



Perpetual WealthFocus
Super Plan



Important notes

This Insurance Book forms part of:

- Product Disclosure Statement issue number 7 dated 15 August 2011 for Perpetual WealthFocus Super Plan comprising the Features Book and Investment Book
- Product Disclosure Statement issue number 1 dated 15 August 2011 for Perpetual WealthFocus Wholesale Super Plan comprising the Features Book and Investment Book.

This Insurance Book contains important information about the insurance cover available through Perpetual WealthFocus Super Plan and Perpetual WealthFocus Wholesale Super Plan. This Insurance Book should be read in conjunction with the relevant Product Disclosure Statement.

References to 'Super Plan' in this Insurance Book apply generically to both:

- Perpetual WealthFocus Super Plan
- Perpetual WealthFocus Wholesale Super Plan.

Insurance cover

Subject to eligibility, you can apply to be insured for:

- death only
- total and permanent disablement (TPD) only
- death and TPD
- salary continuance.

Insurance summary

The following table provides a summary of the various insurance options available to Super Plan members.

Additional information, including various definitions and insurance premium rates, is provided on pages 3-15.

Insurance options for Super Plan members

Feature	Death cover	TPD cover	Salary continuance cover
Benefit payable	A benefit will be paid if you die (or are diagnosed with a terminal illness and have less than 12 months to live – see page 6 for further information).	A benefit will be paid to you if you become totally and permanently disabled. A limited death benefit will be payable if you die while covered and you have not been paid a TPD benefit – see page 5 for further information.	You can apply for agreed value or indemnity salary continuance cover. If you are disabled due to illness or injury and can't work for longer than the nominated waiting period (30, 60 or 90 days), you will be paid (as applicable) a monthly benefit: <ul style="list-style-type: none"> ▪ based on an agreed value (maximum \$40,000), tiered as follows: <ul style="list-style-type: none"> – 75% of the first \$40,000 of your salary per month, plus – 20% of the next \$50,000 of your salary per month or ▪ calculated on an indemnity basis, being the lesser of: <ul style="list-style-type: none"> – 75% of the first \$40,000 of your monthly pre-disability income then 20% thereafter or – the amount insured or – \$40,000. Where you have selected the optional super component, which is a maximum additional amount of 10% paid directly by us into your Super Plan Account, the monthly benefit is calculated as 85% of the first \$35,294 of your salary per month (maximum \$30,000 monthly benefit), plus 20% thereafter (maximum \$10,000 monthly benefit).
Minimum cover	\$50,000.	\$50,000.	\$500 monthly benefit.
Maximum cover	Death – unlimited. Terminal illness – equal to the amount of death cover.	TPD – \$5 million. Limited death benefit for TPD only cover – \$10,000.	\$40,000 monthly benefit. For amounts insured above \$30,000, the monthly benefit will revert to \$30,000 after two years of receiving a benefit.
Minimum entry age	Age 16.	Age 16.	Age 16.
Maximum entry age	Age 64.	Age 64.	Age 64.
Available until	Age 75.	Age 70 (for members aged over 65 an 'Activities of daily living' or 'Home duties' TPD definition, as applicable, will apply – see pages 6-7 for details).	Age 65.

Feature	Death cover	TPD cover	Salary continuance cover
Cessation of cover	Cover will cease on the earliest of: <ul style="list-style-type: none"> ▪ your 75th birthday ▪ the date you die ▪ 60 days after the date when insurance premium payments cease because your account balance is insufficient to cover monthly premiums or for any other reason ▪ the date all of a death or TPD benefit is paid or becomes payable ▪ the date a terminal illness benefit is paid ▪ 60 days after the date you cease to be a member of the Super Plan ▪ the date you effect a continuation option with the insurer ▪ termination of the insurance policy agreement between the Trustee and the insurer ▪ the date you or the Trustee cancels the cover in writing. 	Cover will cease on the earliest of: <ul style="list-style-type: none"> ▪ your 70th birthday ▪ the date you die ▪ 60 days after the date when insurance premium payments cease because your account balance is insufficient to cover monthly premiums or for any other reason ▪ the date a death or TPD benefit is paid or becomes payable ▪ the date a terminal illness benefit is paid ▪ 60 days after the date you cease to be a member of the Super Plan ▪ the date you effect a continuation option with the insurer ▪ termination of the insurance policy agreement between the Trustee and the insurer ▪ the date you or the Trustee cancels the cover in writing. 	Cover will cease on the earliest of: <ul style="list-style-type: none"> ▪ your 65th birthday ▪ the date you die ▪ 60 days after the date when insurance premium payments cease because your account balance is insufficient to cover monthly premiums or for any other reason ▪ 60 days after the date you cease to be a member of the Super Plan ▪ the date you effect a continuation option with the insurer ▪ termination of the insurance policy agreement between the Trustee and the insurer ▪ the date you or the Trustee cancels the cover in writing.

Important additional insurance information

The insurer

The insurance cover constitutes a benefit provided under the Super Plan and is provided to the Trustee by AIA Australia Limited (the insurer) (ABN 79 004 837 861, AFSL 230043).

Your insurance benefits are subject to the Fund's Trust Deed and the insurer's Policy Document, the main features of which are described in this Insurance Book. You can obtain a copy of the detailed Policy Document by contacting us. If any of the main features change, we will notify you in writing.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer, that is of common knowledge, that your insurer knows or, in the ordinary course of its business, ought to know or as to which compliance with your duty is waived.

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

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

Short-form personal statement

A short-form personal statement with no other medical evidence is available if you are under age 55 and applying for:

- death only cover up to \$1 million
- TPD only or death and TPD cover up to \$1 million
- indemnity salary continuance cover up to \$8,000 per month,

provided you are able to answer 'no' to all 'yes/no' questions within the 'Insurance cover' section of the Super Plan application form in the Features Book.

If you do not satisfy the above requirements, you will need to complete the separate 'Insurance application' form included with this Insurance Book.

Residency status

You must be a permanent resident of Australia.

Commencement of cover

Cover will commence from the date when:

- both the Trustee and insurer agree to accept your cover on standard terms and conditions (including premium rates) or
- the insurer receives your written acceptance of any special acceptance terms (in which case you will be notified in writing of the date your cover commences),

subject to the first premium being received within 120 days of this date.

Indexation of cover

Indexation will apply to either all or none of your insurance covers – you cannot selectively choose. Indexation won't apply if your cover amount is calculated based on a premium payable.

World wide cover

You are generally covered 24 hours a day and may travel or work in any part of the world.

Making a claim

You or your representative must notify the Trustee in writing as soon as possible after you become aware of any claim or potential claim.

You or your representative must provide any information the Trustee or insurer may reasonably require. For any TPD or salary continuance claims, you may also be required to undergo medical examinations to properly assess the claim. If you are overseas at the time, you may be required to return to Australia (at your expense) for assessment of the claim.

Continuation of cover

If you are under age 60 you can apply to continue your cover within 60 days of leaving the Super Plan (conditions apply).

Death and TPD cover

Availability of cover

Both death and TPD cover are available on a stand-alone basis or combined with the same or differing amounts.

Interim cover

You will be covered for accidental death and accidental TPD (see page 6 for definitions) from the date the insurer receives your fully completed insurance application:

- for the lesser of the amount of death and/or TPD cover you have applied for or \$1.5 million and
- until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 120 days.

Indexation of cover

Your sum insured amount will be automatically indexed each financial year by the lesser of CPI and 5%, unless you advise us otherwise in writing. Your premium will be adjusted to allow for the higher sum insured and your age at the time of indexing.

For TPD, this will be subject to a maximum of \$5 million cover.

Life stage event option

This option enables you to increase your death only, TPD only or death and TPD cover up to certain limits without providing further medical evidence when one of the life stage events listed below occurs.

Life stage events and cover increase limits

Life stage event	Death/TPD increase limit
Personal events <ul style="list-style-type: none"> ▪ marriage or divorce ▪ turning age 30 ▪ the birth or adoption of a child ▪ your child turning age 12 or commencing at a private school ▪ a salary increase of more than \$10,000 per annum if you are not self employed ▪ attaining five years' membership of the Super Plan with death/TPD cover held continuously over that time. 	The lesser of: <ul style="list-style-type: none"> ▪ 25% of your current sum insured or ▪ \$250,000.
Other personal event Taking out or increasing a first mortgage over your principal place of residence with a registered mortgage provider.	The lesser of: <ul style="list-style-type: none"> ▪ 50% of your current sum insured ▪ the amount of your first mortgage or the amount of the increase of your first mortgage (as applicable) or ▪ \$250,000.
Business event You are a key person in a business (working partner, director or significant shareholder) and your value or financial interest in the business (averaged over the last three years) has increased.	The lesser of: <ul style="list-style-type: none"> ▪ 25% of your current sum insured ▪ the increase in the value of your financial interest in the business or the value of the business (as appropriate) averaged over the last three years or ▪ \$250,000.

The following conditions apply to increases in death or TPD cover under this option:

- you must be under age 65 at the time of applying
- satisfactory proof of the event (eg marriage certificate, birth certificate, mortgage documentation, etc) must be provided to the insurer for consideration
- the request for the increase and supply of documentation must occur within 60 days of the life stage event occurring
- applications for more than one event per year are allowed, subject to overall increases not exceeding \$250,000 in any 12 month period
- total increases made under this option cannot exceed \$1.25 million over the duration of your cover
- your existing cover must be on standard terms without any special exclusions, restrictions or premium loadings
- if you die or become disabled within six months after being provided an increase under this provision, the increased death or TPD cover amount will only be paid if death or disablement occurs as a result of an accident or sickness that occurred on or after the date increased cover commenced
- no benefit will be payable on the increased insured amount if the claim is caused as a result of an intentional, self-inflicted act, whether sane or insane, within 13 months from the date of any increase under this option
- if you are not at work on the date that the insurer accepts an increase under this provision, the increased death or TPD cover amount will only be paid if death or disablement occurs as a result of an accident or sickness that occurred on or after the date increased cover commenced
- you must not have made a claim or be eligible to make a claim against the relevant cover.

Medical evidence

Medical evidence, as specified in the following table, will be required if you apply for cover that exceeds relevant dollar limits.

Medical evidence required for death and TPD cover

Age next birthday	Short Personal Statement	Full Personal Statement	Blood tests ²	Medical examination ³	ECG ⁴
Up to 40 ¹	Up to \$1,000,000	\$1,000,000 ¹	\$2,500,001	\$2,500,001	Nil
41-50 ¹	Up to \$1,000,000	\$1,000,000 ¹	\$1,000,001	\$1,500,001	\$2,500,001
51-55 ¹	Up to \$1,000,000	\$1,000,000 ¹	\$1,000,001	\$1,000,001	\$2,000,001
56-60	n/a	All amounts	\$700,001	\$700,001	\$2,000,001
61-65	n/a	All amounts	\$500,001	\$500,001	\$1,500,001

1 See 'Short-form personal statement' on page 3.

2 For HIV antibodies, Hepatitis B & C and MBA20.

3 A Personal Medical Attendant's Report (PMAR) may be requested on a discretionary basis.

4 Electrocardiogram.

Transferring cover

If you are under age 65 you can transfer up to \$1.5 million of your existing death and/or TPD cover. If you are unemployed at the time of applying to transfer cover, you must be able to carry out all of the duties of your current or usual occupation on a full time basis, for at least 30 hours per week otherwise a claim you may submit could be reduced or denied. Further information can be obtained by referring to the 'Insurance transfer form' available at our website or by contacting us.

Receiving a death or TPD insurance benefit

Death

If you die while covered under the Super Plan, your death benefit will generally be paid to one or more of your dependants or to your legal personal representative (see 'Death benefits' in the Features Book for further information).

TPD

In the case of total and permanent disablement while you have TPD cover, your claim will be assessed by the insurer against the Policy Document and by the Trustee against the Policy Document, Trust Deed and superannuation law before any TPD benefits are paid.

Limited death benefit

A limited death benefit is automatically included in your stand-alone TPD cover. A lump sum amount of \$10,000 will be paid if you die while covered and you have not received a TPD benefit. This amount will not be indexed.

Claims

The TPD definition that applies to you will generally depend on your employment status during the three months before the cause of any TPD claim (see page 6 for TPD definitions).

Buyback option

If you have death and TPD cover, you can also select the option to buy back death cover after a TPD benefit has been paid. An additional loading of 4% of your combined death/TPD premium applies if you select the buyback option.

Where you have selected this option, if a TPD benefit is subsequently paid and your death cover consequently reduces by the amount paid as a TPD benefit, you can exercise the option to buy back death cover for up to the amount paid as a TPD benefit within 30 days from the first anniversary of the TPD benefit being paid.

The buyback option can be selected at any time if you have death and TPD cover and under age 60. However, if you do not select this option at the time of applying for death and TPD cover, then further underwriting will be required.

The buyback option is subject to the following conditions:

- you cannot select it after a TPD benefit has been paid
- the reinstated death cover amount cannot exceed the amount paid as a TPD benefit
- the reinstated death cover may be indexed by CPI
- all loadings and exclusions that applied to the original death benefit will continue to apply to the reinstated death cover amount
- you must have existing applicable cover
- your written request must be received within 30 days from the time you become eligible (that is, twelve months after the TPD benefit is paid)
- you must be alive at the time of making the request for the buyback.

Where you have selected the buyback option, your right to exercise it, and the premium loading attached to it, ends on the earliest of the following:

- you turn age 65
- you die
- the TPD benefit to which this option is attached ends for reasons other than payment of the TPD benefit
- the date a terminal illness claim is paid
- the date of termination of the insurance policy agreement between the Trustee and the insurer
- the date you effect a continuation option with the insurer
- 60 days after the date when insurance premium payments cease because your account balance is insufficient to cover monthly premiums or for any other reason
- 60 days after you cease to be a member of the Super Plan
- 30 days after the first anniversary of the TPD claim payment date
- the date you or the Trustee cancels the cover in writing and
- the date you exercise this option.

Definitions

The following definitions will apply to insured members.

For death cover

Accidental death

Death by accident means death directly and independently of any other cause from an unforeseen and unintended accident happening to you and caused by violent, external and visible means.

Terminal illness

You will be considered terminally ill if:

- in the insurer's opinion, formed reasonably in good faith and in light of all available medical evidence, you are expected to die within 12 months regardless of any treatment undertaken
- a registered specialist medical practitioner certifies in writing that, despite reasonable medical treatment, you are expected to die within 12 months of the date of certification and
- you were diagnosed as terminally ill both while death cover was effective and when the claim is lodged.

For TPD cover

Please note that we can't pay you a benefit in these circumstances unless you also satisfy a condition of release under superannuation law (see 'Accessing your superannuation benefit' in the Features Book for further information).

Accidental TPD

TPD by accident means total and permanent disablement directly and independently of any other cause from an unforeseen and unintended accident happening to you and caused by violent, external and visible means.

Standard TPD definition

If you were gainfully employed for at least 15 hours per week in the three months before the cause of a claim (or on approved unpaid leave or maternity/paternity leave for up to 12 consecutive months) and under age 65 immediately prior to disablement, TPD means that you:

1. have suffered the total and irrecoverable loss of the:

- sight of both eyes
- use of two limbs (whole hand or whole foot) or
- sight of one eye and use of one limb

or

2. as a result of injury, sickness or disease:

- have not performed any work for an uninterrupted period of at least three consecutive months solely due to the same injury, sickness or disease and
- are attending and following the advice of a registered medical practitioner and have undergone all reasonable and usual treatment, including rehabilitation for the injury, sickness or disease and
- after considering all the medical and other evidence the insurer may require, have become, in the insurer's opinion, incapacitated to such an extent that you are unlikely ever to be able to engage in your own occupation or any occupation for which you are reasonably suited by education, training or experience.

Activities of daily living TPD definition

If you were not gainfully employed and working at least 15 hours per week in the three months before the cause of a claim (unless you are on approved unpaid leave or maternity/paternity leave for up to 12 consecutive months) or you are aged 65 or over immediately prior to disablement, TPD means that you:

1. have suffered the total and irrecoverable loss of the:

- sight of both eyes
- use of two limbs (whole hand or whole foot) or
- sight of one eye and use of one limb

or

2. have been, for a period of three consecutive months after the occurrence of an injury, sickness or disease, continuously, totally and permanently unable to perform at least two of the following activities of daily living as certified by a registered medical practitioner appointed by the insurer:

- **bathing** – the ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person
- **dressing** – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them without the standby assistance of another person
- **eating** – the ability to feed yourself once food has been prepared and made available, without the standby assistance of another person
- **toileting** – the ability to get to and from and on and off the toilet without the standby assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances (if appropriate)
- **transferring** – the ability to move in and out of a chair without the assistance of another person.

Home duties TPD definition

If you are not working and you are engaged in full-time home duties immediately prior to disablement, TPD means that you (for a period of three consecutive months after the occurrence of the injury, sickness or disease) are continuously, totally and permanently disabled to such an extent that your disability confines you either to the home under medical supervision or to a medical institution and you are unable to perform at least three of the following activities as certified by a registered medical practitioner:

- **bathing** – the ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person
- **dressing** – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them without the standby assistance of another person
- **eating** – the ability to feed yourself once food has been prepared and made available, without the standby assistance of another person
- **toileting** – the ability to get to and from and on and off the toilet without the standby assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances (if appropriate)
- **general household duties** – the ability to perform day-to-day household duties including cleaning the house, washing, shopping for food, cooking meals and looking after minor children without the standby assistance of another person
- **shopping** – the ability to leave the home, by any means, and to undertake day-to-day shopping without the standby assistance of another person

- **climbing stairs** – the ability to climb stairs without the standby assistance of another person, without holding a banister and without taking a rest – all within a reasonable period of time.

Limitations and exclusions

For death cover

No death benefit will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from:

- death caused by any intentional, self inflicted act whether sane or insane within 13 months of cover commencing or increasing cover
- active service in the armed forces of any country or international organisation.

No interim death benefit will be payable if death is caused directly or indirectly by engaging in any pursuit or pastime that the insurer would normally exclude from cover.

For TPD cover

No TPD benefit will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from:

- any deliberate, self-inflicted injury or sickness or attempted suicide or self-destruction while sane or insane
- declared or undeclared war or any act of war
- active service in the armed forces of any country or international organisation.

No interim TPD benefit will be payable if TPD is caused directly or indirectly by engaging in any pursuit or pastime that the insurer would normally exclude from cover.

Salary continuance cover

Benefit types

Subject to eligibility you can apply to be insured for a salary continuance benefit for an agreed value or on an indemnity basis. The main difference between these two types of benefits is what the insurer will pay you if your earnings have reduced since taking out your insurance cover. Under the agreed value benefit type, the insurer will not reduce the amount you are paid when you become disabled because your salary has been reduced since applying for cover, provided your income details were correctly disclosed at the time of application. Under the indemnity benefit type, if your income has reduced since applying for cover the insurer may reduce the amount you are paid when you become disabled.

The following additional conditions apply for an agreed value benefit:

- satisfactory financial evidence must be supplied to the insurer for consideration at the time of applying for cover
- an additional premium cost of 20% of the relevant occupation rate loading

- claim offsets for other sources of income
- you must meet all other eligibility conditions at the time of your claim
- your occupation type is considered professional, white collar or light blue collar at the time of applying for cover.

Availability of agreed value cover

Agreed value salary continuance cover is only available to professional, white collar and light blue collar occupation categories.

Employment status

You must be permanently and gainfully employed for at least 15 hours per week (unless you are on approved unpaid employment leave) at the time of applying for cover. The total disability definition that applies to you will generally depend on your employment status before the cause of any salary continuance insurance claim (see page 9 for total disability definitions).

Interim cover

You will be covered for accidental disability (see page 6 for definition) from the date the insurer receives your fully completed insurance application:

- for the lesser of the amount of cover you have applied for or \$20,000 per month and
- until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 120 days.

Medical evidence required for salary continuance cover

Age next birthday	Short Personal Statement	Full Personal Statement ²	Blood tests ³	PMAR ⁴	Medical examination
Up to 50 ¹	Up to \$8,000	\$8,001	\$8,001	\$11,001	\$20,001
51-55 ¹	Up to \$8,000	\$8,001	\$8,001	\$10,001	\$20,001
56-60	n/a	All amounts	\$6,501	\$10,001	\$20,001
61-65	n/a	All amounts	\$6,501	\$7,501	\$20,001

1 See 'Short-form personal statement' on page 3.

2 All agreed value applications require a Full Personal Statement.

3 For HIV antibodies, Hepatitis B & C and MBA20.

4 A Personal Medical Attendant's Report (PMAR) may be requested on a discretionary basis.

Indexation

Your sum insured amount will be automatically indexed each financial year by the lesser of CPI and 5%, subject to a maximum monthly benefit of \$40,000, unless you advise us otherwise in writing. Your premium will be adjusted to allow for the higher insured monthly benefit and your age at the time of indexing.

If you have been receiving a benefit payment continuously for 12 consecutive months, the benefit payment will be increased by the lesser of CPI and 5% at that time every 12 months thereafter.

Medical evidence

Medical evidence, as specified in the following table, will be required if you apply for cover that exceeds relevant dollar limits.

Transferring cover

If you are under age 65 you can transfer up to \$15,000 per month of your existing cover. Further information can be obtained by referring to the 'Insurance transfer form' available at our website or by contacting us.

Receiving a salary continuance insurance benefit

In the case of total or partial disability while you have salary continuance cover, your claim will be assessed by the insurer against the Policy Document and by the Trustee against the Policy Document, Trust Deed and superannuation law before any salary continuance benefits are paid. Salary continuance benefits are taxed as income when paid to a member (see 'Tax on salary continuance benefits' in the Features Book for further information).

The benefit you receive will depend on whether you have an agreed value or indemnity benefit type. If you have an agreed value benefit type you will receive a pre-determined amount of monthly benefit. If you have an indemnity benefit type you will have your benefit assessed at the time of your claim.

If you receive a salary continuance benefit, you must maintain a Super Plan account that meets our minimum balance. If you don't meet this requirement, any superannuation component forming part of your salary continuance benefit will no longer be payable.

Definitions

The following definitions will apply to insured members for salary continuance cover.

Accidental disability

Total or partial disability by accident means disablement directly and independently of any other cause from an unforeseen and unintended accident happening to you and caused by violent, external and visible means.

Total disability

If you were gainfully employed for at least 15 hours per week in the three months immediately prior to disablement (or you are on approved unpaid leave or maternity/paternity leave for up to 12 consecutive months), total disability means disablement resulting solely from sickness or injury that occurs while you have salary continuance cover, which results in you:

1. being continuously unable to perform at least one important duty of your usual occupation necessary to producing income
2. remaining under the regular care and attendance, and following the advice, of a registered medical practitioner in relation to that sickness or injury and
3. not engaging in any occupation, whether paid or unpaid.

An important duty is defined as involving 20% or more of overall occupational tasks responsible for generating at least 20% of your pre-disability income (see definition on page 10).

If you are unemployed or gainfully employed for less than 15 hours per week in the three months immediately preceding the occurrence of an event giving rise to a claim (unless you are on approved unpaid leave or maternity/paternity leave for up to 12 consecutive months), then total disability means disablement resulting solely from sickness or injury that occurs while you have salary continuance cover, which results in you:

1. being unable to perform any occupation for which you are reasonably suited by education, training or experience
2. remaining under the regular care and attendance of a registered medical practitioner and are following the advice of that registered medical practitioner in relation to that sickness or injury and
3. not engaging in any occupation, whether paid or unpaid.

No benefit will be payable during any periods of unemployment for any disability due to a mental health disorder.

Partial disability

Partial disability means following a period of total disability for at least 14 consecutive days, and solely due to that same sickness or injury, you:

1. are able to perform one or more duties of your usual occupation but are unable to perform all of the duties of your usual occupation
2. are earning an income less than your pre-disability income and
3. remain under the regular care and attendance, and following the advice, of a registered medical practitioner in relation to that sickness or injury.

A benefit paid for partial disability will be reduced proportionately to the benefit paid for total disability. It is based on a formula that takes your pre-disability income into consideration regardless of whether your benefit is agreed or indemnity value.

Recurrent disability

If you have returned to work and you suffer a recurrence of your disablement from the same or related causes within 12 months of recovery or your salary continuance benefit ceasing, salary continuance payments will recommence immediately without a waiting period. The maximum claim period will be adjusted to take into account prior claim payments.

Salary

Salary or income means your basic wage or income. It includes your total value of remuneration including salary, fees, regular commission, regular bonus, regular overtime and fringe benefits, salary sacrificed super contributions but excludes mandatory superannuation contributions and unearned income (eg investment or interest income).

Bonuses, overtime earnings and commissions (as applicable) will be calculated based on the averages received by you from your employer over the last three years.

If you are self-employed, a working director or partner in a partnership, salary means the income generated by the business or practice due to your personal exertion or activities, less your share of necessary business expenses and investment income.

Pre-disability income

Pre-disability income means your average gross monthly income over the 12 months immediately before becoming disabled. If you have been working for less than 12 months, your pre-disability income means your average gross monthly income over your total period of employment.

Claims

For an agreed value benefit, the insurer will assess your claim based on your salary details provided at the time you applied for cover. This is regardless of whether your salary is lower at the time of your claim.

For an indemnity benefit, the insurer will assess your claim based on your pre-disability income at the time of your claim (see above for the definition of pre-disability income).

Rehabilitation expense reimbursement

An additional benefit may be payable to cover the cost of rehabilitation if the insurer determines that your potential to return to gainful employment will be assisted. The rehabilitation expenses must be pre-approved by the insurer and will be up to an amount equivalent to six monthly benefit payments.

Limitations and exclusions

No salary continuance benefits will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from:

- any deliberate, self-inflicted injury or attempted suicide or self-destruction while sane or insane
- uncomplicated pregnancy, childbirth or miscarriage
- active service in the armed forces of any country or international organisation
- declared or undeclared war or any act of war.

No salary continuance benefits will also be payable:

- if you have been unemployed for 12 months or more at the time of an event giving rise to a claim or
- during any periods of unemployment for any period of disability resulting directly or indirectly from any mental health disorder, including (but not limited to) anxiety disorder, depressive disorders, stress, fatigue, drug or alcohol abuse, behavioural disorders, their treatment or complications thereof.

Insurance premiums

The premiums you will pay will depend upon the following factors:

1. the type(s) of cover you request
2. your gender
3. your age
4. your occupation
5. your smoker status
6. your health
7. your pastimes
8. the sum insured
9. the waiting period before a benefit becomes payable (salary continuance cover only)
10. the benefit period (salary continuance cover only)
11. whether you select a benefit that is agreed value or indemnity (salary continuance cover only).

Insurance premiums are not subject to GST.

Premiums are deducted monthly in arrears by withdrawal of units. You can either nominate the Investment Option from which you would like premiums deducted, or have premiums deducted proportionately across your Investment Options. If no nomination is made, or the Investment Option you have chosen is insufficient to cover the premiums, premiums will be deducted from your Investment Option with the highest account balance.

It is important that you ensure your investment balance is sufficient to cover your premiums each month or your insurance will lapse. The Trustee has no responsibility for ensuring continuity of your insurance cover and accepts no responsibility if it lapses.

Death and/or TPD cover

The following premium rate tables outline the various annual premiums payable per \$1,000 of insured benefit for selected ages, taking into account factors 1-5 on page 10. Factors 6 and 7, if necessary, will be assessed via a Personal Statement within the 'Insurance application' form. You may be required to provide further details (including medical tests – see 'Medical evidence' on page 5 for details), depending on the level of cover you are requesting and your age. Premium loadings may apply due to occupational (see below tables), health or pastime factors.

Annual premiums per \$1,000 sum insured – Death only cover

Age next birthday	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
20	0.74	1.03	0.25	0.31
25	0.79	1.18	0.22	0.28
30	0.67	1.09	0.25	0.35
35	0.61	1.13	0.34	0.50
40	0.72	1.40	0.53	0.82
45	0.95	1.93	0.79	1.28
50	1.50	3.01	1.19	1.90
55	2.62	4.98	1.78	2.74
60	4.83	8.01	3.09	4.36
65	9.34	14.18	5.59	7.38
70	17.38	24.02	9.40	11.61

Occupational loadings

Professional	0.900	White collar	1.000
Light blue collar	1.150	Heavy blue collar	1.300

Annual premiums per \$1,000 sum insured – TPD only cover

Age next birthday	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
20	0.30	0.40	0.25	0.35
25	0.28	0.40	0.24	0.33
30	0.27	0.41	0.22	0.36
35	0.32	0.54	0.28	0.49
40	0.46	0.81	0.42	0.77
45	0.87	1.56	0.81	1.42
50	1.81	3.04	1.63	2.78
55	4.36	6.41	3.94	5.85
60	11.31	14.73	10.25	13.43
65	20.67	30.95	18.71	28.26
70	39.93	55.71	34.73	50.17

Occupational loadings

Professional	0.850	White collar	1.000
Light blue collar	1.850	Heavy blue collar	2.700

Annual premiums per \$1,000 sum insured – Combined death and TPD cover

Age next birthday	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
20	0.94	1.30	0.43	0.56
25	0.97	1.44	0.38	0.51
30	0.85	1.37	0.40	0.61
35	0.82	1.50	0.53	0.85
40	1.04	1.96	0.82	1.36
45	1.56	3.02	1.36	2.28
50	2.78	5.14	2.35	3.87
55	5.73	9.52	4.60	6.93
60	12.93	18.53	10.46	14.02
65	24.53	36.93	19.41	28.28
70	47.90	66.62	36.08	50.21

Occupational loadings

Professional	0.875	White collar	1.000
Light blue collar	1.500	Heavy blue collar	2.000

Loading for buyback option

1.040 (see page 5 for further information)

Salary continuance cover

The following premium rate tables outline the various annual premiums payable per \$100 monthly benefit for selected ages, taking into account factors 1-5 and 9-11 on page 10. Factors 6 and 7, if necessary, will be assessed via a Personal Statement within the 'Insurance application' form and you may be required to provide further details (including medical tests – see 'Medical evidence' on page 8 for details), depending on the level of cover you are requesting and your age. Premium loadings may apply due to occupational (see following tables), health or pastime factors.

Annual premiums per \$100 monthly benefit – Salary continuance cover (male, non-smoker)

Age next birthday	Gender	Male – non-smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
20		5.72	6.57	7.18	4.00	4.60	5.03	1.66	2.02	2.30
25		5.32	6.24	7.10	3.73	4.37	4.97	1.31	1.63	1.98
30		5.68	6.85	8.28	3.98	4.79	5.80	1.22	1.58	2.06
35		7.16	8.88	11.32	5.01	6.22	7.92	1.47	1.96	2.71
40		9.67	12.36	16.30	6.77	8.65	11.41	2.11	2.92	4.17
45		13.44	17.71	23.66	9.41	12.40	16.56	3.47	4.95	7.11
50		19.15	26.06	34.16	13.40	18.24	23.91	6.17	9.12	12.66
55		28.24	39.75	48.90	19.77	27.82	34.23	11.31	17.27	22.00
60		43.71	63.65	66.39	30.60	44.55	46.47	20.57	32.36	33.51
65		32.08	33.97	34.54	22.45	23.78	24.18	9.51	10.15	10.32

Annual premiums per \$100 monthly benefit – Salary continuance cover (male, smoker)

Age next birthday	Gender	Male – smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
20		7.22	8.30	9.07	5.06	5.81	6.35	2.10	2.55	2.91
25		6.72	7.88	8.97	4.71	5.51	6.28	1.66	2.07	2.50
30		7.18	8.65	10.47	5.03	6.05	7.33	1.54	1.99	2.60
35		9.05	11.22	14.30	6.33	7.85	10.01	1.86	2.48	3.43
40		12.22	15.61	20.59	8.55	10.92	14.41	2.67	3.69	5.27
45		16.98	22.37	29.88	11.88	15.66	20.92	4.38	6.26	8.98
50		24.18	32.92	43.14	16.93	23.04	30.20	7.80	11.52	15.99
55		35.67	50.21	61.76	24.97	35.15	43.23	14.29	21.82	27.79
60		55.22	80.40	83.86	38.65	56.28	58.70	25.98	40.87	42.32
65		40.52	42.91	43.63	28.36	30.03	30.54	12.01	12.83	13.04

Annual premiums per \$100 monthly benefit – Salary continuance cover (female, non-smoker)

Age next birthday	Gender	Female – non-smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
20		8.27	9.61	11.36	5.79	6.72	7.95	1.94	2.38	3.06
25		8.71	10.30	12.79	6.10	7.21	8.95	2.05	2.57	3.51
30		10.29	12.48	16.53	7.21	8.73	11.57	2.50	3.25	4.80
35		13.83	17.23	24.01	9.68	12.06	16.81	3.08	4.13	6.41
40		19.05	24.43	35.10	13.33	17.10	24.57	4.45	6.17	9.81
45		25.94	34.30	49.49	18.16	24.01	34.65	7.34	10.53	16.59
50		34.97	47.76	66.74	24.48	33.43	46.72	12.32	18.28	27.35
55		47.52	67.16	86.22	33.26	47.01	60.36	19.69	30.27	40.37
60		66.86	97.93	103.21	46.80	68.55	72.25	29.42	46.69	48.44
65		47.19	50.39	51.65	33.03	35.27	36.15	11.56	12.34	12.54

Annual premiums per \$100 monthly benefit – Salary continuance cover (female, smoker)

Age next birthday	Gender	Female – smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
20		10.45	12.13	14.35	7.31	8.49	10.05	2.45	3.01	3.86
25		11.01	13.01	16.15	7.71	9.11	11.31	2.59	3.25	4.44
30		13.00	15.76	20.88	9.10	11.03	14.62	3.16	4.10	6.06
35		17.46	21.76	30.33	12.23	15.23	21.23	3.89	5.21	8.10
40		24.06	30.86	44.34	16.84	21.60	31.04	5.62	7.79	12.39
45		32.77	43.33	62.52	22.94	30.33	43.76	9.27	13.30	20.96
50		44.17	60.33	84.30	30.92	42.23	59.01	15.56	23.09	34.55
55		60.03	84.84	108.92	42.02	59.39	76.24	24.88	38.23	50.99
60		84.46	123.70	130.37	59.12	86.59	91.26	37.17	58.98	61.19
65		59.61	63.65	65.24	41.72	44.55	45.67	14.60	15.58	15.84

Occupational loadings

Professional	0.90	White collar	1.00
Light blue collar	1.50	Heavy blue collar	3.00

Loading for agreed value benefit

1.200 (see page 8 for further information)

Details of premiums for all ages, which form part of the PDS, are available at our website and may also be obtained without charge by contacting us or your adviser.

Calculating the cost of cover

Death and/or TPD cover

For death only, TPD only and death and TPD you can choose either the:

- **premium** – you select the premium payable, which determines your benefit amount (see Example 1) or
- **benefit amount** – you nominate the benefit amount, which determines the premium payable (see Example 2).

Example 1: How much cover will you have?

Mary will be age 40 next birthday and is a non-smoking white collar worker wishing to pay a premium of no more than \$10 per month for an equal amount of death and TPD cover. How much cover will she be entitled to?

Insured benefit:

$$= \frac{\text{Monthly premium} \times 12 \times \$1,000^1}{\text{Premium rate}^2 \times \text{occupational loading}^2}$$

$$= \frac{\$10 \times 12 \times \$1,000}{\$0.82 \times 1.00}$$

$$= \$146,341.46$$

Example 2: How much premium will you pay?

Bruce will be age 45 next birthday and is a non-smoking light blue collar worker who would like to be insured for a benefit of \$250,000 in the event of his death (death only cover). What premium will he be required to pay?

Monthly premium:

$$= \frac{\text{Premium rate}^2 \times \text{occupational loading}^2 \times \text{insured benefit}}{12 \times \$1,000^1}$$

$$= \frac{\$0.95 \times 1.150 \times \$250,000}{\$12,000}$$

$$= \$22.76 \text{ per month}$$

1 Premium rates are expressed per \$1,000 of the sum insured.

2 From insurance rate tables.

If you have an equal amount of death and TPD cover, the cost is calculated based entirely on the combined death/TPD premium rate.

However, if you have differing amounts of death and TPD cover:

- the combined death/TPD premium rate will apply to the common sum insured amount and
- the relevant death only or TPD only premium rate will apply to the death or TPD cover above the common sum insured amount.

For example, if you have death cover for \$800,000 and TPD cover for \$500,000:

- the combined death/TPD premium rate will apply to the common \$500,000 of cover and
- the death only premium rate will apply to the additional \$300,000 of death cover.

Salary continuance cover

For salary continuance cover, the premium payable will depend on the benefit amount you nominate and the basis of your cover (see Example 3).

Example 3: How much cover will you have and how much premium will you pay?

Sarah will be age 40 next birthday and is a non-smoking white collar worker. She currently earns an annual salary of \$75,000 and would like to take out salary continuance cover in the event of a disablement that will prevent her from working. She would like the benefit to be paid over two years, have a 60 day waiting period and a 9% super contribution component. How much cover will she be entitled to and what premium will she be required to pay?

Monthly insured benefit:

$$= \frac{(75\% \text{ of annual salary})}{12 \text{ months}} + \frac{(9\% \text{ super component})}{12 \text{ months}}$$

$$= \frac{(75\% \times \$75,000)}{12} + \frac{(9\% \times \$75,000)}{12}$$

$$= \frac{\$56,250}{12} + \frac{\$6,750}{12}$$

$$= \$4,687.50 + \$562.50 = \$5,250.00$$

Monthly premium:

$$= \frac{\text{Premium rate}^2 \times \text{occupational loading}^2 \times \text{insured benefit}}{12 \times \$100^1}$$

$$= \frac{\$13.33 \times 1.0 \times \$5,250}{\$1,200}$$

$$= \$58.32 \text{ per month (indemnity basis)}$$

$$= \$58.32 \times 1.2 = \$69.98 \text{ per month (agreed value basis)}$$

In this example, upon payment of a disablement claim by the insurer, Sarah will receive:

- a monthly benefit of \$4,687.50* (less PAYG tax) and
- a monthly amount of \$562.50* paid by us into her Super Plan account as a super contribution.

* For cover provided on an indemnity basis, the benefit payable may be lower if at claim time Sarah is earning less than \$75,000 per annum.

1 Premium rates are expressed per \$100 of the monthly benefit.

2 From insurance rate tables.

If actual monthly income is greater than \$40,000, the maximum sum insured is calculated as 75% of the first \$40,000, then 20% of the amount in excess of \$40,000 up to the maximum monthly sum insured of \$40,000. This equates to an actual monthly income of \$90,000.

How to apply

To apply for death only, TPD only, death and TPD and/or salary continuance cover through the Super Plan, you must complete the 'Insurance cover' section within the Super Plan application form in the Features Book. If you do not satisfy the requirements for the short-form personal statement, as described on page 3, you will need to complete the separate 'Insurance application' form included with this Insurance Book.

The amount and type of information that the insurer will require will depend on your age and the type(s) and amount(s) of cover you are seeking (see 'Short-form personal statement' on page 3 and 'Medical evidence' on pages 5 and 8 for details about underwriting requirements).

This page intentionally left blank.



Insurance application

Please complete all pages of this application form in black ink, using block letters.

This form should be used if you:

- are aged 55 or older, or
- require more than \$1 million of death only cover, or
- require more than \$1 million of TPD only cover, or
- require more than \$1 million death and total and permanent disablement insurance cover, or
- earn over \$128,000 per annum and therefore require more than \$8,000 monthly benefit of salary continuance cover, or
- require agreed value salary continuance cover, or
- have answered 'yes' to any of the questions in section 10 of the WealthFocus Super Plan or WealthFocus Wholesale Super Plan application form.

Are you an existing Perpetual investor?

yes account number

I wish to apply for insurance cover for (tick relevant box):

WealthFocus Super Plan WealthFocus Wholesale Super Plan

1. Investor details

first name(s)	<input type="text"/>
last name	<input type="text"/>
title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other <input type="text"/>
date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> age next birthday <input type="text"/>
gender	male <input type="checkbox"/> female <input type="checkbox"/>
po box	<input type="text"/>
unit number	<input type="text"/>
street number	<input type="text"/>
street name	<input type="text"/>
suburb	<input type="text"/>
state	<input type="text"/>
postcode	<input type="text"/>
country	<input type="text"/>
email address	<input type="text"/>
occupation	<input type="text"/>
industry	<input type="text"/>
daily duties (including % time spent performing each duty)	<input type="text"/>

2. Type of insurance

Is this a new application for insurance or an application to increase insurance cover?

new increase (complete the boxes below with total amount of cover, not the amount of the increase)

Type of insurance

Type	Cover	Premium
<input type="checkbox"/> death only	amount \$ <input type="text"/> (min. \$50,000)	or \$ <input type="text"/> per month
or		
<input type="checkbox"/> TPD only	TPD amount \$ <input type="text"/> (min. \$50,000)	or \$ <input type="text"/> per month
or		
<input type="checkbox"/> death and TPD	death amount \$ <input type="text"/> (min. \$50,000)	or \$ <input type="text"/> per month
	TPD amount \$ <input type="text"/> (min. \$50,000)	
	buyback option yes <input type="checkbox"/> no (default) <input type="checkbox"/>	
and/or		
<input type="checkbox"/> salary continuance	amount \$ <input type="text"/> per month (min. \$500 per month) (This cannot be greater than 85% of your monthly income, which includes a maximum 10% allowance for super contributions. That is your cover amount cannot be greater than 75% of your monthly income plus an additional 10% of your monthly income representing a super contribution component. For example if you have a monthly salary of \$4,000 the maximum monthly cover amount you have is 75% x \$4,000 plus 10% x \$4,000.)	
What percentage of your cover amount indicated above represents a Super contribution component? If this is left blank nil will be assumed.	<input type="text"/> % (This is optional and is a maximum of 10% of your monthly income.)	

Please apply indexing to my sum insured:

yes (default) no This feature is not available if you have chosen to be insured for a premium amount per month.

Salary continuance only

benefit period	<input type="checkbox"/> 2 years (to age 65 if earlier)	<input type="checkbox"/> 5 years (to age 65 if earlier)	<input type="checkbox"/> to age 65
waiting period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
type of cover	<input type="checkbox"/> agreed value*	<input type="checkbox"/> indemnity	

* If you are applying for agreed value salary continuance cover, the following additional financial information is also required:

If you are self employed

- Profit & Loss statements for your business or practice (including any trusts if applicable) for the last 2 years,
- your income tax returns and notice of assessments including any business entities for the last 2 years, and
- if you are applying for cover of \$15,000 per month or more, Statement of Assets and Liabilities (held personally or in trust) from your accountant.

If you are not self employed and you are applying for cover

- up to \$12,500 per month, income tax return and notice of assessment for the last year, or
- above \$12,500 per month, income tax returns and notice of assessments for the last 2 years, or
- above \$15,000 per month, income tax returns and notice of assessments for the last 2 years **plus** Statement of Assets and Liabilities (held personally or in trust), from your accountant.

Please pay my insurance premium:

proportionally according to my account balance from my Investment Option

from my Investment Option with the highest balance**

** If no selection is made or if the balance in your nominated Investment Option is insufficient, we will deduct premiums from the Investment Option with the highest balance.

3a. Personal statement – Part 1

annual salary \$	<input type="text"/>	number of hours worked per week	<input type="text"/>	height (cm)	<input type="text"/>	weight (kg)	<input type="text"/>
------------------	----------------------	---------------------------------	----------------------	-------------	----------------------	-------------	----------------------

1. Do you permanently reside in Australia? no yes

2. Have you smoked tobacco or any other substance in the last 12 months? no yes

If yes, please state forms and quantities:

3. Do you drink more than 20 standard drinks of alcohol per week? no yes

If yes, please provide forms and quantities:

4. Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer?) no yes

If yes, please provide the policy details in the schedule below.

Commencement date	Insurer	Type of cover	Amount of cover	To be replaced
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

At the date of application:

5. Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis due to injury or illness (even if you are not currently working on a full time basis or are unemployed)? no yes

6. In the last three (3) years, have you had any medical advice or treatment, taken prescribed or illicit drugs or been hospitalised for any injury or illness (excluding for colds or flus)? no yes

7. Have you ever had back or neck pain for seven (7) or more consecutive days, or have you ever had mental/nervous/stress disorders, cancer, blindness or deafness? no yes

8. Are you under any treatment by diet, medication, or sedative drugs? no yes

9. Has any company ever refused or applied special or modified conditions or cancelled any proposal to insure you for a life or disablement policy? no yes

10. Have you ever engaged or are you ever likely to engage in any aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (eg motor car racing, professional football, scuba diving over 30m depth)? no yes

If you answered yes to any of the questions above, please provide full details:

3b. Personal statement – Part 2

Section A: Medical details

Have you ever had or received treatment for or had symptoms of:

a. High blood pressure or blood disorder eg leukemia, anaemia or haemophilia?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
b. Heart, vein or circulatory disorder, including chest pain, heart attack, heart murmur, raised cholesterol or rheumatic fever?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
c. Mental or nervous disorder (eg stress, depression, insomnia), fainting, epilepsy, paralysis, multiple sclerosis, migraines, brain disorder or any neurological disorder?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
d. Gout, arthritis, rheumatism, cartilage or ligament injury, bone fracture or hernia?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
e. Back or neck pain, whiplash, sciatica or any muscle or joint disorder?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
f. Asthma, bronchitis or other respiratory disorder?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
g. Stomach, intestinal or rectal disorder, bleeding from bowel, ulcer, gall bladder or liver disorder, including hepatitis?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>

h. Diabetes, thyroid or prostate disorder?	no	yes
i. Cancer, tumour or any form of breast lump (even if you have not seen a doctor)?	no	yes
j. Impairment/disorder of hearing or sight (other than short or long sightedness fully correctable by glasses) or loss of any limb?	no	yes
k. Dermatitis, psoriasis or any skin disorder?	no	yes
l. Kidney, bladder, blood in urine or reproductive organ disorder?	no	yes
m. Sexually transmitted diseases?	no	yes
n. Drug or alcohol dependence?	no	yes
o. Any other medical conditions not mentioned above?	no	yes
p. Hepatitis B or C or have you ever been told you are a Hepatitis B or C carrier?	no	yes
Females only		
(i) Female organ disorder (including abnormal pap smear, breast ultrasound or mammogram)?	no	yes
(ii) Are you currently pregnant?	no	yes
If yes, date of expected delivery	<input type="text"/>	<input type="text"/>
AIDS statement		
(i) Have you suffered from Acquired Immune Deficiency Syndrome (AIDS) or been infected with the HIV virus or are you carrying antibodies to the HIV virus?	no	yes
(ii) Since 1980, have you used intravenous drugs, engaged in male to male anal sexual activity or worked as a prostitute?	no	yes
(iii) Have you had sexual intercourse with someone you know or suspect to be HIV positive?	no	yes

If you answered 'YES' to any questions in the AIDS statement (i) – (iii) above, a 'Confidential Lifestyle' questionnaire will need to be completed.

Section B: Further medical background

1. Are you considering consulting a doctor, seeking a medical examination, advice treatment, tests or an operation?	no	yes
2. During the last five (5) years have you:		
a. Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professionals?	no	yes
b. Been in hospital, clinic or nursing home?	no	yes
c. Been advised to have an operation?	no	yes
d. Had any tests, including blood tests, ECG, x-rays or genetic tests?	no	yes
e. Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers?	no	yes

If you answered YES to any of the questions in Sections A or B, please complete remainder of form. Otherwise, go to Sections D, E and F.

Section C: Answers in detail

If you answered YES to ANY question in Sections A or B, please provide details in the schedule below. If there is insufficient space, please provide a signed and dated supplementary statement.

question reference	time off work	date of illness/injury	degree of % recovery
illness, injury or tests			
results of tests			
reason and type of treatment including date of last symptoms			

1b. How long have you been at your current occupation? years months

How much of the above income will continue if you are disabled? \$

i. For how long? years/months

ii. State source of income (eg. sick leave)

2. If you became disabled, would you receive income from other sources? no yes

If yes

a. How much: \$ per month

b. For how long years/months

c. State source of income

3. Do you also perform another occupation? no yes

If yes, describe the daily duties of this occupation (including manual work)

4. Do you receive any unearned income? (eg. from investments such as rental property or dividends) no yes

If yes, how much? \$ per month

5. What was your previous occupation?

6. Are you self-employed by your own company? no yes

If yes

a. Date your business started / /

b. How long have you been self-employed? years/months

c. What percentage of your work is: i. Freelance? % ii. Contract? %

d. If self-employed, did your business make a loss in the last financial year? no yes

If yes, please provide copies of Profit and Loss Statements for the last two (2) years.

e. How many people do you employ?

7. Have you or any business with which you were associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? no yes

If yes, when / /

Date of discharge / /

8. Do you work at home? no yes

If yes, state percentage of the time %

9. Do you earn commission or bonuses? no yes

If yes, state percentage of total income %

4. General declaration

- **Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief all of the answers to questions on this Insurance application form are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
- **Changes to Contract** – I understand that I must advise the Insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the insurer.
- **Acceptance of the application** – I note that this application is subject to acceptance by the Insurer and that the insurance cover does not commence until I have been advised by AIA Australia or the Trustee about acceptance of my application.
- **Duty of Disclosure** – I acknowledge that I have read and understood the Duty of Disclosure notice in accordance with the Insurance Contracts Act 1984 as detailed on page 3.
Warning: You have a duty to disclose all information relevant to the insurer's decision to accept your application.
- **Privacy Statement** – I have read and understood the Privacy disclosure as detailed in the Features Book. I consent to my personal information being collected and used and disclosed in accordance with the Privacy disclosure.
- **Consent to provide personal health information to my adviser** – I consent to allow Perpetual to provide my adviser with any personal health information to assist the Trustee and Insurer in assessing my application for insurance.

I do not authorise my financial adviser to be provided with any personal health information submitted in relation to my application for insurance.

signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

5. Consent

1. **Consent to Disclose** – I consent to AIA Australia and to the Trustee on behalf of AIA Australia, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to AIA Australia. I consent to the use of my personal information to be used as outlined in the Features Book. I agree to be bound by the provisions of the Policy Document between AIA Australia and the Trustee, which govern the terms of life insurance and conditions set out in this document.

signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

6. Medical authority

I,

authorise any Medical Practitioner, hospital, clinic or other person (including any life insurance company, underwriter or third party acting on behalf of AIA Australia), to disclose to AIA Australia full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

signature	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	------	----------------------	---	----------------------	---	----------------------	----------------------	----------------------	----------------------

Would you like an underwriter to contact you to clarify any information? no yes

Contact details

Website

www.perpetual.com.au

Email

investments@perpetual.com.au

Phone

During business hours (Sydney time)

Investor Services

1800 022 033

Adviser Services

1800 062 725

Fax

02 8256 1427

Postal address

No stamp required if posted in Australia

Reply Paid 4171
Perpetual WealthFocus Super Plan
GPO Box 4171
Sydney NSW 2001

Australian Capital Territory

Level 6
10 Rudd Street
Canberra ACT 2601

New South Wales

Angel Place
Level 12
123 Pitt Street
Sydney NSW 2000

Queensland

Level 6
260 Queen Street
Brisbane QLD 4000

South Australia

Level 11
101 Grenfell Street
Adelaide SA 5000

Victoria

Rialto South Tower
Level 35
525 Collins Street
Melbourne VIC 3000

Western Australia

Exchange Plaza
Level 29
2 The Esplanade
Perth WA 6000

www.perpetual.com.au