event. This screening will require a supporting negative Hepatitis B or Hepatitis C test performed on material taken after the event date. Blood product will need to be made available for independent testing.

1. Medical Condition definitions relating to Protection - Life, Protection - Recovery Money and Protection Income Policies

Exclusions

No payment will be made where:

- the infection is intentionally self-inflicted, or
- a Cure has become available prior to the event causing the infection. This exclusion will not apply if you undertake the Cure and it isn't successful, or
- you have elected not to take any Vaccine available prior to the event. This exclusion will not apply if you have taken the Vaccine and it fails to prevent infection, or
- you have become positive to Hepatitis B surface antigen within six months from the commencement of the benefit or within six months of the reinstatement of the benefit.

'Cure' means any Australian Government approved treatment which renders Hepatitis B or Hepatitis C inactive and non-infectious.

'Vaccine' means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use to produce immunity to Hepatitis B or Hepatitis C.

Occupationally Acquired HIV Infection

means Human Immunodeficiency Virus contracted where the virus was acquired due to an event occurring while engaging in your normal occupation and the seroconversion to the HIV infection being demonstrated by testing within six months of the event. HIV infection acquired in any other manner is excluded.

Any event that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant practice body or state health service, including, at a minimum, baseline screening with regular screening at six weeks, 12 weeks and six months post event. This screening will require a supporting negative HIV Test performed on material taken after the event date. Blood product will need to be made available for independent testing.

Exclusion

- a Cure has become available prior to the event causing the infection. This exclusion will not apply if you undertake the Cure and it isn't successful, or
- you have elected not to take any Vaccine available prior to the event. This exclusion will not apply if you have taken the Vaccine and it fails to prevent infection.

'Cure' means any Australian Government approved treatment which renders HIV inactive and non-infectious.

'Vaccine' means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use in your occupation to produce immunity to the Human Immunodeficiency Virus.

Open Heart Surgery

means the undergoing of a thoracotomy for treatment of cardiac defect(s), cardiac aneurysm or benign cardiac tumour(s).

Out Of Hospital Cardiac Arrest

means Cardiac Arrest which is not associated with any medical procedure and is documented by an electrocardiogram (ECG), occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.

If an ECG is not available, we will reasonably consider other evidence which unequivocally confirms a cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, ambulance or hospital medical records, documented administration of cardiopulmonary resuscitation (CPR) by an attending ambulance officer or hospital clinical staff.

Paralysis – permanent and of specified severity

means the total and permanent loss of function of two or more limbs due to spinal cord injury or disease or brain injury or disease. This includes but is not limited to diplegia, hemiplegia, paraplegia, quadriplegia and tetraplegia.

Parkinson's Disease – of specified severity

means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation 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 - unequivocal diagnosis

means 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.

Partial Deafness – permanent

means the irreversible and irreparable loss of hearing in one ear, where the ear has an auditory threshold of greater than 90 decibels from the frequencies of 500 hertz to 3,000 hertz, even with amplification.

Partial Loss of Sight and/or Limbs – total and irrecoverable

means the total and irrecoverable:

- Loss of Sight of one eye, or
- Loss of use of one limb (where a limb is defined as one whole hand, or one whole foot).

Loss of Sight means the complete and irrecoverable loss of sight from any cause. If the extent of sight loss is such that correction measures can achieve neither visual acuity of 6/60, nor a field of vision 20 degrees of arc or greater, then this will be accepted as Loss of Sight.

Pneumonectomy – complete removal of an entire lung

means the excision of an entire lung when deemed medically necessary by an appropriate specialist.

Primary Pulmonary Hypertension – of specified severity

means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment.

Secondary pulmonary hypertension due to chronic lung disease is excluded.

Prostate Cancer – Other of specified severity

means prostatic cancers that are excluded under the definition of Cancer – excluding specified early stage cancers in this Policy, and are histopathologically described as TNM classification T1(a) or T1(b) or another equivalent classification, or lesser classification with a Gleason score of less than six.

Renal Failure – requiring permanent dialysis

means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, requiring permanent regular renal dialysis.

Severe Burns – of specified severity

means tissue injury caused by thermal, electrical or chemical agents causing full thickness burns to:

- the whole of one hand or 50% or more of the surface area of both hands combined, requiring surgical debridement and/or grafting; or
- the whole of one foot or 50% or more of the surface area of both feet combined, requiring surgical debridement and/or grafting.

Severe Osteoporosis – before age 50 and of specified severity

means before the age of 50 you:

- suffer at least two verterbral body fractures or a fracture of the neck of femur, due to osteoporosis, and
- have bone material density reading with a T-score of less than -2.5. This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

1. Medical Condition definitions relating to Protection - Life, Protection - Recovery Money and Protection Income Policies

Severe Rheumatoid Arthritis – of specified severity

means 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.

Stroke – in the brain and of specified severity

means any cerebrovascular accident or incident producing neurological sequelae. Evidence of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage or embolisation from an extracranial source is required. Transient ischaemic attacks, reversible ischaemic neurological deficit, cerebral symptoms due to migraine and intracranial bleeding caused by a trauma are each excluded.

Systemic Lupus Erythematosus with Lupus Nephritis

means the unequivocal diagnosis of systemic lupus erythematosus according to internationally accepted criteria. Internationally accepted criteria would include the 'American College of Rheumatology revised criteria for the classification of Systemic Lupus Erythematosus'.

The requirements for a medical practitioner acceptable to us to make a diagnosis of systemic lupus erythematosus in the clinical setting are the presence of any four or more of the 11 criteria listed in the table below.

In addition to the diagnosis of systemic lupus erythematosus, lupus nephritis must be confirmed by renal changes as measured by a renal biopsy that is grade three to five of the WHO classification of Lupus Nephritis and be associated with persisting proteinuria greater than 0.5 grams per day or greater than 2+ if quantification not performed.

1. Malar rash

Fixed erythema, flat or raised, over the malar eminences, tending to spare the nasolabial folds.

2. Discoid rash

Erythematosus, raised patches with adherent kerotic scaling and follicular plugging, atrophic scarring may occur in older lesions.

3. Photosensitivity

Skin rash as a result of unusual reaction to sunlight, evidenced by a medical practitioner's report.

4. Oral ulcers

Oral or nasopharyngeal ulceration reported by a medical practitioner.

5. Arthritis

Non-erosive arthritis involving two or more peripheral joints, characterised by tenderness, swelling or effusion.

6. Serositis

Pleuritis – convincing history of pleuritic pain or pleuritic rub heard by a medical practitioner or evidence of pleural effusion, or

Pericarditis – documented by ECG or rub or evidence of pericardial effusion.

7. Renal disorder

Persistent proteinuria greater than 0.5 grams per day or greater than 2+ if quantification not performed, or

Tubular casts – may be red cell, haemoglobin, granular, cellular or mixed.

8. Neurological disorder

Seizures – in the absence of offending drugs or known metabolic derangements, eg. uraemia, ketoacidosis or electrolyte imbalance.

9. Hematologic disorder

Hemolytic anaemia – with reticulocytosis, or

Leucopoenia – less than 3,500/mm3 on two or more occasions, or
Thrombocytopenia – less than 100,000/mm3 in the absence of offending drugs.

10. Immunologic disorder

Positive LE cell preparation, or

Anti-DNA: antibody to native DNA in abnormal titre, or

Anti-Sm (Smooth Muscle): presence of antibody to Sm nuclear antigen, or

False positive serologic test for syphilis known to be positive for at least six months and confirmed by Treponema pallidum immobilisation or f luorescent treponemal antibody absorption test.

11. Antinuclear antibody

An abnormal titre of antibody by immunofluorescence or an equivalent assay at any point in time and in the absence of drugs known to be associated with 'drug-induced lupus' syndrome.

Type 1 Diabetes

Diabetes mellitus type 1 with an early onset, which requires insulin to control the disease.

2. Total and Permanent Disability (TPD) definitions

Note: No Total and Permanent Disability Benefit will be paid unless the Life Insured satisfies all the terms of the relevant definition.

Home Duties

Home duties means you have been engaged in full-time normal domestic duties in your own residence for more than six months.

If your occupation immediately before the start of Total and Permanent Disability can be described as 'Home Duties', then Total and Permanent Disability shall mean that you have, for an uninterrupted period of three months, been under medical supervision with complete inability to perform at least four of the Normal Domestic Duties. And we also believe that, after consideration of medical and any other evidence, you are unlikely ever to recover.

For the purposes of defining 'unlikely ever', this includes having regard to, but is not limited to, the prospect of improvement after treatment or rehabilitation recommended by a Medical Practitioner and which you could reasonably be expected to undertake.

Own Occupation (definition for Total and Permanent Disability)

'Own occupation' means the occupation in which you were engaged immediately before the start of your Total and Permanent Disability.

If you choose the 'own occupation' test, Total and Permanent Disability means either:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or

b. you have been unable to perform your own occupation for an uninterrupted period of at least three months due to Sickness or Injury and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation, or

c. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene, and
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

For the purposes of paragraph (b), 'unlikely ever' includes having regard to, but is not limited to, the prospect of improvement after treatment or rehabilitation recommended by a Medical Practitioner and which you could reasonably be expected to undertake.

For super policies where the Disability Benefit Option first started after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Definition after the Review Date following your 64th birthday

On the Review Date following your 64th birthday the above definition of Total and Permanent Disability will no longer apply. Instead, to be considered to have a Total and Permanent Disability will mean you are diagnosed as `being unable to perform the Activities of Daily Living' (as defined on page 109).

This definition shall apply irrespective of your occupation and whether you have selected the `any occupation' or `own occupation' test.

For super policies where the Disability Benefit Option first commenced after 30 June 2014, you must also be Permanently Incapacitated as defined on page 113, to receive a benefit.

Any Occupation

If you choose the 'any occupation test, Total and Permanent Disability means either:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or

b. you have been unable to perform your own occupation for an uninterrupted period of at least three months due to Sickness or Injury and we believe, after consideration of medical and any other evidence, you

are so disabled that you are unlikely ever to be able to perform your own occupation or other occupation for which you are suited by education training or experience which would pay remuneration at a rate greater than 25% of your earnings during your last 12 consecutive months of work, or

c. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid.

For the purposes of paragraph (b), 'unlikely ever' includes having regard to, but is not limited to, the prospect of improvement after treatment or rehabilitation recommended by a Medical Practitioner and which you could reasonably be expected to undertake.

For super policies where the Disability Benefit Option first started after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

Definition after the Review Date following your 64th birthday

On the Review Date following your 64th birthday the above definition of Total and Permanent Disability will no longer apply. Instead, to be considered to have a Total and Permanent Disability will mean you are diagnosed as `being unable to perform the Activities of Daily Living' (as defined on page 109).

This definition shall apply irrespective of your occupation and whether you have selected the `any occupation' or `own occupation' test.

For super policies where the Disability Benefit Option first commenced after 30 June 2014, you must also be Permanently Incapacitated as defined on page 113, to receive a benefit.

Partial benefit

This benefit is not available for super policies.

If you select either the 'any occupation' or 'own occupation' test a partial benefit is payable if you suffer the total and irrecoverable loss of the:

- sight of one eye, or
- use of one limb (where a limb is defined as one whole hand or one whole foot).

The partial benefit is limited to 25% of the disability sum insured or $500,000 whichever is the lesser. Where 25% of the disability sum insured is less than $10,000 then no benefit will be payable.

Activities of Daily Living Definition

Definition

Being unable to perform the Activities of Daily Living means:

a. you have suffered total and irrecoverable loss of the:
   i. sight of both eyes, or
   ii. use of two limbs (where a limb is defined as one whole hand or one whole foot), or
   iii. sight of one eye and the use of one limb, or

b. as a result of Sickness or Injury you are totally and permanently unable to perform at least two of the following five 'Activities of Daily Living':
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene, and
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid, or

c. you are totally and permanently suffering a cognitive impairment requiring ongoing continuous care and supervision of another adult.

For super policies where the Activities of Daily Living Benefit first commenced after 30 June 2014, you must also be Permanently Incapacitated, as defined on page 113, to receive a benefit.

3. Total Disability, Partial Disability and Substantial Disability definitions relating to Protection - Income insurances

Partial Disability or Partially Disabled

means that:

a. solely because of Sickness or Injury:
   i. you are working in your regular occupation on a partial basis, or
   ii. you are working in another occupation, or
   iii. you are not working in any gainful occupation even though you are capable of undertaking all the important income producing duties of your regular occupation at least on a partial basis, and

b. your Monthly Earnings are less than your Pre-Disability Earnings, and

c. you are following the advice of a medical practitioner.

If you were unemployed for more than 12 months immediately before becoming Disabled, then 'your regular occupation' in part 'a. iii.' will be replaced by 'an occupation for which you are reasonably suited by education, training or experience.'

Substantially Disabled or Substantial Disability

means, as certified by a medical practitioner, that solely because of Sickness or Injury:

a. you are totally unable to perform at least two of the following five 'Activities of Daily Living' without the assistance of another adult:
   i. bathing and showering
   ii. dressing and undressing
   iii. eating and drinking
   iv. using a toilet to maintain personal hygiene
   v. moving from place to place by walking, wheelchair or with assistance of a walking aid, or

b. you are suffering from a significant cognitive impairment requiring ongoing continuous care and supervision of another adult.

Total Disability and Totally Disabled

means that solely because of Sickness or Injury:

a. you are:
   i. not capable of doing at least one of the important income producing duties of your regular occupation, or
   ii. unable to perform the important income producing duties of your regular occupation for more than 10 hours per week, or
   iii. unable to generate at least 80% of your Pre-Disability Earning, and

b. you are not working in any gainful occupation, and

c. you are following the advice of a Medical Practitioner.

Glossary of common terms

Allowable Business Expenses

means your share of the normal day to day expenses of your business actually incurred by you and include, but are not limited to:

- accounting and audit fees
- bank charges
- equipment hire and motor vehicle leases
- business related insurance (excluding premiums for this policy)
- rent and regular interest instalment payment on business mortgage or loan
- electricity, gas, water, heat, laundry, telephone, cleaning
- business property rates and taxes
- telephone costs
- regular advertising costs
- subscriptions/fees/dues to professional associations
- salaries of employees who do not generate sales income or billings, and costs directly related to salaries (eg. super and other such fixed expenses which are normal in the operation of your profession, business or occupation)
- net cost of a locum (a person sourced external to your business and who is a direct replacement for you whose gross sales, income or billings are less than the fees incurred for that locum).

The following are specifically excluded:

- your personal salary, fees, drawings or any other remuneration
- cost of remuneration for members of your family (unless they were employed at least 30 days before the date you became disabled) or any person who is not your employee
- the salaries and super contributions of employees who generate sales, income, or billings for your business
- cost of goods or equipment used in your profession, business or occupation
- depreciation
- payment of principal on business mortgages or loans
- premiums for this policy.

Benefit Period

is the maximum length of time you can receive benefits while you are Totally or Partially Disabled due to Sickness or Injury. The Benefit Period starts at the end of the applicable Waiting Period and continues until

- the expiry of the Benefit Period shown on your policy schedule
- the date on which your Disability ends
- the Expiry Date as shown on your policy schedule
- the date of your death, or
- the termination of the policy.

Business Expenses

means regular or continuing fixed expenses incurred by your business whether you are working or not and which are not a payment of capital or of a capital, private or domestic nature, and could not reasonably be considered to give a private benefit to you, members of your family or any company, trust or other entity from which you or your family derive a benefit. Your share of these payments will be that which is apportionable to you in line with the usual manner that the profits and/or losses of your business are divided.

Business Income

means 1/12th of your share of the gross income generated by the business before expenses and tax.

Deemed Disability

means that while the policy is in force you have suffered one of the Scheduled Injuries (see page 83) or one of the Critical Conditions if your policy is Protection – Income Gold (see page 79).

Disability or Disabled

means Total Disability, Partial Disability or Substantial Disability as the context requires.

Glossary of common terms

Earnings

means:

- where you are self-employed (ie you directly or indirectly own part of or all of a business or practice), the income of the business or practice generated by the personal efforts of you after the deduction of their appropriate share of business or practice expenses in generating that income
- where you are an employee (ie do not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to you including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular super contributions paid by the employer on behalf of you, and
- whether you are self-employed or employed, Earnings do not include investment income and are calculated before tax.

Gainfully Employed or Gainful Employment

means working for Earnings, payment or profit.

Injury

means an accidental bodily injury you suffer while your policy is in force.

Maximum Monthly Benefit

means the benefit payable under the policy being the lesser of:

- the monthly sum insured, and
- 1/12th part of the Allowable Business Expenses actually incurred by you in the operation of your profession, business or occupation during the 12 months immediately preceding your Total Disability and which continue during that Total Disability.

If the Monthly Benefit payable, together with any benefit payable under any other disability policy with Acenda or any other insurer deemed by us to be business expenses insurance, exceeds in any month the Allowable Business Expenses which are incurred during that month then the Monthly Benefit will be reduced by the excess.

Medical Practitioner

is:

a. a medical practitioner whose qualifications are recognised in Australia and is registered in Australia; or

b. who has qualifications acceptable to us.

But excludes:

1. you; or
2. your business partners; or
3. any of your immediate family,

and includes a medical practitioner appointed by us.

Monthly Benefit

means either:

- where you do not directly or indirectly own the business or professional practice from which you earn your regular income, the total monthly value of your remuneration in respect of the performance of your regular occupation.

It includes:

  - salary
  - fees
  - commission
  - bonuses
  - regular overtime, and
  - fringe benefits.

It will be determined by calculating the amount you could be expected to receive if your total remuneration was received as a salary or wage (before income tax is deducted), or

- where you directly or indirectly own all or part of the business or professional practice from which you earn your regular income, the income earned by your business directly due to your personal exertion or activities less your share of the necessarily incurred Business Expenses and costs for that business or professional practice, calculated on a monthly basis.

Monthly Earnings

a. When you do not directly or indirectly own the business or professional practice from which you earn your regular income, Monthly Earnings is the total monthly value of your remuneration in respect of the performance of your regular occupation. It includes salary, fees, commission, bonuses, regular overtime and fringe benefits. It will be determined by calculating the amount you could be expected to receive if your total remuneration was received as a salary or wage (before income tax is deducted), or

b. When you do directly or indirectly own all or part of the business or professional practice from which you earn your regular income, Monthly Earnings is the income earned by your business directly due to your personal exertion or activities less your share of necessarily incurred Business Expenses and costs for that business or professional practice, calculated on a monthly basis.

Normal Domestic Duties

specifically includes:

- cooking and preparing meals – meaning the ability to prepare meals using kitchen appliances
- cleaning the home – meaning the ability to carry out the basic internal household chores using domestic equipment such as a vacuum and mop
- washing clothes – meaning the ability to do the household's laundry
- shopping for groceries – meaning the ability to purchase general household grocery items (excluding online shopping)
- safely driving a car – the physical ability to drive a car, and
- caring for children – meaning the ability to care for and supervise children (where applicable).

You will be considered to be unable to carry out Normal Physical Domestic Duties if you are unable to perform four or more of these duties.

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.

Note, the Trustee may require two Medical Practitioners to certify that the life insured meets the definition of Permanent Incapacity, to assess eligibility for tax concessions before the Trustee releases the benefit.

Pre-Disability Business Income

means 1/12th of your share of the gross income generated by the business before expenses and tax in the 12 months immediately before you becoming disabled.

Pre-Disability Earnings

For agreed value and Income Daily Living policies, the following definition applies:

Pre-Disability Earnings is your highest average Monthly Earnings for any period of 12 consecutive months between the period one year before the policy start date and the date of your Disability.

When you are Disabled, this figure will be increased every 12 months following the date the Disability started by the percentage change in the Consumer Price Index.

For indemnity policies, the following definition applies:

Pre-Disability Earnings is the greater of:

- your average Monthly Earnings for the 12 months immediately before the date of your Disability, and
- your average Monthly Earnings over the three years immediately preceding the date of your Disability.

When you are Disabled, this figure will be increased every 12 months following the date the Disability started by the percentage change in the Consumer Price Index.

Pre-Existing Condition

means a sickness, disease or physical condition for which symptoms existed, that would cause a reasonable person to seek diagnosis, care or treatment from a Medical Practitioner, before the start date, date of reinstatement or the date an improvement is offered under the upgrade guarantee.

For any Pre-Existing Condition to be covered under the policy you must have told us about it in your application.

Review Date

is the date shown on your current Schedule on which the review of your benefits and premiums each year take effect. Policy anniversary or annual renewal date has the same meaning as Review Date.

Sickness

means a sickness, disorder or disease you suffer and which becomes apparent after the start date, or which is disclosed in your application.

Glossary of common terms

SIS definition of Temporary Incapacity

means in relation to a member who has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), means ill-health (whether physical or mental) that caused the member to cease to be gainfully employed but does not constitute permanent incapacity.

Terminal Illness

For non-super policies

- Terminal Illness means an illness that, in the opinion of an appropriate specialist Medical Practitioner approved by us:
  - is likely to lead to death within 12 months from the date we are notified in writing by the approved Medical Practitioner.

If the above criteria is not met, we will also consider Terminal Illness under the following definition:

- Terminal Illness means an illness that, even with appropriate medical treatment, in the opinion of a specialist Medical Practitioner, and where required, a further medical opinion from another specialist Medical Practitioner approved by us:
  - will cause death, and
  - is highly likely to lead to death within 24 months from the date we are notified in writing by the specialist Medical Practitioner(s).

For super policies

- Terminal Illness means an illness that, in the opinion of two Medical Practitioners, one of whom is a Specialist approved by us:
  - is likely to lead to death within 12 months from the date the Medical Practitioners certify the condition (the certification period).
- We must be notified in writing of the Terminal Illness within the certification period.

If the above criteria is not met, we will also consider Terminal Illness under the following definition:

- Terminal Illness means an illness that, even with the appropriate medical treatment, in the opinion of two Medical Practitioners, one of whom is a Specialist approved by us:
  - will cause death, and
  - is highly likely to lead to death within 24 months from the date the Medical Practitioners certify the condition (the certification period).

We must be notified in writing of the Terminal Illness within the certification period.

Your duty to take reasonable care not to make a misrepresentation

Your policy or the policy you are applying for is a consumer insurance contract and the duty below applies to you.

About this insurance application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is 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.

The duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

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

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure about any question, we are here to help and you can contact us,
- 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, and
- you must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

Your duty to take reasonable care not to make a misrepresentation

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover, or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances;
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Privacy Notification

This privacy notification covers Acenda and the Trustee, who are collectively referred to as 'we, us and our' in this section of the PDS.

The Trustee is governed by the Stewarda Pty Ltd Privacy Policy. Acenda is governed by its own privacy policy. These privacy policies are available as follows:

Acenda

acenda.com.au/privacy-policy or call **13 65 25**. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

Trustee:

stewarda.com.au/privacy-policy or email **enquiries@stewarda.com.au**

We encourage you to review the privacy policies of both entities for further information.

We collect and hold a range of personal information about our customers.

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.

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, Acenda 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 the Trustee and Acenda;
- 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 (e.g. 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.

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.

Privacy Notification

"Sensitive information" is information about a person's health, 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, or health 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;
- considering 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;
- telling 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;
- identifying opportunities to improve our service to you and improving our service to you;
- determining whether a beneficiary will be paid a benefit; and
- assisting 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.

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:

- Acenda's parent company, Nippon Life Insurance Company and its related bodies corporate;
- the Trustee's 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 Acenda or other parties who sell our products or services;
- super 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 super;
- 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;
- 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;
- rating agencies to the extent necessary to allow the rating agency to rate particular investments;
- where you've given your consent or at your request, including to your representatives, or advisers.

Disclosing your personal information outside of Australia

Depending on the product or service we provide to you, Acenda may disclose your personal information to organisations outside Australia, in countries such as France, India, Japan, New Zealand, the Philippines, Singapore, South Korea, Switzerland, UK and USA. It is generally unlikely that the Trustee will disclose your personal information overseas; reasonable steps will be taken to ensure any overseas recipient complies with Australian privacy laws.

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.

Our Privacy Policy

For more information about how we collect and use your personal information, including information about how you can access or correct your information or make a complaint, please refer to our Privacy Policy at **acenda.com.au/privacy-policy**

Interim Cover

This information is provided by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694 (Acenda), the issuer of this Interim Cover.

Interim Cover provides you with insurance cover while we consider your application. It covers you against:

	Life	Life (with Disability Benefit Option)	Recovery Money	Flexible Recovery Money	Stand Alone Recovery Money	Income Protection
Death	✔	✔	✔			
Critical Injury		✔	✔	✔	✔	
Total Disability						✔
Substantial Disability						✔
Child Critical Conditions Benefit	✔	✔	✔	✔	✔	

When cover starts

Interim Cover is provided automatically when you apply for an Protection*first* policy. In this case, Interim Cover starts on the date we receive your completed application form together with the first or deposit premium. In circumstances where our practice is that a deposit premium is not required, a fully completed payment authority request is required. Interim Cover is not provided if the payment authority is not honoured.

When cover ends

Interim Cover ends at the first to occur of:

- 90 days elapsing after the receipt of a completed application form by us
- the application is accepted by our underwriters and a policy document is issued
- you are notified that our underwriters have declined your application
- the application is withdrawn, or
- 21 days elapsing after you are offered cover on loaded or varied terms, if you haven't accepted those terms in writing.

Conditions of cover

1. General conditions

No benefit is payable if:

- the policy applied for is to replace existing insurance cover or another application on your life, or
- the event giving rise to the claim is as a result of suicide, attempted suicide or other intentional self- inflicted Injury, or
- either the person to be covered by the insurance ('life to be insured') or the person applying for the insurance ('applicant') has failed to comply with your duty to take reasonable care not to make a misrepresentation as set out on the application form; or
- the application is one we would not normally accept under our standard underwriting rules; or
- the event giving rise to the claim is as a result of the life to be insured's participation in criminal activity, or incarceration, or
- the event giving rise to the claim is as a result of any condition that the life to be insured and/or applicant knew about before the start of the Interim Cover, or

- the event giving rise to the claim is as a result of war or an act of war, whether declared or not, or
- the event giving rise to the claim is as a result of any Pre-Existing Condition, or
- a claim is made under the Interim Cover Certificate, and Acenda is not in receipt of an SOA containing the Protection*first* recommendation, made by the financial adviser for the applicant or the life to be insured, or
- any event giving rise to a claim (including death) for a Child Critical Condition Benefit in respect of a child to be insured is caused directly or indirectly by:
  - a congenital condition, or
  - the intentional act bythe applicant, parent or person who will otherwise be entitled to the benefit payable.

We will pay only one Interim Benefit and the benefit will be reduced by any Interim Benefits or similar payable under any other insurance proposals to other companies. If you make applications for both Income and Business Expenses cover, only one Interim Benefit is payable.

'Interim Benefit' means, relevantly, payment for Interim Death, Interim Critical Injury or Interim Total Disability, Interim Substantial Disability or Interim Child Critical Conditions Benefit.

2. Conditions specific to Interim Death

'Death' means an event which results in the life to be insured's death during the term of the Interim Cover.

The benefit payable is the lowest of $1,000,000, the proposed death sum insured, or the death insurance amount recommended within the SOA.

3. Conditions specific to Interim Critical Injury

'Critical Injury' means an event which results in the life to be insured suffering one of the following critical injuries, for the first time, within 90 days of the event: Blindness – of specified severity, Coma – with specific criteria, Deafness – permanent, Major Burns – of specified severity, Major Head Trauma – of specified severity or Paralysis – permanent and of specified severity as defined from page 98, or the life to be insured suffers from the total and irrecoverable loss of the use of two limbs. The benefit payable is the lowest of $600,000, the proposed disability sum insured or critical illness sum insured, as appropriate, or the disability amount or critical illness amount recommended within the SOA. The Buy Back Options do not apply to Interim Critical Injury.

4. Conditions specific to Interim Total Disability or Interim Substantial Disability

'Interim Total Disability' means an event which results in your Total Disability for Income Gold, Income Excell or Income Business Expense policies or Substantial Disability for Income Daily Living Benefits policies during the term of the Interim Cover.

'Total Disability' has the same meaning as defined on page 110 of this PDS. Substantial Disability has the same meaning as defined on page 110 of this PDS.

The benefit payable is the lowest of $5,000 per month, the proposed disability sum insured, or the monthly disability amount recommended within the SOA.

The benefit is payable each month that the life to be insured remains continuously Totally Disabled or Substantially Disabled after the end of the applied for Waiting Period, up to a maximum of six months.

The total Monthly Benefit will not exceed:

a.

i. for Income Gold or Income Excell, 75% of Pre-Disability Earnings, or

ii. for Income Daily Living Benefit, the greater of $3,000 or 75% of the Pre-Disability Earnings,

and

b. for Income Business Expenses, the life insured's actual Allowable Business Expenses, less all other disability benefits payable.

Interim Cover

5. Conditions specific to Interim Child Critical Conditions Benefit

If you applied for the Child Critical Conditions Benefit, we will pay a benefit if the child life to be insured dies or suffers one of the following medical conditions: Blindness - of specified severity, Major Burns - of specified severity, Major Head Trauma - of specified severity or Paralysis - permanent and of specified severity as defined from page 98.

If we pay a benefit for death, we will not pay a benefit for any of the medical conditions and if we pay a benefit for one of the medical conditions, we will not pay the benefit for death or any other medical condition.

The benefit payable is the lowest of: $100,000, the amount of the Child Critical Conditions Cover you applied for or the amount of Child Critical Illness sum insured recommended within the SOA.

Acenda Life

Contact us

For more information call anywhere in Australia on **13 65 25**, international callers on **+612 9121 6500** or contact your financial adviser. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services please call **13 14 50**.

Postal address
Acenda
PO Box 23455
Docklands VIC 3008

You can find further details on our website
acenda.com.au

Insurance is issued by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694, trading as Acenda (the Insurer). The Insurer is a member of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.

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Acenda Life

Smart Future Trust – Retail Insurance in Super: For Life Cover Super and Protection*first* Super

PRODUCT DISCLOSURE STATEMENT

This Product Disclosure Statement (PDS) is for the exclusive use of current holders of insurance in Life Cover Super and Personal Protection Portfolio, and insurance within the Protection*first* range.

PREPARATION DATE
1 November 2026

ISSUER
Stewarda Pty Ltd
ABN 56 098 527 256
AFSL 236049

In its capacity as Trustee for
the Smart Future Trust (the Fund)
ABN 68 964 712 340

INSURER
Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda
ABN 90 000 000 402
AFSL 230694



Important information

This Product Disclosure Statement (PDS or Super PDS) has been prepared on behalf of Stewarda Pty Ltd as Trustee of the Smart Future Trust (the Fund).

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

The insurance referred to in this PDS is issued by Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda (the Insurer). The Insurer is a member of the Nippon Life Group. The Acenda logo is shown in this PDS with Acenda's consent.

This PDS is for the exclusive use of:

- for Life Cover Super – current holders of Life Cover Super and Personal Protection Portfolio insurance policies
- for Protection*first* Super – current holders of insurance policies within the Protection*first* range.

The information in this PDS may change from time to time. Any changes or updates that aren't materially adverse will be available at **acenda.com.au**. You also can obtain a paper copy of these updates at no additional cost by contacting us. An online copy of this PDS is available at **acenda.com.au/pds**

This PDS is a summary of significant information about membership in the Smart Future Trust, and the Life Cover Super or Protection*first* Super insurance cover available through your membership of the Fund. We're the issuer of the super interest in the Fund referred to in this PDS. You should consider all this information before making a decision about the product.

Before you direct us to acquire, or otherwise make a decision about, the insurance offered through either of those products, please read:

- this PDS issued by Stewarda Pty Ltd (Super PDS)
- the current relevant Personal Protection Portfolio and Life Cover Super PDS or Protection*first* range PDS issued by the Insurer (Insurance PDS)
- the relevant Life Cover Super or Protection*first* Super Target Market Determination (TMD).

The full legal terms and conditions for any insurance cover provided to you by the Insurer are contained in the relevant Policy Documents issued by the Insurer, copies of which will be provided to you.

The Insurer does not issue, underwrite or guarantee the super interest(s) described in this PDS.

The information in this PDS is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice and/or taxation advice before making any decisions based on this information.

This offer is made in Australia in accordance with Australian laws.

In some cases, information in this PDS has been provided to us by the Insurer or third parties. While it is believed the information is accurate and reliable, the accuracy of that information is not guaranteed in any way. Any statements attributable to the Insurer have been shown with the Insurer's consent (which has not expired).

This PDS contains (in summary) general tax information and should not be relied on to determine your personal tax obligations. We recommend you seek professional advice from a registered tax agent.

For more information, please contact us or speak with your financial adviser.

Contents

The Fund and your Trustee	5
How insurance in super works	6
Paying for insurance, costs and fees	9
Claiming on the insurance	10
Death benefits and nominating a Beneficiary	12
Non-lapsing binding death benefit nominations (Life Cover Super only)	14
When insurance in super ends	15
Taxation	16
Complaints resolution	18
Other information	19

You may want to have insurance as part of your super arrangements.

This PDS sets out how you can instruct us to take out insurance cover on your behalf through the Fund.

Importantly, there is no investment and no investment earnings in relation to the super 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 relevant Insurance PDS that sets out the terms and conditions of the insurance cover provided through Life Cover Super or Protection*first* Super in the Fund, please go to **acenda.com.au/pds**

The Fund and your Trustee

The Fund is the Smart Future Trust.

It is a resident regulated super 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 Stewarda Pty Ltd.

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 Life Cover Super or Protection*first* Super cover provided to you through the Fund are contained in the applicable Policy Document issued by the Insurer.

How insurance in super works

When you apply for Life Cover Super or Protection*first* 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 generally be treated as super contributions[1].

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 insurance.

Rollovers from another fund are not contributions but can be used to pay insurance premiums. If you choose to pay your premiums by rollover to the Fund we can only accept the rollover of taxed superannuation monies.

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 Smart Future Trust.	Yes	
Trust Deed	The document which outlines the full legal terms which govern your membership of the Fund.	Yes	
Annual Statement	A document which includes a summary of all transaction details for the financial year.	Yes	
Insurance PDS	The PDS which sets out the information you need to know about the insurance. This PDS has information about insurance held both inside and outside of super.		Yes
Insurance Contract	The insurance which is issued to the Trustee. It comprises of the Policy Document and the Policy Schedule.		Yes
Policy Document	The document which outlines the full legal terms of your insurance. A copy will be provided to you.		Yes
Policy Schedule	The document which outlines the types of insurance, the amount of the insurance and premium that applies for that year. A copy will be provided to you.		Yes

We or Acenda may also issue change communications from time to time, if there are any changes made to the insurance benefits or terms that may impact you.

You can request, at no additional cost, a copy of the PDSs, change communications, Policy Documents, or the Fund Trust Deed referred to in this PDS by contacting us on **13 65 25**.

For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

1 Either as concessional (pre-tax) or non-concessional (after tax) contributions.

Insurance you can apply for

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 relevant Insurance PDS, as well as this Super PDS.

You must be provided with the relevant Insurance PDS before you can apply for insurance through the Fund.

All references in this PDS to 'Insurance PDS' mean either the Product Disclosure Statement named Personal Protection Portfolio and Life Cover Super or the Product Disclosure Statement named Protection*first* range, each issued by Acenda, the Insurer, as applicable.

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. It also contains information about:

- your duty to take reasonable care not to make a misrepresentation. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. The duty also applies when extending or making changes to existing insurance, and reinstating insurance.
- maximum insured amounts and applicable payment limits
- terms and conditions including important definitions that must be met before benefits are payable, and
- exclusions and restrictions that may apply.

For TPD and Income Protection cover, the insurance excludes cover for claims caused or contributed to by sickness or injury that first appeared, happened or was diagnosed, and which you were aware of or a reasonable person in your circumstances could be expected to have been aware of, before this insurance started unless it was disclosed to and accepted by, the Insurer as a part of the application process.

For the terms and conditions of your existing insurance through the Fund (if any) please refer to your relevant Policy Document. For any matters relating to insurance outside of super contact your adviser or the Insurer directly. You should consider the relevant Insurance PDS issued by Acenda, and the relevant TMD, when deciding whether to acquire, or continue to hold, such insurance cover.

For a copy of the relevant Insurance PDS or relevant TMD or for further information about an insurance product, speak to your adviser. You can also contact us on **13 65 25** or go to **acenda.com.au/pds** to obtain a copy of the relevant Insurance PDS. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

It's important to note that acquiring insurance in super through the Fund is different to acquiring insurance outside of super. Key differences include:

- the Trustee (not you) is the policyholder for insurance acquired through the Fund
- superannuation laws apply to insurance held through the Fund (which impact when insurance benefits can be paid and how premiums and benefits are treated for tax purposes)
- complaints relating to insurance through the Fund must be dealt with by the Trustee's complaints handling process.

Your financial adviser can help explain the differences, having regard to your personal circumstances.

The relevant Insurance PDS is set out in the table below:

Insurance PDS	Who can take out these products?
Personal Protection Portfolio and Life Cover Super	In this Insurance PDS, Life Cover Super is the relevant insurance product for Smart Future Trust members. Life Cover Super is only available if you already have existing insurance under Personal Protection Portfolio (which is only offered by the Insurer outside of super) or are already insured under Life Cover Super, and want to make changes.
Protection*first* range	In this Insurance PDS, Protection*first* Super insurance is the relevant insurance product for Smart Future Trust members. Protection*first* Super is only available if you already have existing Protection*first* insurance (issued by the Insurer outside of super) or are already insured under Protection*first* Super, and want to make changes.

How insurance in super works

How to apply

To apply for insurance in super through the Fund 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 relevant Insurance PDS.

If you are not an existing member of the Fund when you apply for insurance through the Fund, you will also need to complete an application for Fund membership (using the form accompanying this PDS), acceptance of which is conditional upon the Insurer's acceptance of your insurance application. Your membership of the Fund commences when cover starts.

The insurance

Insurance cover starts when your application is accepted and the Insurance Contract is issued by the Insurer.

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 will 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 the insurance through the Fund

There is a risk that the insurance won't meet your needs. Your adviser can 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 your insurance, you should compare the differences between the existing and replacement policies. Please also consider exclusion periods which may apply from the start of the replacement insurance. Benefits may be limited or not paid if you suffer a claimable event in an exclusion period.

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).

There are some other risks you need to consider. For example, using super money to pay insurance premiums may reduce your potential retirement savings.

There are conditions and exclusions that apply to insurance cover under the Policy Terms which may affect your entitlement to insured benefits. You may also have an individual exclusion applied at commencement following underwriting, and should this occur it will be displayed in your Policy Schedule.

Also laws governing super (including insurance in super) or the taxation of super may change from time to time and may impact the suitability of you holding insurance in super., or the amount or circumstances of any payment.

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), or by rollover from an external super fund. You cannot pay for insurance through the Fund with contributions from your employer or spouse.

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 relevant Insurance PDS.

Payments into the Fund, excluding rollovers, to cover the cost of insurance premiums are generally considered to be super contributions.

There are caps on the amount you can contribute to super. If you exceed these caps you may pay additional tax.

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 super accounts that you have, even where those accounts are with different super providers.

For more information about taxation implications of insurance arrangements in super refer to the Taxation section in this PDS.

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 stays in a trust account while the application for insurance through the Fund is being considered by the Insurer, 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 by the Fund and paid to the Insurer.

If your application for insurance is not finalised before the end of the income year, we will not record the contribution (in the form of a premium) as being received until the following income year when your application is approved.

Trustee fees

As at the date of preparation of this PDS, we do not charge you a fee for your membership of the Fund for this super interest or for setting up insurance through the Fund. If this changes, we'll let you know at least three months before introducing the fee.

As the Trustee of the Fund, Stewarda Pty Ltd receives payments from the Insurer in connection with our role and the management of super interests associated with this product. These payments are not an additional cost to you and may vary from time to time. They are by agreement between the Trustee and the Insurer, having regard to the costs we incur in managing this product based on the number of insured members and may be paid by the Insurer out of the premiums they receive.

Family Law Charges

The *Family Law Act* allows 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 or binding family law agreements. We may charge a fee for any costs we incur. We will let you know the amount of fee, if applicable.

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 the relevant 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 relevant Insurance PDS and will also be set out in the Policy Document.

Any insurance benefits paid in respect of insurance held through Life Cover Super or Protection*first* Super is 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 or experience. The Trustee will require two registered medical practitioners certify that you meet the definition of Permanent Incapacity to be eligible for tax concessions pursuant to the Income Tax Assessment Act.
Income Protection	**Temporary Incapacity** – this 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: • 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 super that commenced after 30 June 2014, super trustees are required to provide insurance benefits that are consistent with the conditions of release.

Therefore, any new insurance that you apply for 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 super 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. Until your instructions are received and processed, the benefit will not accrue interest.

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 age 65 you can generally access preserved benefits if you are age 60 and fully retire 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 legal personal representative (estate) in accordance with super laws.

Nominating a Beneficiary

You're able to nominate how you prefer your insurance benefits are distributed on your death, as described below.

Beneficiary Nomination Option	What this means
For Life Cover Super only	
Non-lapsing binding death benefit nomination	You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of the insurance benefits payable to each. If your nomination has been accepted by us and is valid and effective when you die, usually we must pay the insurance benefit to those you nominated in your latest nomination, in the proportions you requested.
OR	
Non-binding death benefit nomination	Under this option, you may also specify dependants, and/or your estate as beneficiaries and proportions payable to each however we'll determine who receives the insurance benefit, taking into account relevant laws and other factors. 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.
For Protection*first* range (in Super) only	
Binding death benefit nomination	You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of the insurance benefits payable to each. If your nomination has been accepted by us and is valid and effective when you die, usually we must pay the insurance benefit to those you nominated in your latest nomination, in the proportions you requested. Your nomination will be valid for three years, after which it will expire.
OR	
Non-binding death benefit nomination	Under this option, you may also specify dependants, and/or your estate as beneficiaries and proportions payable to each however we'll determine who receives the insurance benefit, taking into account relevant laws and other factors. 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.

Except for the Binding death benefit nomination option, the Beneficiary Nomination Options in the table above don't expire, and therefore you should update your nomination as your circumstances change.

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 and effective. 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 (subject to relevant laws).

You can change any insurance death benefit nomination you have made or replace it with a different type of death benefit nomination by completing the **Beneficiary nomination form** available from **acenda.com.au/beneficiaryform**. You can cancel a nomination at any time by writing to us.

Who can you nominate?

When you make a death benefit nomination, under super laws you can only nominate a dependant and/or legal personal representative. A dependant may include:

- 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, or
- someone in an 'Interdependency Relationship' (see definition in the next column) with you.

Your legal personal representative is 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.

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.

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 but 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 **acenda.com.au/beneficiaryform** or by calling us on **13 65 25**. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

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. The definition of 'dependant' for tax purposes is different (eg it does not include an adult child unless they are financially dependent on, or in an interdependency relationship with, you).

Non-lapsing binding death benefit nominations (Life Cover Super only)

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 a number of reasons, including when a beneficiary is no longer an eligible beneficiary at the time of your death. In these cases we'll have discretion over who receives the benefit amount allocated to that beneficiary.

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.

Cooling off period

If the insurance is cancelled within the applicable cooling off period, the Insurer will refund to us all premiums paid.

We'll 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 cooling off period, please see the relevant Insurance PDS.

Note: If the cancelled cover is the only cover held through the Fund, your membership of the Fund for this super interest will also cease.

Cancelling insurance

You can cancel the insurance at any time by request to the Insurer. The Insurer will refund to us premiums paid for any cover relating to the period after the effective date of the cancellation.

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.

For more information about the risks and consequences of cancelling your insurance, please speak with your financial adviser or go to **acenda.com.au/cancelyourinsurance**

For further details about cancelling the insurance, please see the Insurance PDS.

Converting to insurance outside of super

You can convert the insurance inside of super to insurance outside of super at any time, as long as the insurance is still in place (while your policy is active and premiums are paid up to date). Contact your financial adviser or the Insurer for further information.

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. Any premiums relating to your insurance through super will be refunded in accordance with the usual arrangements applicable to cancelling insurance (see above). Your entitlement to receive any insurance benefits through super also ends and your membership of the Fund will cease (unless you hold another account in the Fund).

> Any beneficiary nomination for 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 relevant Insurance PDS for further details.

Taxation

The information in this section is of a general nature and is a summary only of relevant tax laws based on our understanding at the preparation date of this document. Tax laws are subject to change and their impact depends on your personal situation. It should not be relied on solely for making financial decisions. We recommend that you seek professional tax advice regarding your own taxation position.

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 your usage of the relevant super contribution cap.

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

How are super contributions taxed?

Contributions are generally either tax free (non-concessional contributions) or taxed at a concessional rate of 15% (concessional contributions).

Non-concessional contributions include personal (non-deductible) contributions you (or your spouse) make for you. Concessional contributions 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 adjustable taxable income exceeds $250,000 per annum. 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 any tax payable on contributions by the amount of the deduction. This may reduce the amount of tax you pay from your super account on concessional contributions.

If you choose to fund insurance premiums by rollover from an external super account, we will pass on any tax refund to you by reduction of premium. However, when rolling over, 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?

There are limits on how much concessional or non-concessional contributions you can pay (or receive) into your super fund(s) each financial year without having to pay extra tax. These limits are called 'contribution caps'.

Your contributions for the payment of insurance premiums are added to any contributions you or your employer make across all your super accounts for the purpose of applying the concessional and non-concessional contribution caps.

If you exceed these caps you may pay additional tax. These caps may change from time to time.

To find out more about current contribution caps, the taxation implications of exceeding these caps, or any tax law changes, go to **ato.gov.au** and/or speak to a financial adviser or registered tax agent.

Do you intend to claim a tax deduction for contributions used to fund the insurance premium?

Individuals under the age of 67 are generally permitted to claim a tax deduction for personal contributions.

If you are aged 67 to 74 you will need to meet a work test, or work test exemption, in order to be eligible to claim a tax deduction for your personal contributions.

If you intend to claim a tax deduction for any contributions used to fund premiums, you'll also need to provide us a **Notice of intent to claim or vary a deduction for personal super contributions** form within the relevant time limits.

To find out more go to **ato.gov.au** and/or speak to your 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 caps.

What is the work test?

To meet the work test, you must be gainfully employed for at least 40 hours over a 30 consecutive day period during the financial year that you make the contribution(s).

If you have recently retired, are aged 67 to 74 and your Total Super Balance[1] is less than $300,000, the work test exemption may allow you to claim a tax deduction for personal super contributions that you make during the first financial year in which you don't meet the work test.

[1] Total Super Balance: 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 Total Super Balance by logging in to your **my.gov.au** account.

How are insurance benefits taxed?

The rules relating to the taxation of benefits are complex and you should speak to a financial adviser or obtain 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 super fund is authorised to collect, use and disclose 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 super fund may disclose your TFN to another super provider, when benefits are being transferred, unless you request the trustee of your super fund in writing that your TFN not be disclosed to any other super provider.

It is not an offence not to quote your TFN. However giving your TFN to your super fund will have the following advantages (which may not otherwise apply):

- your super fund will be able to accept all types of contributions to your account/s
- the tax on contributions to your super account/s will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted, and
- it will make it much easier to trace different super accounts in your name so that you receive all your super benefits when you retire.

You should provide your tax file number (TFN) to us. If we don't have it, your application for Life Cover Super or Protection*first* Super and membership of the Fund cannot be accepted.

Also, without a TFN you may be taxed at the highest marginal tax rate for the benefits that are paid to you.

We will verify your TFN with the ATO. For more information visit **ato.gov.au**

Complaints resolution

If you have a complaint about our organisation, related to our products, services, staff or the handling of a complaint, we'd like an opportunity to put it right. Your complaint can be made verbally or in writing.

Please call us on **13 65 25** (Toll free **1800 062 061**) or for international calls **+61 2 9121 6500** (charges apply) between 8.30am and 6pm (AEST/AEDT), Monday to Friday, to discuss your concerns. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel or call **1300 555 727**. For customers requiring interpreting or translation services, please call **13 14 50**.

An acknowledgement will be issued to you at the time of receipt of your complaint and our team will investigate and respond on all aspects of the matters raised in your complaint. If we are unable to resolve your issues to your satisfaction within the first 5 business days, we will put you in contact with our Internal Complaints Resolution Team at:

Email: **resolve@acenda.com.au**
Mail: The Complaint Manager
Acenda Complaints Resolution
PO Box 23501
Docklands VIC 3008

For more information, please visit **acenda.com.au/support/customer/complaint**

If you make a complaint and we resolve it within 5 business days from receipt to your satisfaction we are not required to send you a formal complaint response, unless you request one; or your complaint relates to hardship, a declined insurance claim, the value of an insurance claim or any decision of the trustee (or failure by the trustee to make a decision) relating to a complaint.

We will provide you with a response no later than 45 calendar days after receiving your complaint, unless another timeframe is allowed or required under the relevant legislation.

For death benefit objections, the Trustee must provide a complaint response no later than 90 calendar days after the expiry of the 28-calendar day period for objecting.

We will do our best to resolve your complaint as soon as possible. However, if we are unable to provide you with a response within the required timeframe, we will provide you with progress updates including any reasons for a delay.

If you're not satisfied with the resolution provided by our Internal Complaints Resolution Team, or we haven't responded to you in 45 calendar days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA is an independent body that provides a complaint resolution service free of charge to customers. Time limits may apply to complaints to AFCA and so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires. You can contact AFCA at any time, in writing, by email or by phone. AFCA's contact details are:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Phone: **1800 931 678** (free call)
Email: **info@afca.org.au**
Website: **afca.org.au**

If you have a complaint about financial advice services you have received from your financial adviser, you should follow the complaint handling process explained in the Financial Services Guide provided by your financial adviser. We also suggest you contact your financial adviser.

Other information

Keeping you informed

Each year, you'll be provided with information so you can stay informed about your super interest in the Fund (including your insurance) and any changes that may arise including:

- 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 **acenda.com.au**.

We'll let you know when information about the insurance has been made available online. If you prefer to receive information (including any updates) about your account in the Fund (including any insurance) by mail, please let us know.

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 (or the Insurer on our behalf) 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 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.

To the extent permitted by 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 require personal information to verify your identity under the AML/CTF Act, among other legal requirements.

We may disclose your personal information to related and external parties including the Insurer for purposes that include: insurance management, product development and research.
For more information refer to **stewarda.com.au/privacy-policy**

It is generally unlikely that the Trustee will disclose your personal information overseas; reasonable steps will be taken to ensure any overseas recipient complies with Australian privacy laws.

We, our related parties, and the Insurer may use your personal information to contact you about products and for marketing activities.

If you do not wish for the Insurer to contact you about products and for marketing activities, you need to contact them directly on **13 65 25** or **enquiries.retail@acenda.com.au**

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 (**stewarda.com.au/privacy-policy**), including how to access or correct information we collect about you and how to make a complaint.

For more information about the collection of your personal information by the Insurer, please refer to the relevant Insurance PDS.

Acenda Life

Contact us

For more information (including to obtain a copy of this PDS and the relevant Insurance PDS) visit **acenda.com.au** or call us from anywhere in Australia on **13 65 25** or contact your financial adviser. For hearing impaired customers, please visit **accesshub.gov.au/about-the-nrs** to contact us via your preferred NRS call channel. For customers requiring interpreting or translation services, please call **13 14 50**.

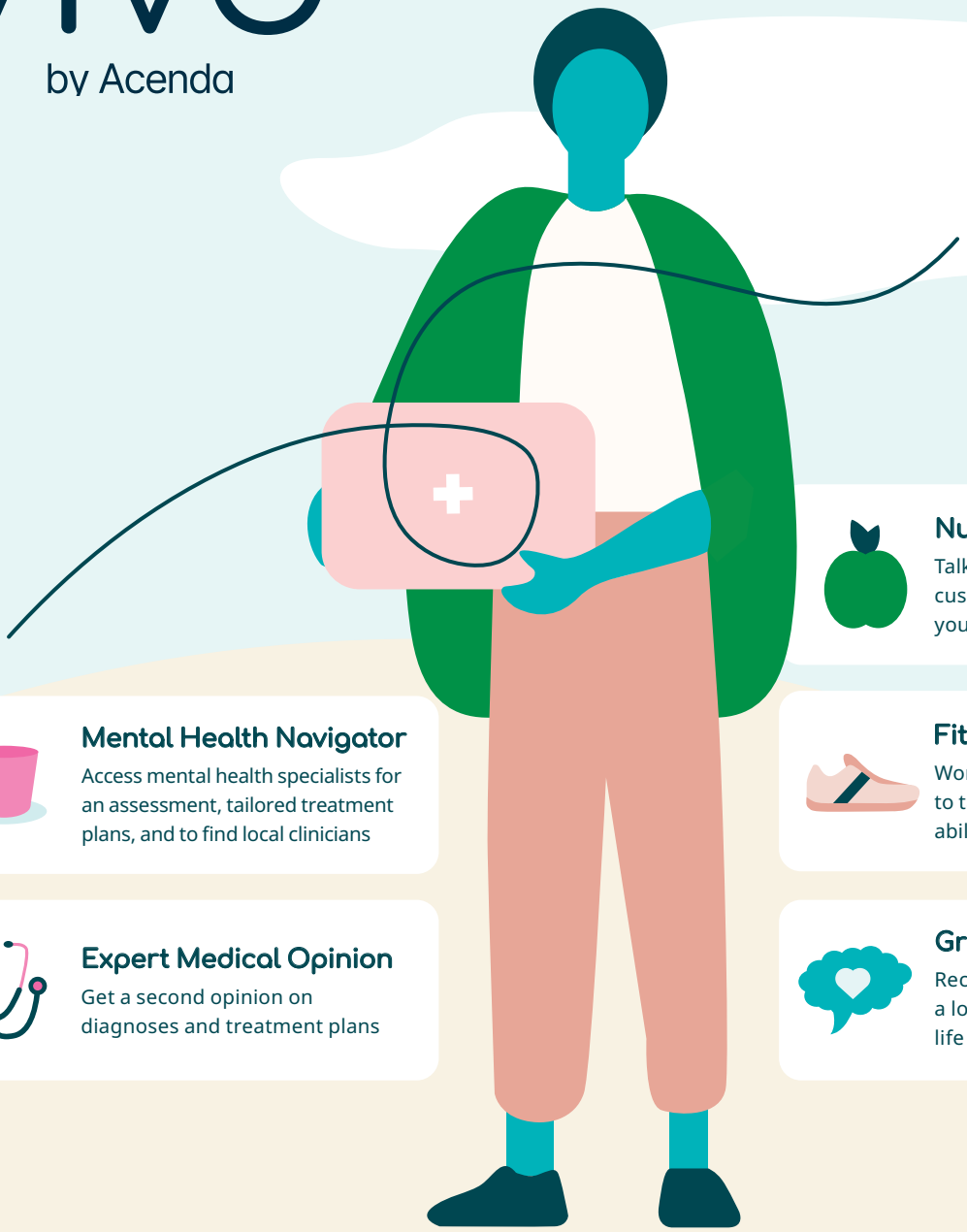
Postal address
Acenda
PO Box 23455
Docklands VIC 3008

Registered office
Stewarda Pty Ltd
Suite 4.02, 175 Pitt Street,
Sydney NSW 2000

stewarda.com.au
enquiries@stewarda.com.au

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VIVO
by Acenda



Nutrition Consult
Talk to a dietitian to build a custom nutrition plan that suits your goals and lifestyle

Mental Health Navigator
Access mental health specialists for an assessment, tailored treatment plans, and to find local clinicians

Fitness Consult
Work with an exercise physiologist to tailor a fitness plan to your ability, goals, and lifestyle

Expert Medical Opinion
Get a second opinion on diagnoses and treatment plans

Grief and Carer Support
Receive support when caring for a loved one in their last stage of life or grieving their loss

Vivo Virtual Care

Enduring care. Anytime. Anywhere.

Get quick and easy access to confidential support from leading health and medical experts at any time through Vivo Virtual Care. It's offered to you and your family[1] at no extra cost when you're insured by Acenda.

Get started today

Visit **vivovirtualcare.com.au** to sign up

Vivo Virtual Care services in detail

Put your family's health and wellness first by accessing Vivo Virtual Care services at any time and at no extra cost.

Fitness Consult



Work one-on-one with an exercise physiologist over a video call to develop an exercise plan that suits your fitness levels, goals and lifestyle. A consultation can help if you're already active, managing an existing condition or just starting to get fit.

Mental Health Navigator[2]



Have a phone conversation with a psychologist to receive a professional evaluation of your mental health and recommendations for ongoing care. You'll receive a personalised treatment plan and the assistance to implement it, working alongside your local GP.

Expert Medical Opinion



Get a second opinion on your current health condition from a leading specialist with a comprehensive report of their findings. You will also have the opportunity to ask them questions during a phone call to gain a clearer understanding of your diagnosis and treatment options.

Nutrition Consult



Connect with a dietitian through a video call to create a customised meal plan tailored to your nutritional requirements. This service can be beneficial whether you're preparing for a sports event, aiming for a healthier weight, dealing with allergies or food sensitivities, or managing a medical condition.

Grief and Carer Support



When caring for a loved one in their final stage of life, or grieving their loss, it's important to seek out emotional and practical guidance. Access trained guides and self-guided online resources for help with navigating difficult conversations surrounding planning, aged care, care directives, guardianship, funerals and more.

Why use Vivo Virtual Care?

- Available at no extra cost
- Use it at any time
- 100% confidential
- Easy online access
- For your family too[1]

This document was prepared by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694, trading as Acenda (the Insurer). The Vivo brand is owned and operated by the Insurer. Vivo services are not insurance (including health insurance) and the services do not replace your relationship with your current doctor, other treating health providers and health consultants. For more information about Vivo services and important information applicable to your access to Vivo services please go to www.vivowellbeing.com.au.

The Insurer has arranged your access to Vivo services. The Insurer is a member of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.

[1]Family members include your children (under parental supervision), your partner, your parents and your partner's parents.
[2]Mental Health Navigator is only available for those aged 18 years or older.

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