

# PERPETUAL SELECT SUPER PLAN

Insurance in your super



## IMPORTANT NOTES

The information in this document forms part of and should be read in conjunction with Product Disclosure Statement issue number 9 dated 30 June 2019 for Perpetual Select Super Plan and Pension Plan (PDS).

This document contains important information about the standard insurance cover available to Super Plan members.

We may update this document where we can according to the Fund's Trust Deed and the law. A copy of the PDS, this document and any updates will be available at our website. You can also obtain a copy free of charge upon request by contacting us. You should keep a copy of this document and any updates to it for your reference..

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**INSURANCE IN YOUR SUPER  
DATED 30 JUNE 2019**

Issued by Perpetual Superannuation Limited  
ABN 84 008 416 831 AFSL 225246 RSE L0003315

Perpetual 

# INSURANCE IN YOUR SUPER

Insurance through your super may be a tax-effective way of providing financial security to you and your family should you become disabled or die.

The Fund offers eligible Super Plan members insurance cover for:

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

Subject to eligibility, all Super Plan members can apply for insurance by completing the 'Insurance cover' section within the 'Member application' form and, if required, the 'Insurance application' form included with this document (also available from our website or by contacting us). In this case, your insurance cover won't commence until we confirm in writing that your application has been accepted.

We recommend that you seek advice on the types and amounts of insurance cover that are appropriate for you.

## REDUCING OR CANCELLING COVER

You can reduce the sum(s) insured or cancel your death, TPD and/or salary continuance cover at any time by completing the 'Application to reduce or cancel cover' form available from our website. You can also choose to change your waiting period and/or benefit period for your salary continuance cover.

If you cancel your cover, you will no longer be insured for that cover and you (or your beneficiaries) will not be able to make an insurance claim for that type of cover. Once you have reduced or cancelled any cover, you will need to complete an insurance application form and be underwritten by the insurer if you subsequently wish to increase your cover amount or reapply for that type of cover.

## INSURANCE SUMMARY

The following table provides a summary of the various insurance options commonly available to Super Plan members. Additional information, including various definitions and insurance premium rates, is provided on pages 6-17.

### INSURANCE FEATURES FOR SUPER PLAN MEMBERS

FEATURE	DEATH COVER	TPD COVER	SALARY CONTINUANCE COVER
<b>Benefit payable</b>	A benefit will be paid if you die (or are diagnosed with a terminal illness and have less than 24 months to live – see page 9 for further information).	A benefit will be paid to you if you become totally and permanently disabled. TPD only cover includes a limited death benefit that is payable if you die while covered and you have not been paid a TPD benefit – see 'Maximum cover' on page 3 for further information.	You can apply for agreed value or indemnity salary continuance cover. If you are disabled due to sickness 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 for two years, five years or to age 65 (as applicable): <ul style="list-style-type: none"> <li>• calculated on an <b>agreed value</b> basis, being the lesser of: <ul style="list-style-type: none"> <li>– 100% of your pre-disability income* or</li> <li>– the amount insured or</li> <li>– \$30,000</li> </ul> </li> </ul> *subject to the benefit amount at the time of application tiered as follows: <ul style="list-style-type: none"> <li>– 75% of the first \$33,333 of your salary per month</li> <li>– 50% of the next \$10,000 of your salary per month</li> </ul> or <ul style="list-style-type: none"> <li>• calculated on an <b>indemnity</b> basis, being the lesser of: <ul style="list-style-type: none"> <li>– 75% of your pre-disability income (plus an optional additional 10% paid directly by us into your member account) or</li> <li>– the amount insured or</li> <li>– \$30,000.</li> </ul> </li> </ul>

FEATURE	DEATH COVER	TPD COVER	SALARY CONTINUANCE COVER
<b>Minimum cover</b>	\$50,000.	\$50,000.	\$500 monthly benefit.
<b>Maximum cover</b>	Death – unlimited. Terminal illness – unlimited (\$1.5 million for interim accidental death cover – see page 9 for further information).	\$5 million (\$3 million after age 65). Limited death benefit (TPD only cover) – \$10,000.	\$30,000 monthly benefit.
<b>Minimum entry age</b>	Age 15.	Age 15.	Age 15.
<b>Maximum entry age</b>	Age 64.	Age 64.	Age 64.
<b>Cover available until</b>	Age 75.	Age 70 (for members aged over 65 an ‘Activities of daily living’ TPD definition will apply – see page 9 for details).	Age 65.
<b>Employment status</b>	Not applicable.	See ‘Claims’ on page 4.	You must be permanently and gainfully employed for at least 15 hours per week (unless you are on approved unpaid employment leave) both at the time of applying for cover and immediately prior to your disability.
<b>Residency status</b>	You must be an Australian resident (see definition on page 9) or currently residing in Australia with a current and valid visa that enables you to work in Australia at the time cover is taken out (see ‘Cessation of cover’ on page 5 for further information).	You must be an Australian resident (see definition on page 9) or currently residing in Australia with a current and valid visa that enables you to work in Australia at the time cover is taken out (see ‘Cessation of cover’ on page 5 for further information).	You must be an Australian resident (see definition on page 9) or currently residing in Australia with a current and valid visa that enables you to work in Australia at the time cover is taken out (see ‘Cessation of cover’ on page 5 for further information).
<b>Other eligibility conditions</b>	Death cover is available on a stand-alone basis or combined with TPD cover for the same or differing amounts.	TPD cover is available on a stand-alone basis or combined with death cover for the same or differing amounts.	Agreed value salary continuance cover is only available to professional, white collar and light blue collar occupation categories.
<b>Commencement of cover</b>	Cover will commence from the date when: <ul style="list-style-type: none"> <li>both the Trustee and insurer agree to accept your cover on standard terms and conditions (including premium rates) or</li> <li>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).</li> </ul>	Cover will commence from the date when: <ul style="list-style-type: none"> <li>both the Trustee and insurer agree to accept your cover on standard terms and conditions (including premium rates) or</li> <li>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).</li> </ul>	Cover will commence from the date when: <ul style="list-style-type: none"> <li>both the Trustee and insurer agree to accept your cover on standard terms and conditions (including premium rates) or</li> <li>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).</li> </ul>
<b>Interim insurance cover</b>	You will be covered for accidental death (see page 9 for definition) from the date the insurer receives your fully completed insurance application: <ul style="list-style-type: none"> <li>for the lesser of the amount of death cover you have applied for or \$1.5 million and</li> <li>until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 90 days.</li> </ul>	You will be covered for accidental TPD (see page 9 for definition) from the date the insurer receives your fully completed insurance application: <ul style="list-style-type: none"> <li>for the lesser of the amount of death and TPD cover you have applied for or \$1.5 million and</li> <li>until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 90 days.</li> </ul>	You will be covered for accidental disability (see page 10 for definition) from the date the insurer receives your fully completed insurance application: <ul style="list-style-type: none"> <li>for the lesser of the amount of cover you have applied for or \$15,000 per month and</li> <li>until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 90 days.</li> </ul>
<b>Transfer of existing insurance cover</b>	If you are insured under another fund or policy, you may be able to transfer your cover to the Fund (conditions apply – see page 6 for further information).	If you are insured under another fund or policy, you may be able to transfer your cover to the Fund (conditions apply – see page 6 for further information).	If you are insured under another fund or policy, you may be able to transfer your cover to the Fund (conditions apply – see page 6 for further information).

FEATURE	DEATH COVER	TPD COVER	SALARY CONTINUANCE COVER
<b>Life stage event option</b>	You can apply to increase your existing death cover without underwriting upon certain personal or business events (see page 7 for life stage event details, limits and conditions).	You can apply to increase your existing TPD cover without underwriting upon certain personal or business events (see page 7 for life stage event details, limits and conditions).	Not applicable.
<b>World-wide cover</b>	Australian residents (see definition on page 9) are generally covered 24 hours a day and may travel or work in any part of the world.	Australian residents (see definition on page 9) are generally covered 24 hours a day and may travel or work in any part of the world.	Australian residents (see definition on page 9) are generally covered 24 hours a day and may travel or work in any part of the world.
<b>Benefit indexation</b>	Automatic indexation each 1 July as part of the annual insurance review by the lower of 5% or the Consumer Price Index (CPI) unless you opt out.	Automatic indexation each 1 July as part of the annual insurance review by the lower of 5% or CPI unless you opt out.	Automatic indexation each 1 July as part of the annual insurance review by the lower of 5% or CPI unless you opt out.
<b>Claims indexation</b>	Not applicable.	Not applicable.	Your benefit will increase annually by the lower of 5% or CPI whilst you are on claim.
<b>Rehabilitation expense reimbursement</b>	Not applicable.	Not applicable.	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.
<b>Claims</b>	See 'Making a claim' on page 8.	See 'Making a claim' on page 8. The TPD definition that applies to you will generally depend on your employment status during the three months immediately before the cause of any TPD claim (see pages 9-10 for TPD definitions).	See 'Making a claim' on page 8. <ul style="list-style-type: none"> <li>• <b>Agreed value benefit</b> – the insurer will assess your claim based on the lesser of your salary details provided at the time you applied for cover and 100% of your pre-disability income at the time of claim. This is regardless of whether your salary is lower or higher at the time of your claim.</li> <li>• <b>Indemnity benefit</b> – the insurer will assess your claim based on your pre-disability income at the time of your claim (see page 11 for the definition of pre-disability income).</li> </ul>
<b>Standard limitations and exclusions</b>	No death benefit will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from: <ul style="list-style-type: none"> <li>• death caused by any intentional, self-inflicted act whether sane or insane within 13 months of cover commencing (applies to additional cover only)</li> <li>• declared or undeclared war or any act of war</li> <li>• active service in the armed forces of any country or international organisation.</li> </ul> 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.	No TPD benefit will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from: <ul style="list-style-type: none"> <li>• any intentional, self-inflicted injury or sickness or attempted suicide or self-destruction while sane or insane (applies to additional cover only)</li> <li>• declared or undeclared war or any act of war</li> <li>• active service in the armed forces of any country or international organisation.</li> </ul> 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.	No salary continuance benefits will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from: <ul style="list-style-type: none"> <li>• any deliberate, self-inflicted injury or attempted suicide or self-destruction while sane or insane</li> <li>• uncomplicated pregnancy, childbirth or miscarriage</li> <li>• active service in the armed forces of any country or international organisation</li> <li>• declared or undeclared war or any act of war.</li> </ul> No salary continuance benefits will be payable during any periods of unemployment for any period of disability resulting directly or indirectly from any mental health disorder. 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. No interim accidental disability benefit will be payable if disablement is caused directly or indirectly by engaging in any pursuit or pastime that the insurer would normally exclude from cover.

FEATURE	DEATH COVER	TPD COVER	SALARY CONTINUANCE COVER
<b>Cessation of cover</b>	<p>Cover will cease on the earliest to occur of the following:</p> <ul style="list-style-type: none"> <li>• your account remaining inactive for a continuous period of 16 months unless you have elected in writing to keep your cover (see 'Cessation of cover on inactive accounts' on page 8 for further information)</li> <li>• your 75th birthday</li> <li>• the date you die</li> <li>• 60 days after the due date of any outstanding premium payment</li> <li>• where the death and TPD benefit is for the same amount, the date a death, terminal illness or TPD benefit is paid or becomes payable</li> <li>• the earlier of the date you leave Australia or are not eligible to work in Australia where you are not an Australian resident, unless you are: <ul style="list-style-type: none"> <li>– travelling overseas or</li> <li>– a New Zealand citizen (see below)</li> </ul> </li> <li>• six months after you leave and remain outside Australia, unless you are travelling overseas, where you are a New Zealand citizen</li> <li>• 60 days after the date you cease to be a member of the Fund</li> <li>• termination of the insurance policy agreement between the Trustee and the insurer</li> <li>• the date you or Perpetual cancels the cover in writing.</li> </ul>	<p>Cover will cease on the earliest to occur of the following:</p> <ul style="list-style-type: none"> <li>• your account remaining inactive for a continuous period of 16 months unless you have elected in writing to keep your cover (see 'Cessation of cover on inactive accounts' on page 8 for further information)</li> <li>• your 70th birthday<sup>1</sup></li> <li>• the date you die</li> <li>• 60 days after the due date of any outstanding premium payment</li> <li>• where the death and TPD benefit is for the same amount, the date a death, terminal illness or TPD benefit is paid or becomes payable</li> <li>• the earlier of the date you leave Australia or are not eligible to work in Australia where you are not an Australian resident, unless you are travelling or temporarily employed overseas (see below)</li> <li>• three months after you leave and remain outside Australia, where you are not an Australian resident and are travelling or temporarily employed overseas</li> <li>• six months after you leave and remain outside Australia, where you are a New Zealand citizen and are travelling or temporarily employed overseas</li> <li>• the date you cease to be a member of the Fund</li> <li>• termination of the insurance policy agreement between the Trustee and the insurer</li> <li>• the date you or Perpetual cancels the cover in writing.</li> </ul>	<p>Cover will cease on the earliest to occur of the following:</p> <ul style="list-style-type: none"> <li>• your account remaining inactive for a continuous period of 16 months unless you have elected in writing to keep your cover (see 'Cessation of cover on inactive accounts' on page 8 for further information)</li> <li>• your 65th birthday</li> <li>• the date you die</li> <li>• 60 days after the due date of any outstanding premium payment</li> <li>• the earlier of the date you leave Australia or are not eligible to work in Australia where you are not an Australian resident, unless you are travelling or temporarily employed overseas (see below)</li> <li>• three months after you leave and remain outside Australia, where you are not an Australian resident and are travelling or temporarily employed overseas</li> <li>• six months after you leave and remain outside Australia, where you are a New Zealand citizen and are travelling or temporarily employed overseas</li> <li>• the date you cease to be a member of the Fund</li> <li>• termination of the insurance policy agreement between the Trustee and the insurer</li> <li>• if you are on unpaid leave from employment and you do not return to work on the agreed date, 30 days after this date</li> <li>• the date you or Perpetual cancels the cover in writing.</li> </ul>

1 If you also hold death cover at age 70, premiums for your continuing death cover will then be based on death only cover premium rates (see page 12 for details) upon cessation of your TPD cover.

## **ADDITIONAL INSURANCE INFORMATION**

### **THE INSURER**

The insurance cover constitutes a member benefit provided under the Fund. The insurance cover 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 document. 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 become covered by the insurer, or otherwise extend, vary or reinstate your insurance cover, both the Trustee (as the policy holder under the contract) and you (as the insured member) have a duty under the Insurance Contracts Act 1984 to tell the insurer anything that you or we know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms.

You do not need to tell us and/or the insurer anything that:

- reduces the insurer's risk
- is common knowledge
- the insurer knows or should know as an insurer
- the insurer waives your duty to disclose.

The insurer may exercise different rights in relation to different types of cover.

If you do not disclose anything you are required to, and the insurer would not have insured you if you had disclosed it, the insurer may cancel your cover from inception, or any extension, variance or reinstatement of your cover, within three years of its commencement.

If the insurer chooses not to cancel your cover, the insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had disclosed everything you should have. However, for death cover, the insurer may only exercise this right within three years from its commencement.

If the insurer chooses not to cancel your cover or reduce the amount you have been insured for, the insurer may, at any time vary the terms of your cover in a way that places the insurer in the same position the insurer would have been in if you had disclosed everything you should have. However, this right does not apply for death cover.

If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat your cover, or any extension, variance or reinstatement of your cover under the contract as if it never existed.

## **PERSONAL HEALTH INFORMATION**

If you apply for insurance cover, you will be required to provide personal health information. If you do not provide us with your relevant personal health information, it will not be possible to assess your insurance application.

We require your consent to collect, use or disclose your health and other personal information, which is collected and provided to the insurer to assess your eligibility for insurance and to administer your application.

Should you make a claim for an insurance benefit, your health and other personal information may be disclosed to the insurer, medical practitioners, claims investigators, reinsurers, the insurance reference bureau and such other experts as may be nominated by us or the insurer.

If there is any dispute about your entitlement to a disability benefit or any insurance related claim, your health and other personal information may be disclosed to legal and other advisers.

### **SHORT-FORM PERSONAL STATEMENT**

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

- death only, 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 'Member application' form.

### **MEDICAL EVIDENCE**

Medical evidence will be required if you apply for cover that exceeds relevant dollar limits, as shown in the 'Medical evidence tables' on page 17.

### **TRANSFER OF EXISTING INSURANCE COVER**

If you are currently insured under another fund or policy, you may transfer your existing cover to the Fund to establish or increase your cover under the Fund, subject to the following conditions:

- you must be eligible for cover under the Fund
- you are under age 65 at the date of transfer
- a maximum of \$2 million death only, TPD only or death and TPD cover and a maximum of \$15,000 per month salary continuance cover can be transferred, subject to the total maximum cover amounts you can hold under the Fund (see page 3 for details)
- cover in the other fund or policy must be cancelled on acceptance of the transfer of cover to the Fund
- you don't continue the cover under another insurance arrangement

- you have not received or be eligible to receive a TPD benefit from any other fund or insurance company (only applies to transfers of death only or death and TPD cover)
- you are not terminally ill with a life expectancy of less than 24 months
- you are physically capable of undertaking gainful employment for at least 30 hours per week
- the other fund or policy has a maximum loading of 100% or no more than two exclusions
- you must provide us with a copy of:
  - your most recent member statement if insurance was provided under automatic acceptance conditions or
  - the acceptance advice and your most recent member statement/renewal certificate where cover was obtained through underwriting
- your cover under the Fund will be based on the terms, conditions, premiums and occupation categories provided in the Fund
- if your cover in the other fund or policy was accepted on non-standard terms, all loadings, restrictions or exclusions applicable under the other fund or policy will continue to apply under your Fund cover.

Further information can be obtained by referring to the 'Insurance transfer form' available in the forms section of our website, which you will need to complete to request a transfer of existing cover. **You should not cancel any existing insurance cover until you have received written confirmation that your insurance cover has been accepted under the Fund.** Your replacement cover will not commence in the Fund until the insurer accepts your application and the existing insurance in the other fund or policy is cancelled.

### LIFE STAGE EVENT OPTION

The life stage event 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 in the table occurs.

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 personal or business 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 \$200,000 in any 12-month period
- total increases made under this option cannot exceed \$1 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 option, new events cover will apply to the increased death or TPD cover amount until you return to work for one day, at which time full cover will apply
- you must not have made a claim or be eligible to make a claim under the Fund or with any other insurer.

### LIFE STAGE EVENTS AND COVER INCREASE LIMITS

LIFE STAGE EVENT	DEATH/TPD INCREASE LIMIT
<b>Personal events</b> <ul style="list-style-type: none"> <li>• marriage or divorce</li> <li>• turning age 30</li> <li>• the birth or adoption of a child</li> <li>• your child turning age 12 or commencing at a private school</li> <li>• a salary increase of more than \$10,000 per annum if you are not self employed</li> <li>• attaining five years' membership of the Fund with death/TPD cover held continuously over that time.</li> </ul>	The lesser of: <ul style="list-style-type: none"> <li>• 25% of your current sum insured or</li> <li>• \$200,000.</li> </ul>
<b>Other personal event</b> 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"> <li>• 50% of your current sum insured</li> <li>• the amount of your first mortgage or the amount of the increase of your first mortgage (as applicable) or</li> <li>• \$200,000.</li> </ul>
<b>Business event</b> 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"> <li>• 25% of your current sum insured</li> <li>• 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</li> <li>• \$200,000.</li> </ul>

### WORLD-WIDE COVER

If you travel overseas, you will be covered under world-wide cover provided you haven't moved overseas permanently.

You may be required to return to Australia (at your own expense) for the assessment of any claim by the insurer.

## CESSATION OF COVER ON INACTIVE ACCOUNTS

Under superannuation law, insurance cover must be cancelled if your account remains inactive for a continuous period of 16 months unless you have elected in writing to keep your cover. For this purpose, an account is deemed 'inactive' if it has not received any contribution (including insurance benefit or transfer/rollover from another superannuation fund) for a continuous period of 16 months.

We will notify you once we have not received a contribution for 9, 12 and 15 months. If you would like to maintain your insurance cover, **before** your account becomes inactive for a continuous period of 16 months, you must do one of the following:

- make a contribution to make your account 'active'
- set up a savings plan to make regular personal contributions to your account so that your account will not be deemed to be inactive in the future
- complete and return the 'Insurance election form', which we'll also provide with our notification, to permanently opt-in for insurance cover (unless you subsequently advise otherwise).

Otherwise, we are required to cancel your insurance cover after the end of the period for which premiums have been paid once your account becomes inactive for a continuous period of 16 months.

Your cover will be automatically reinstated and treated as if it had never ceased if we receive a request from you to do so within 60 days of cessation, subject to the payment of any backdated premiums. After this time, you will need to reapply and be accepted for any insurance cover.

## SALARY CONTINUANCE 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. Under the agreed value benefit type, the insurer will pay a claim based on the lesser of your salary at application stage (provided your income details were correctly disclosed at the time) and 100% of your pre-disability income. Under the indemnity benefit type, the insurer will pay a claim based on your salary prior to your disability.

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 premium rate
- 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.

## SALARY CONTINUANCE OFFSETS

Any salary continuance benefits that are paid to you may be reduced by any amount which you receive from:

- workers' compensation
- motor accident legislation
- social security
- any other legislation
- other salary continuance benefits from any insurer
- any paid sick leave
- ongoing payments from an employer
- other ongoing income generated from ownership in a business or practice which was allowable as insurable income when you applied for cover.

## RECURRENT DISABILITY

If you have returned to work and you suffer a recurrence of your disablement from the same or related causes within six 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.

## 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. Claim forms and details of other paperwork required are available by contacting us.

You or your representative must provide any information the Trustee or insurer may reasonably require. For any terminal illness, 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.

## RECEIVING AN INSURANCE BENEFIT

Any death, terminal illness or TPD insurance benefit paid into the Fund on your behalf will be invested in the Cash investment option until we are able to pay the insurance benefit to you or your dependent(s) or to your legal personal representative, or we receive other investment instructions from you or a properly authorised person.

## DEATH

If you die while covered under the Fund, your death benefit will generally be paid according to your death benefit nomination.

## TERMINAL ILLNESS

If you become terminally ill (see 'Terminal illness' definition on page 9), the insured death benefit will be payable.



## TOTAL AND PERMANENT DISABLEMENT

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.

## TOTAL OR PARTIAL DISABILITY

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.

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 the lesser of the pre-determined amount of monthly benefit and 100% of your salary at the time of your claim. If you have an indemnity benefit type you will have your income assessed at the time of your claim.

If you receive a salary continuance benefit, you must maintain a Fund account. 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.

### GENERAL

#### AUSTRALIAN RESIDENT

An Australian resident includes a person who is:

- either an Australian citizen or holder of an Australian permanent resident visa
- a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely.

### 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 you were diagnosed with an illness and:

1. in the insurer's opinion, formed reasonably in good faith and in light of all available medical evidence, it is likely that you have less than 24 months to live regardless of any treatment undertaken
2. two registered medical practitioners (with at least one of these being a specialist in the relevant area) certify in writing that, despite reasonable medical treatment, it is likely that you have less than 24 months to live and
3. you were diagnosed as terminally ill both while death cover was effective and when the claim is lodged.

## FOR TPD COVER

### 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 working on average 15 hours or more per week in the three months before the cause of a claim (or on approved unpaid leave or maternity/paternity leave for up to 24 consecutive months) and under age 65 immediately prior to disablement, TPD means that you have suffered a disability as a result of injury, sickness or disease and:

- have not performed any work for an uninterrupted period of at least six 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 of 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 any occupation for which you are reasonably suited by education, training or experience.

### ACTIVITIES OF DAILY LIVING TPD DEFINITION

If you were not working or working on average less than 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 24 consecutive months) or working in an uninsurable or hazardous occupation or over age 65 immediately prior to disablement, TPD means, in the insurer's opinion, that you:

- have been, for a period of six 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, and provided such continued inability is irreversible and is certified to be such by that 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)

- **transferring** – the ability to move in and out of a chair without the assistance of another person

and

- after considering all of 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 any occupation for which you are reasonably suited by education, training or experience.

## FOR DEATH AND TPD COVER

### AT WORK

At work means:

- you are engaged in your normal duties, without limitation or restriction due to sickness or injury, and working normal hours on the date your cover (or increased cover, as applicable) is to commence
- you are not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, contract or casual basis and
- you are not in receipt of and/or entitled to claim income support benefits from any source.

If you are on approved leave or not gainfully employed for reasons other than sickness or injury, at work means in the opinion of the insurer you are not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though you are not then working on a full-time basis and you are not in receipt of and/or entitled to claim income support benefits (for sickness or injury) from any source.

If you do not meet these requirements, you will correspondingly be considered not at work.

### NEW EVENTS COVER

New events cover means you are only covered for claims arising from a sickness which first became apparent or an injury which first occurred on or after the date your cover commenced. This excludes cover for any pre-existing conditions at that time.

## FOR SALARY CONTINUANCE COVER

### ACCIDENTAL DISABILITY

Accidental disability means total disability or partial disability caused 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

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
3. not engaging in any occupation, whether paid or unpaid
4. suffering a disability which satisfies, in the insurer's opinion, a condition of release under superannuation law.

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 below).

If you are unemployed immediately preceding the occurrence of an event giving rise to a claim, then total disability means disablement resulting solely from injury or sickness, 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 injury or sickness
3. not engaging in any occupation, whether paid or unpaid
4. suffering a disability which satisfies, in the insurer's opinion, a condition of release under superannuation law.

No benefit will be payable 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 related complications.

### PARTIAL DISABILITY

Partial disability means immediately following a period of total disability for at least 14 consecutive days, and solely due to that same sickness or injury, after the waiting period has been served, you:

1. are unable to perform one or more duties of your usual occupation
2. are earning an income less than your pre-disability income
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.

### SALARY

Salary or income means your basic wage or income. It includes your remuneration package, salary, fees, regular commissions, regular bonuses, 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 immediately before becoming disabled.

## **INSURANCE PREMIUMS**

**It is important that you ensure your investment balance is sufficient to cover your premiums each month. Your insurance cover will lapse if outstanding premiums are not paid within 60 days. The Trustee has no responsibility for ensuring continuity of your insurance cover and accepts no responsibility if it lapses.**

Your insurance premium and, if applicable, amount(s) of cover are calculated:

- on commencement of your cover
- on notification of certain changes to your personal details (eg occupation)
- as part of the annual insurance review.

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 health
6. your pastimes
7. the sum insured
8. the waiting period before a benefit becomes payable (salary continuance cover only)
9. the benefit period (salary continuance cover only)
10. whether you select a benefit that is agreed value or indemnity (salary continuance cover only).

Age is determined by your age at application date.

For existing members, annual premiums change based on your age at 30 June each year.

If we are not advised of your occupation category, then a default light blue collar loading will apply.

Premiums are deducted from your member account monthly in arrears. You can either:

- nominate the investment option(s) from which you would like the premiums deducted or
- have the premiums deducted proportionately across your investment options (default).

#### **OCCUPATIONAL LOADING FACTORS**

Your occupational loading factor will be determined by your occupation as well as other information you should provide, including qualifications, industry and daily duties. If you don't provide sufficient details, you may be assessed at a higher occupational loading factor resulting in higher premiums. You are responsible for providing us with this information and updating us for any changes so that the correct occupational loading factor (refer annual premium tables on pages 12-15 for details) is applied.

#### **PAYMENTS TO PERPETUAL GROUP RELATING TO INSURANCE**

The Perpetual Group may earn an amount paid by the insurer for services and reimbursement of expenses incurred in relation to the insurance arrangements for the Fund. This amount may be up to 16.5% (inclusive of GST) of the standard insurance premiums.

## DEATH AND/OR TPD COVER

The following premium rate tables outline the various base annual premiums payable per \$1,000 of insured benefit for selected ages, taking into account premium factors 1-3 on page 11. Factors 5 and 6, if necessary, will be assessed via a Personal Statement within the separate 'Insurance application' form included with this document (also available from our website or by contacting us). You may be required to provide further details (including medical tests – see 'Medical evidence' on page 6 for details), depending on the level of cover you are requesting and your age. Premium loadings may apply due to occupational (see details below tables), health or pastime factors.

## ANNUAL PREMIUMS PER \$1,000 SUM INSURED - DEATH ONLY COVER

AGE	MALE	FEMALE
15	0.71	0.39
16	0.71	0.39
17	0.71	0.39
18	0.71	0.39
19	0.71	0.39
20	0.71	0.39
21	0.67	0.38
22	0.63	0.36
23	0.61	0.35
24	0.57	0.35
25	0.56	0.35
26	0.54	0.35
27	0.52	0.35
28	0.52	0.35
29	0.52	0.36
30	0.53	0.38
31	0.53	0.38
32	0.53	0.38
33	0.54	0.40
34	0.55	0.42
35	0.57	0.43
36	0.59	0.45
37	0.61	0.47
38	0.65	0.50
39	0.69	0.52
40	0.74	0.55
41	0.81	0.59
42	0.88	0.64
43	0.96	0.70
44	1.04	0.75
45	1.16	0.82
46	1.28	0.91
47	1.43	1.00
48	1.58	1.13
49	1.75	1.26
50	1.98	1.42
51	2.22	1.60
52	2.49	1.78
53	2.80	1.97
54	3.12	2.16
55	3.45	2.34
56	3.91	2.50
57	4.43	2.76
58	5.02	3.05
59	5.69	3.39
60	6.47	3.78
61	7.37	4.22
62	8.40	4.71
63	9.57	5.27
64	10.63	5.95
65	12.00	6.72
66	13.57	7.59
67	15.33	8.57
68	17.33	9.69
69	19.57	10.95
70	22.12	12.37
71	24.98	13.98
72	28.23	15.80
73	31.91	17.84
74	36.06	20.16

### Occupational loading factors

Professional	0.90	White collar	1.00
Light blue collar	1.30	Blue collar	1.70
Heavy blue collar	2.00		

**ANNUAL PREMIUMS PER \$1,000 SUM INSURED  
- TPD ONLY COVER**

AGE	MALE	FEMALE
15	0.38	0.35
16	0.38	0.35
17	0.38	0.35
18	0.38	0.35
19	0.38	0.35
20	0.33	0.32
21	0.31	0.29
22	0.30	0.27
23	0.26	0.25
24	0.25	0.25
25	0.22	0.22
26	0.22	0.22
27	0.22	0.21
28	0.22	0.22
29	0.22	0.22
30	0.23	0.22
31	0.23	0.22
32	0.22	0.22
33	0.26	0.24
34	0.27	0.26
35	0.29	0.26
36	0.30	0.29
37	0.34	0.32
38	0.38	0.37
39	0.43	0.42
40	0.48	0.47
41	0.54	0.53
42	0.62	0.61
43	0.69	0.67
44	0.80	0.76
45	0.91	0.87
46	1.04	0.99
47	1.16	1.14
48	1.37	1.32
49	1.57	1.53
50	1.79	1.74
51	2.10	2.06
52	2.45	2.40
53	2.86	2.78
54	3.34	3.26
55	3.86	3.74
56	4.47	4.36
57	5.15	5.05
58	6.03	5.88
59	7.02	6.82
60	8.12	7.89
61	9.40	9.56
62	10.87	10.57
63	12.55	12.20
64	7.51	8.95
65	8.81	10.27
66	10.31	11.81
67	12.01	13.53
68	13.95	15.46
69	16.17	17.67

**Occupational loading factors**

Professional	0.90	White collar	1.00
Light blue collar	1.75	Blue collar	3.40
Heavy blue collar	4.00		

**ANNUAL PREMIUMS PER \$1,000 SUM INSURED  
- COMBINED DEATH AND TPD COVER**

AGE	MALE	FEMALE
15	0.95	0.63
16	0.95	0.63
17	0.95	0.63
18	0.95	0.63
19	0.95	0.63
20	0.91	0.60
21	0.86	0.57
22	0.82	0.54
23	0.77	0.51
24	0.72	0.51
25	0.69	0.49
26	0.67	0.49
27	0.65	0.48
28	0.65	0.50
29	0.66	0.50
30	0.67	0.52
31	0.67	0.52
32	0.67	0.53
33	0.70	0.56
34	0.71	0.58
35	0.75	0.60
36	0.78	0.64
37	0.83	0.68
38	0.89	0.74
39	0.97	0.80
40	1.06	0.87
41	1.17	0.95
42	1.28	1.05
43	1.41	1.15
44	1.57	1.27
45	1.76	1.41
46	1.97	1.59
47	2.21	1.78
48	2.50	2.04
49	2.81	2.32
50	3.20	2.64
51	3.64	3.03
52	4.16	3.46
53	4.76	3.93
54	5.41	4.45
55	6.12	4.99
56	7.00	5.59
57	8.00	6.36
58	9.20	7.24
59	10.57	8.26
60	12.12	9.43
61	13.91	11.08
62	15.98	12.30
63	18.33	14.05
64	13.99	10.23
65	16.02	11.73
66	18.38	13.46
67	21.08	15.44
68	24.17	17.72
69	27.71	20.33

**Occupational loading factors**

Professional	0.90	White collar	1.00
Light blue collar	1.50	Blue collar	2.60
Heavy blue collar	3.00		

## SALARY CONTINUANCE COVER

The following premium rate tables outline the various base annual premiums payable per \$100 monthly benefit for selected ages, taking into account premium factors 1-3 and 8-9 on page 11. Factors 5 and 6, if necessary, will be assessed via a Personal Statement within the separate 'Insurance application' form included with this document (also available from our website or by contacting us) and you may be required to provide further details (including medical tests – see 'Medical evidence' on page 6 for details), depending on the level of cover you are requesting and your age.

Premium loadings may apply due to occupational (see details below tables), health or pastime factors.

### ANNUAL PREMIUMS PER \$100 MONTHLY BENEFIT - SALARY CONTINUANCE COVER (MALE)

AGE	GENDER	MALE								
	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
15		3.19	7.58	12.64	1.92	4.68	8.70	1.39	3.44	7.01
16		3.19	7.58	12.64	1.92	4.68	8.70	1.39	3.44	7.01
17		3.19	7.58	12.64	1.92	4.68	8.70	1.39	3.44	7.01
18		3.19	7.58	12.64	1.92	4.68	8.70	1.39	3.44	7.01
19		3.19	7.58	12.64	1.92	4.68	8.70	1.39	3.44	7.01
20		3.19	7.58	12.64	1.92	4.68	8.70	1.39	3.44	7.01
21		3.10	7.42	12.62	1.83	4.50	8.49	1.29	3.24	6.72
22		3.02	7.30	12.64	1.76	4.32	8.32	1.22	3.05	6.47
23		2.96	7.19	12.69	1.69	4.19	8.18	1.15	2.90	6.25
24		2.90	7.11	12.78	1.63	4.07	8.08	1.08	2.76	6.07
25		2.86	7.05	12.91	1.58	3.97	8.02	1.03	2.65	5.93
26		2.86	7.11	13.26	1.56	3.96	8.12	1.00	2.60	5.91
27		2.89	7.23	13.71	1.56	3.97	8.28	0.98	2.57	5.95
28		2.94	7.42	14.26	1.56	4.03	8.51	0.97	2.58	6.04
29		3.01	7.66	14.91	1.59	4.12	8.80	0.98	2.60	6.18
30		3.11	7.96	15.66	1.63	4.25	9.16	0.99	2.66	6.38
31		3.23	8.32	16.51	1.68	4.41	9.59	1.02	2.74	6.63
32		3.37	8.73	17.46	1.74	4.61	10.08	1.05	2.85	6.92
33		3.53	9.21	18.51	1.83	4.85	10.65	1.10	2.98	7.28
34		3.70	9.73	19.65	1.92	5.12	11.29	1.15	3.14	7.71
35		3.91	10.31	20.89	2.01	5.43	12.01	1.21	3.34	8.20
36		4.13	10.96	22.23	2.14	5.79	12.80	1.29	3.57	8.76
37		4.37	11.66	23.66	2.27	6.19	13.69	1.38	3.84	9.41
38		4.63	12.43	25.19	2.42	6.63	14.66	1.48	4.15	10.15
39		4.91	13.28	26.81	2.59	7.14	15.74	1.60	4.52	11.00
40		5.22	14.19	28.53	2.78	7.71	16.93	1.74	4.94	11.95
41		5.54	15.18	30.35	3.00	8.35	18.22	1.90	5.42	13.03
42		5.91	16.26	32.27	3.24	9.07	19.65	2.09	5.99	14.24
43		6.30	17.42	34.28	3.50	9.87	21.21	2.29	6.63	15.61
44		6.72	18.70	36.39	3.79	10.77	22.91	2.54	7.37	17.13
45		7.18	20.08	38.58	4.13	11.78	24.76	2.82	8.21	18.83
46		7.67	21.59	40.88	4.50	12.91	26.76	3.13	9.18	20.70
47		8.21	23.23	43.27	4.91	14.18	28.92	3.49	10.29	22.77
48		8.80	25.03	45.73	5.37	15.59	31.24	3.90	11.56	25.03
49		9.45	26.99	48.28	5.89	17.19	33.72	4.37	12.99	27.47
50		10.15	29.14	50.89	6.46	18.98	36.34	4.88	14.62	30.11
51		10.92	31.51	53.55	7.11	20.97	39.10	5.47	16.46	32.91
52		11.75	34.09	56.25	7.82	23.21	41.98	6.13	18.54	35.86
53		12.68	36.95	58.96	8.62	25.70	44.95	6.88	20.88	38.95
54		13.69	40.10	61.65	9.51	28.48	47.98	7.71	23.51	42.12
55		14.80	43.56	64.28	10.49	31.59	51.00	8.65	26.46	45.32
56		16.03	47.40	66.63	11.59	35.05	53.82	9.68	29.75	48.34
57		17.38	51.64	68.50	12.80	38.89	56.24	10.84	33.42	50.98
58		18.88	56.33	69.66	14.14	43.15	57.99	12.12	37.51	52.98
59		20.54	61.55	69.75	15.63	47.81	58.70	13.54	41.93	53.96
60		22.38	63.20	68.33	17.29	49.06	57.92	15.10	43.00	53.46
61		24.43	59.86	64.72	19.12	46.54	54.95	16.83	40.84	50.77
62		26.72	53.36	57.69	21.04	41.18	48.60	18.60	35.95	44.71
63		23.37	40.88	44.20	17.45	30.53	35.98	14.91	26.09	32.45
64		10.20	17.86	19.31	6.42	11.24	13.10	4.80	8.39	10.43

**ANNUAL PREMIUMS PER \$100 MONTHLY BENEFIT - SALARY CONTINUANCE COVER (FEMALE)**

AGE	GENDER	FEMALE								
	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
15		3.50	8.50	17.81	1.99	4.96	11.20	1.35	3.45	8.38
16		3.50	8.50	17.81	1.99	4.96	11.20	1.35	3.45	8.38
17		3.50	8.50	17.81	1.99	4.96	11.20	1.35	3.45	8.38
18		3.50	8.50	17.81	1.99	4.96	11.20	1.35	3.45	8.38
19		3.50	8.50	17.81	1.99	4.96	11.20	1.35	3.45	8.38
20		3.50	8.50	17.81	1.99	4.96	11.20	1.35	3.45	8.38
21		3.53	8.64	18.42	2.01	5.05	11.58	1.36	3.51	8.65
22		3.57	8.79	19.03	2.03	5.13	11.96	1.38	3.56	8.93
23		3.60	8.94	19.66	2.05	5.21	12.33	1.38	3.61	9.20
24		3.64	9.09	20.28	2.07	5.29	12.71	1.39	3.67	9.47
25		3.68	9.25	20.90	2.09	5.38	13.09	1.41	3.73	9.74
26		3.77	9.52	21.83	2.17	5.63	13.89	1.49	3.97	10.49
27		3.88	9.90	22.94	2.25	5.89	14.68	1.56	4.18	11.14
28		4.04	10.36	24.23	2.33	6.15	15.46	1.61	4.35	11.71
29		4.23	10.90	25.69	2.43	6.43	16.27	1.66	4.51	12.23
30		4.44	11.53	27.33	2.53	6.73	17.12	1.71	4.68	12.74
31		4.68	12.24	29.14	2.64	7.07	18.02	1.76	4.86	13.25
32		4.95	13.03	31.11	2.76	7.44	18.99	1.83	5.05	13.81
33		5.26	13.89	33.23	2.90	7.87	20.07	1.89	5.28	14.44
34		5.58	14.84	35.49	3.06	8.35	21.27	1.98	5.56	15.18
35		5.93	15.86	37.89	3.24	8.89	22.60	2.09	5.90	16.04
36		6.31	16.97	40.40	3.45	9.50	24.06	2.22	6.30	17.06
37		6.71	18.15	43.03	3.68	10.20	25.69	2.38	6.79	18.26
38		7.13	19.40	45.77	3.93	10.97	27.49	2.56	7.36	19.65
39		7.58	20.75	48.58	4.23	11.84	29.45	2.78	8.03	21.25
40		8.05	22.16	51.47	4.55	12.82	31.60	3.04	8.80	23.08
41		8.55	23.67	54.41	4.90	13.90	33.91	3.33	9.71	25.13
42		9.07	25.27	57.40	5.28	15.09	36.40	3.66	10.72	27.40
43		9.63	26.95	60.42	5.72	16.40	39.04	4.04	11.88	29.88
44		10.21	28.72	63.44	6.18	17.84	41.83	4.45	13.17	32.56
45		10.83	30.61	66.45	6.68	19.41	44.74	4.91	14.61	35.43
46		11.47	32.60	69.44	7.23	21.11	47.75	5.42	16.19	38.45
47		12.15	34.71	72.38	7.82	22.97	50.82	5.97	17.94	41.59
48		12.87	36.95	75.23	8.46	24.98	53.92	6.57	19.84	44.80
49		13.63	39.34	77.98	9.14	27.13	57.01	7.22	21.90	48.03
50		14.43	41.88	80.60	9.87	29.45	60.03	7.92	24.13	51.21
51		15.29	44.59	83.05	10.65	31.94	62.92	8.66	26.51	54.30
52		16.20	47.49	85.31	11.47	34.59	65.63	9.44	29.06	57.19
53		17.17	50.61	87.32	12.35	37.41	68.08	10.28	31.76	59.83
54		18.22	53.96	89.05	13.28	40.41	70.19	11.15	34.61	62.10
55		19.35	57.58	90.41	14.25	43.60	71.87	12.06	37.60	63.92
56		20.57	61.49	91.18	15.28	46.96	72.89	13.01	40.73	65.05
57		21.88	65.73	91.14	16.36	50.51	73.04	14.00	43.98	65.28
58		23.32	70.36	90.07	17.50	54.25	72.10	15.01	47.35	64.40
59		24.88	75.40	87.67	18.71	58.09	69.82	16.06	50.67	62.17
60		26.58	75.64	83.55	19.96	57.23	65.87	17.12	49.34	58.30
61		28.46	69.81	77.12	21.28	51.99	59.81	18.20	44.35	52.39
62		30.52	60.87	67.24	22.56	44.17	50.78	19.14	37.01	43.73
63		26.39	46.18	51.01	18.27	31.97	36.70	14.79	25.87	30.57
64		11.57	20.25	22.36	6.73	11.78	13.45	4.66	8.15	9.63

**Occupational loading factors**

Professional	0.90	White collar	1.00
Light blue collar	1.50	Blue collar	2.25
Heavy blue collar	3.00		

**Loading factor for agreed value benefit**

1.20 (see page 2 for further information)

## CALCULATING THE COST OF COVER

### DEATH AND/OR TPD COVER

For death only, TPD only and death and TPD, the premium payable will depend on the type(s) of cover and benefit amount(s) you nominate (see Examples 1-3).

#### EXAMPLE 1: DEATH ONLY COVER

A male member aged 40 who is a light blue collar worker would like to be insured for a benefit of \$400,000 in the event of his death (death only cover).

##### Monthly premium:

$$\begin{aligned} &= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$0.74 \times 1.30 \times \$400,000}{\$12,000} \\ &= \$32.07 \text{ per month} \end{aligned}$$

If you have an equal amount of death and TPD cover, the cost is calculated based entirely on the combined death/TPD premium rate (see Example 2).

#### EXAMPLE 2: DEATH AND TPD COVER FOR THE SAME AMOUNT

A female member aged 35 who is a white collar worker would like to be insured for a benefit of \$300,000 in the event of her death or TPD.

##### Monthly premium:

$$\begin{aligned} &= \frac{\text{Premium rate}^3 \times \text{occupational loading factor}^3 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$0.60 \times 1.00 \times \$300,000}{\$12,000} \\ &= \$15.00 \text{ per month} \end{aligned}$$

However, if you have differing amounts of death and TPD cover (see Example 3):

- 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.

#### EXAMPLE 3: DEATH AND TPD COVER FOR DIFFERING AMOUNTS

A female member aged 35 who is a white collar worker would like to be insured for a death benefit of \$400,000 and TPD benefit of \$300,000.

##### Monthly premium for the common \$300,000 sum insured amount:

$$\begin{aligned} &= \frac{\text{Premium rate}^3 \times \text{occupational loading factor}^3 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$0.60 \times 1.00 \times \$300,000}{\$12,000} \\ &= \$15.00 \text{ per month} \end{aligned}$$

plus

##### Monthly premium for the additional \$100,000 death cover:

$$\begin{aligned} &= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$0.43 \times 1.00 \times \$100,000}{\$12,000} \\ &= \$3.58 \text{ per month} \end{aligned}$$

##### Total monthly premium:

$$\begin{aligned} &= \$15.00 + \$3.58 \text{ per month} \\ &= \$18.58 \text{ per month} \end{aligned}$$

- 1 Premium rates are expressed per \$1,000 of the sum insured.
- 2 From insurance rate table – death only cover.
- 3 From insurance rate table – combined death and TPD 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 4).

#### EXAMPLE 4: BENEFIT AMOUNT AND PREMIUM

A male member aged 35 who is a white collar worker. He currently earns an annual salary of \$100,000 (excluding super) and would like to take out salary continuance cover in the event of a disablement that will prevent him from working. He would like the benefit to be paid over five years, have a 60 day waiting period and a 10% super contribution component.

##### Monthly insured benefit:

$$\begin{aligned} &= \frac{(75\% \text{ of annual salary})}{12 \text{ months}} + \frac{(10\% \text{ super component})}{12 \text{ months}} \\ &= \frac{(75\% \times \$100,000)}{12} + \frac{(10\% \times \$100,000)}{12} \\ &= \frac{\$75,000}{12} + \frac{\$10,000}{12} \\ &= \$6,250.00 + \$833.33 = \$7,083.33 \end{aligned}$$

##### Monthly premium:

$$\begin{aligned} &= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$100^1} \\ &= \frac{\$5.43 \times 1.0 \times \$7,083.33}{\$1,200} \\ &= \$32.05 \text{ per month (indemnity basis)} \\ &= \$32.05 \times 1.2 = \$38.46 \text{ per month (agreed value basis)} \end{aligned}$$

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

- a monthly benefit of \$6,250.00\* (less PAYG tax) and
  - a monthly amount of \$833.33\* paid by us into his Super Plan account as a super contribution.
- \* The benefit payable may be lower if at claim time he is earning less than \$100,000 per annum.

- 1 Premium rates are expressed per \$100 of the monthly benefit.
- 2 From insurance rate tables.



## MEDICAL EVIDENCE TABLES

The following medical evidence requirements are current as at the date of this document, but may be varied by the insurer at any time.

### DEATH AND TPD INSURANCE COVER

#### MEDICAL EVIDENCE REQUIRED FOR DEATH/TPD COVER

AGE	SHORT-FORM PERSONAL STATEMENT	FULL PERSONAL STATEMENT	BLOOD TESTS <sup>1</sup>	SHORT MEDICAL EXAMINATION (TO AGE 55) MEDICAL EXAMINATION (OLDER THAN AGE 55)	ELECTRO-CARDIOGRAM (ECG)	PERSONAL MEDICAL ATTENDANT'S REPORT (PMAR) <sup>2</sup>
Up to 39	Up to \$1,000,000	\$1,000,001	\$2,500,001	\$2,500,001	Nil	\$3,000,001
40-49	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,500,001	\$2,500,001	\$3,000,001
50-54	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,000,001	\$2,000,001	\$2,500,001
55-59	Not applicable	All amounts	\$700,001	\$700,001	\$2,000,001	\$2,500,001
60-64	Not applicable	All amounts	\$500,001	\$500,001	\$1,500,001	\$2,500,001
65-69	Not applicable	All amounts	\$300,001	\$300,001	\$1,000,001	\$1,000,001

1 For HIV antibodies, Hepatitis B & C and MDA20.

2 Cover greater than \$5,000,000 will need to be referred to AIA's underwriters for requirements.

### SALARY CONTINUANCE INSURANCE COVER

#### MEDICAL EVIDENCE REQUIRED FOR SALARY CONTINUANCE COVER - INDEMNITY BENEFIT

AGE	SHORT-FORM PERSONAL STATEMENT	FULL PERSONAL STATEMENT	BLOOD TESTS	PMAR	MEDICAL EXAMINATION
Up to 49	Up to \$8,000	\$8,001	\$8,001	\$11,001	\$20,001
50-54	Up to \$8,000	\$8,001	\$8,001	\$10,001	\$20,001
55-59	Not applicable	All amounts	\$6,501	\$10,001	\$20,001
60-64	Not applicable	All amounts	\$6,501	\$7,501	\$20,001

#### MEDICAL EVIDENCE REQUIRED FOR SALARY CONTINUANCE COVER - AGREED VALUE BENEFIT

AGE	FULL PERSONAL STATEMENT	BLOOD TESTS	PMAR	MEDICAL EXAMINATION
Up to 49	All amounts	\$8,001	\$11,001	\$20,001
50-54	All amounts	\$8,001	\$10,001	\$20,001
55-59	All amounts	\$6,501	\$10,001	\$20,001
60-64	All amounts	\$6,501	\$7,501	\$20,001

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# INSURANCE APPLICATION - STANDARD

Please complete all pages of this 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 the 'Insurance cover' section of the relevant application form.

Are you an existing Perpetual Select Super Plan member?

yes  account number

## 1. Member details

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>	<input type="text"/>
first name(s)	<input type="text"/>					
last name	<input type="text"/>					
date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
current age	<input type="text"/>				gender	male <input type="checkbox"/>
female	<input type="checkbox"/>					
unit number	<input type="text"/>	street number	<input type="text"/>			
street name	<input type="text"/>					
suburb (if relevant) OR city	<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

Type of insurance (for an increase in cover, the amount nominated will be added to any existing cover)

Type(s) of insurance cover	New	Increase
<input type="checkbox"/> death only	amount \$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
or		
<input type="checkbox"/> TPD only	amount \$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
or		
<input type="checkbox"/> death and TPD	death amount \$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
	TPD amount \$ <input type="text"/> (min. \$50,000)	\$ <input type="text"/>
and/or		
<input type="checkbox"/> salary continuance	amount \$ <input type="text"/> per month (min. \$500 per month)	\$ <input type="text"/> per month
<p>(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.)</p>		
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

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

<input type="checkbox"/>	proportionally across my investment options according to my account balance (default)	
<input type="checkbox"/>	from my investment option(s)	<input type="text"/> %
		<input type="text"/> %
		<input type="text"/> %
	<b>Total</b>	<b>100%</b>

### 3a. Personal statement – Part 1

annual salary (\$)  number of hours worked per week  height (cm)  weight (kg)

1. Are you:

a. an Australian citizen or holder of an Australian permanent resident visa? no  yes

b. a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely? 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 alcohol? no  yes

If yes, state how many standard drinks you consume per week:  
(One standard drink = 30 ml spirits (one nip), 100 ml wine, 10 oz/285 ml beer)

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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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 advice or treatment, taken prescribed drugs or been hospitalised for any injury or illness (excluding for colds or flus)? no  yes

7. Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? no  yes

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

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

10. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? no  yes

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

11. Do you have definite plans to travel or reside overseas? no  yes

If 'yes', please state:

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3a. Personal statement – Part 1 (continued)

#### Family history

12. a. Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever suffered from:

- |   |    |                          |     |                          |
|---|----|--------------------------|-----|--------------------------|
| • Heart disease or stroke?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| • Breast cancer, ovarian cancer, prostate cancer or colon (bowel) cancer?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| • Polycystic kidney disease or diabetes?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| • Mental disorder?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| • Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy or Parkinson's disease? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| • Any other hereditary disease?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |

If 'yes', please provide details in the table below:

	Condition/illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			

b. Are you required to undergo any regular screening as a result of your family history?

If 'yes', please provide details.

no  yes

### 3b. Personal statement – Part 2

#### Section A: Medical details

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

- |  |    |                          |     |                          |
|--|----|--------------------------|-----|--------------------------|
| a. High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| b. Asthma, chronic lung disease, sleep apnoea or other respiratory disorder?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| c. Indigestion, gastric or duodenal ulcer, hernia/s or any bowel disorder?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| d. Diabetes, abnormal blood sugar, gout or thyroid disorder?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| e. Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder?                                | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| f. Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness, tremor or recurrent headaches or any neurological disorder including multiple sclerosis? | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| g. Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| h. Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| i. Psoriasis or eczema, skin disorder or abnormality with hearing, eyesight or speech?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| j. Cancer, cyst, lump, tumour or growth of any kind?   | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| k. Liver, pancreas, prostate, kidney or bladder disorder, renal colic or stone?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| l. Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia?  | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| m. Hepatitis B or C or are a Hepatitis B or C carrier. Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus?                         | no | <input type="checkbox"/> | yes | <input type="checkbox"/> |



### 3b. Personal statement – Part 2 (continued)

#### Section C: Doctor's details

name of doctor										name of doctor									
address										address									
suburb (if relevant) OR city										suburb (if relevant) OR city									
state					postcode					state					postcode				
telephone										telephone									
date of last consultation										date of last consultation									
how long have you been a patient?										how long have you been a patient?									

#### Section D: Further salary details (for salary continuance only)

1.a. Please state your monthly salary from your current occupation (if self-employed, net of business expenses but before tax). Include income from personal exertion only. (Do not include non-personal exertion income such as dividends, interest, rental income or royalties).

Principal occupation:

Current year	\$		per month
Previous year	\$		per month

1.b. 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)



### 3b. Personal statement – Part 2 (continued)

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? (sole trader, business partner, employee of own company/trust) 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 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 the Trustee and insurer about acceptance of my application and (where applicable) I have provided written acceptance of any special acceptance terms.
  - **Duty of Disclosure** – I acknowledge that I have read and understood the ‘Your duty of disclosure’ in accordance with the Insurance Contracts Act 1984, as detailed in this ‘Insurance in your super’ document.  
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 Perpetual Select Super Plan ‘Your Super Plan account’ document. 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.

#### Election to maintain cover (optional)

I wish to opt-in to maintain my insurance cover in the event that my account becomes inactive for a continuous period of 16 months (where my insurance cover would otherwise be required to be cancelled). I understand and acknowledge that the ongoing insurance premiums being charged to my account will likely reduce my account balance.

signature  date  /  /

## 5. Consent

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. 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"/>
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## 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 <input type="checkbox"/> yes <input type="checkbox"/>										

## 7. Financial adviser use only

### Adviser details

financial adviser name	<input type="text"/>
phone (business hours)	<input type="text"/>
mobile	<input type="text"/>
email	<input type="text"/>
[1] Perpetual adviser ID	<input type="text"/>
OR [2] dealer group AND	<input type="text"/>
dealer branch*	<input type="text"/>
*City or suburb of the dealer group office you operate through	
If Senior Adviser details are completed above, please also provide name of your accountant.	
<input type="text"/>	

### Please send your completed form to:

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

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