

PERPETUAL WEALTHFOCUS SUPER PLAN

Insurance Book

**INSURANCE BOOK
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Perpetual 

IMPORTANT NOTES

This Insurance Book forms part of Product Disclosure Statement issue number 12 dated 1 March 2019 for Perpetual WealthFocus Super Plan (PDS) comprising the Features Book and Investment Book.

This Insurance Book contains important information about the insurance cover available through Perpetual WealthFocus Super Plan.

This Insurance Book should be read in conjunction with the PDS.

We may update the Insurance Book where we can according to the Fund's Trust Deed and the law. A copy of the PDS, this Insurance Book 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.

INSURANCE COVER

Subject to eligibility, you can apply to be insured under the Super Plan 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 2-15.

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 24 months to live – see page 5 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 4 for further information.	You can apply for agreed value or indemnity salary continuance cover. Amount you can insure The maximum amount of cover you can insure at the time of application will be the lesser of: <ul style="list-style-type: none"> – 75% of the first \$40,000 of your monthly salary then 20% thereafter or – \$40,000. Benefit payable 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 calculated at the time of a claim on an: <ul style="list-style-type: none"> • agreed value basis, being the lesser of: <ul style="list-style-type: none"> – 100% of your monthly pre-disability income or – the amount insured or – \$40,000 or • 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 15.	Age 15.	Age 15.
Maximum entry age	Age 64.	Age 64.	Age 64.

FEATURE	DEATH COVER	TPD COVER	SALARY CONTINUANCE COVER
Available until	Age 75.	Age 70 (for members aged over 65 an 'Activities of daily living' TPD definition will apply – see page 5 for details).	Age 65.
Cessation of cover	<p>Cover will cease on the earliest of:</p> <ul style="list-style-type: none"> • your 75th birthday • the date you die • 60 days after the due date of any outstanding premium payment • 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 • 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"> – travelling overseas or – a New Zealand citizen (see below) • six months after you leave and remain outside Australia, unless you are travelling overseas, where you are a New Zealand citizen • 60 days after the date you cease to be a member of the Super Plan • termination of the insurance policy agreement between the Trustee and the insurer • the date you or the Trustee cancels the cover in writing. 	<p>Cover will cease on the earliest of:</p> <ul style="list-style-type: none"> • your 70th birthday • the date you die • 60 days after the due date of any outstanding premium payment • 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 • 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) • three months after you leave and remain outside Australia, where you are not an Australian resident and are travelling or temporarily employed overseas • six months after you leave and remain outside Australia, where you are a New Zealand citizen and are travelling or temporarily employed overseas • 60 days after the date you cease to be a member of the Super Plan • termination of the insurance policy agreement between the Trustee and the insurer • the date you or the Trustee cancels the cover in writing. 	<p>Cover will cease on the earliest of:</p> <ul style="list-style-type: none"> • your 65th birthday • the date you die • 60 days after the due date of any outstanding premium payment • 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) • three months after you leave and remain outside Australia, where you are not an Australian resident and are travelling or temporarily employed overseas • six months after you leave and remain outside Australia, where you are a New Zealand citizen and are travelling or temporarily employed overseas • 60 days after the date you cease to be a member of the Super Plan • termination of the insurance policy agreement between the Trustee and the insurer • the date you or the Trustee cancels the cover in writing. <p>Note that limited cover applies if you become unemployed (other than as a result of sickness or injury) for a period of 12 months, and cover will cease if unemployment continues beyond 12 months. 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.</p>

IMPORTANT ADDITIONAL INSURANCE INFORMATION

THE INSURER

The insurance cover constitutes a benefit provided under the Super Plan. 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 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. If there are any inconsistencies between the information in this document and the terms set out in the Policy Document, the Policy Document will prevail.

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.

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 an Australian resident (see definition on page 5) or currently residing in Australia with a current and valid visa that enables you to work in Australia at the time the insurance cover is taken out (see 'Cessation of cover' on page 2 for further information).

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.

WORLD-WIDE COVER

Australian residents (see definition on page 5) are generally covered 24 hours a day and may travel or work in any part of the world.

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.

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 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.

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 5 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 90 days.

INDEXATION OF COVER

Your sum insured amount will be automatically indexed each 1 July as part of the annual insurance review by the lesser of the Consumer Price Index (CPI) or 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.

MEDICAL EVIDENCE

Medical evidence, as specified in the following table, will be required if you apply for cover that exceeds relevant dollar limits. These medical evidence requirements are current as at the date of this document, but may be varied by the insurer at any time.

MEDICAL EVIDENCE REQUIRED FOR DEATH AND TPD COVER

AGE	SHORT-FORM PERSONAL STATEMENT	FULL PERSONAL STATEMENT	BLOOD TESTS ²	MEDICAL EXAMINATION ³
Up to 39 ¹	Up to \$1,000,000	\$1,000,001	\$2,500,001	\$2,500,001
40-49 ¹	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,500,001
50-54 ¹	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,000,001
55-59	n/a	All amounts	\$700,001	\$700,001
60-64	n/a	All amounts	\$500,001	\$500,001
65-69	n/a	All amounts	\$300,001	\$300,001

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

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

3 An Electrocardiogram (ECG) and/or Personal Medical Attendant's Report (PMAR) may be requested on a discretionary basis.

TRANSFERRING COVER

If you are under age 55 you may be able to transfer up to a total of \$1.5 million of your existing death and/or TPD cover from another fund or insurance policy, subject to a maximum of \$1 million for each transfer. There is a range of criteria that needs to be met for transferring your cover. Further information can be obtained by referring to the 'Insurance transfer form' included with this Insurance Book.

RECEIVING A DEATH OR TPD INSURANCE BENEFIT

Any death, terminal illness or TPD insurance benefit paid into the Fund on your behalf will be invested in the Perpetual 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 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 5 for TPD definitions).

DEATH COVER BUYBACK OPTION

If you have death and TPD cover and subsequently a TPD benefit is paid, the amount of your death cover reduces by the TPD benefit amount paid. However, you can select the option to buy back that death cover in this event.

You can select this buyback option:

- when you apply for death and TPD cover or
- at any other time, subject to further underwriting, if all of the following apply:
 - you hold death and TPD cover
 - you are under age 60
 - no TPD benefit has been paid to you.

An additional loading of 4% of your combined death/TPD premium applies if you select this buyback option.

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

The buyback option is also subject to the following conditions:

- 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
- 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

- your death or TPD cover ceases for any reason other than the payment of a TPD benefit (see 'Cessation of cover' on page 2 for further details)
- the date you exercise this option.

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:

- 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
- 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
- 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 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 24 consecutive months with documented evidence of an agreed 'return to work' date) and under age 65 immediately prior to disablement, TPD means that you, 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 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 or working in an uninsurable or hazardous occupation or you are aged 65 or over immediately prior to disablement, TPD means that you:

- 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, 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 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.

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
- declared or undeclared war or any act of war
- 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 intentional, 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 the two is that agreed value is subject to a maximum benefit of 100% of your monthly pre-disability income while indemnity is subject to a maximum benefit of 75% of your monthly pre-disability income.

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 on an ongoing basis 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 claim (see page 7 for total disability definitions).

INTERIM COVER

You will be covered for accidental disability (see page 7 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 \$10,000 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.

The maximum benefit period for accidental disability cover will be two years.

INDEXATION

Your sum insured amount will be automatically indexed each 1 July as part of the annual insurance review by the lesser of CPI or 5%, subject to a maximum monthly benefit of \$40,000 (reverting to a maximum of \$30,000 per month after two years of receiving a benefit), 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 or 5% at that time every 12 months thereafter.

MEDICAL EVIDENCE

Medical evidence, as specified in the following table on page 7, will be required if you apply for cover that exceeds relevant dollar limits. These medical evidence requirements are current as at the date of this document, but may be varied by the insurer at any time.

MEDICAL EVIDENCE REQUIRED FOR SALARY CONTINUANCE COVER (MONTHLY BENEFIT AMOUNT)

AGE	SHORT-FORM PERSONAL STATEMENT	FULL PERSONAL STATEMENT ²	BLOOD TESTS ³	PMAR ⁴	MEDICAL EXAMINATION
Up to 49 ¹	Up to \$8,000	\$8,001	\$8,001	\$11,001	\$20,001
50-54 ¹	Up to \$8,000	\$8,001	\$8,001	\$10,001	\$20,001
55-59	n/a	All amounts	\$6,501	\$10,001	\$20,001
60-64	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.

TRANSFERRING COVER

If you are under age 55 you may be able to transfer up to \$10,000 per month of your existing salary continuance cover from another fund or insurance policy. There is a range of criteria that needs to be met for transferring your cover. Further information can be obtained by referring to the 'Insurance transfer form' included with this Insurance Book.

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 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 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 preceding the occurrence of an event giving rise to a claim (or you are on approved unpaid leave or maternity/paternity leave for up to 24 consecutive months with documented evidence of an agreed 'return to work' date), 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 on page 8).

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 24 consecutive months with documented evidence of an agreed 'return to work' date), 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
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 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
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 cause 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 immediately before becoming disabled.

AT WORK

For salary continuance cover, 'at work' has the same meaning as the definition for death and TPD cover on page 5.

NEW EVENTS COVER

For salary continuance cover, 'new event cover' has the same meaning as the definition for death and TPD cover on page 6.

CLAIMS

For an agreed value benefit, 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.

For an indemnity benefit, the insurer will assess your claim based on your pre-disability income at the time of your claim (see this page 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.

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.

LIFE STAGE EVENT OPTION

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

LIFE STAGE EVENTS AND COVER INCREASE LIMITS

LIFE STAGE EVENT	DEATH/TPD COVER INCREASE LIMIT	SALARY CONTINUANCE COVER INCREASE LIMIT
Personal events <ul style="list-style-type: none"> • marriage • divorce • death of a spouse • turning age 30, 40 and 50 • the birth or adoption of a child • your child turning age 12 or commencing education 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 the relevant type(s) of cover held continuously over that time. 	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$250,000. 	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$1,500 per month.
Employment status Your employment status changes from part time to full time.	Not applicable.	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$1,500 per month.
First mortgage 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. 	The lesser of: <ul style="list-style-type: none"> • 25% of your current sum insured or • \$1,500 per month.
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. 	Not applicable.

CONDITIONS FOR LIFE STAGE INCREASES IN DEATH AND TPD COVER

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 or, in the case of a business event, within 60 days of you receiving proof of the business event
- 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
- you must not have made a claim or be eligible to make a claim against the relevant cover under this policy or any other life insurance policy with any company.

The following exclusions and restrictions also apply:

- if you die or become disabled within six months after being provided an increase under this option, 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 for 12 consecutive months, at the end of which you are required to be at work for 30 consecutive days to receive full cover (otherwise the new events cover restriction will continue to apply until you are at work for 30 consecutive days).

CONDITIONS FOR LIFE STAGE INCREASES IN SALARY CONTINUANCE COVER

The following conditions apply to increases in salary continuance cover under this option:

- you must be under age 65 at the time of applying and not self employed
- satisfactory proof of the event (eg marriage certificate, birth certificate, mortgage documentation, etc) must be provided to the insurer for consideration, including current proof of income for agreed value cover
- 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 the amount insured not exceeding 75% of income (or 85% including super component)
- no more than three increases can be made under this option over the duration of your cover
- your existing cover must be on standard terms without any special exclusions, restrictions or premium loadings
- you must not have made a claim or be eligible to make a claim for salary continuance benefits under this policy or any other life insurance policy with any company
- you have not been declined for insurance cover previously.

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 cover amount for 12 consecutive months, at the end of which you are required to be at work for 30 consecutive days to receive full cover (otherwise the new events cover restriction will continue to apply until you are at work for 30 consecutive days).

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 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).

Age is determined by your age at application date. For existing members, annual premiums change based on your age at 30 June each year.

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.

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 so that the correct occupational loading factor (refer annual premium tables on pages 11-13 for details) is applied.

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 premium factors 1-3 and 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 4 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.

You can obtain the full premium rate tables from our website, or by contacting us.

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

AGE	MALE		FEMALE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
20	1.17	1.66	0.39	0.49
25	1.16	1.76	0.33	0.41
30	0.97	1.64	0.39	0.56
35	0.93	1.74	0.56	0.84
40	1.14	2.24	0.86	1.37
45	1.54	3.16	1.29	2.09
50	2.50	4.98	1.93	3.07
55	4.43	8.22	2.97	4.50
60	8.34	13.47	5.23	7.24
65	15.89	23.68	9.34	12.15
70	29.40	40.62	15.90	19.63

Occupational loading factors

Professional	0.90	White collar	1.00
Light blue collar	1.15	Heavy blue collar	1.30

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

AGE	MALE		FEMALE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
20	0.30	0.42	0.24	0.38
25	0.26	0.38	0.23	0.33
30	0.26	0.46	0.24	0.41
35	0.35	0.59	0.31	0.52
40	0.49	0.93	0.49	0.86
45	1.02	1.77	0.92	1.64
50	2.13	3.52	1.96	3.21
55	5.30	7.53	4.81	6.86
60	12.94	17.61	11.71	16.09
65	22.91	33.73	20.55	30.69

Occupational loading factors

Professional	0.85	White collar	1.00
Light blue collar	1.85	Heavy blue collar	2.70

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

AGE	MALE		FEMALE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
20	1.35	1.91	0.55	0.73
25	1.32	1.98	0.48	0.62
30	1.13	1.91	0.55	0.82
35	1.14	2.12	0.75	1.18
40	1.47	2.85	1.17	1.94
45	2.19	4.31	1.89	3.16
50	3.89	7.27	3.22	5.18
55	7.94	13.17	6.16	9.05
60	16.92	25.11	13.02	17.95
65	32.08	47.53	23.93	33.97

Occupational loading factors

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 4 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.

SALARY CONTINUANCE COVER

The following premium rate tables outline the various annual premiums payable per \$100 monthly benefit for selected ages, taking into account premium factors 1-3, 5 and 9-10 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 6 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.

You can obtain the full premium rate tables from our website, or by contacting us.

ANNUAL PREMIUMS PER \$100 MONTHLY BENEFIT - SALARY CONTINUANCE COVER (MALE, NON-SMOKER)

AGE	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		7.22	9.21	10.07	5.06	6.46	7.05	2.10	2.83	3.23
25		6.66	8.70	10.02	4.66	6.08	7.01	1.58	2.21	2.71
30		7.45	10.01	12.27	5.21	7.01	8.58	1.58	2.28	3.00
35		9.57	13.25	17.04	6.70	9.28	11.91	1.97	2.95	4.11
40		13.02	18.58	24.63	9.12	13.02	17.23	2.92	4.50	6.47
45		18.18	26.77	35.72	12.73	18.73	25.00	4.90	7.81	11.17
50		26.06	39.63	51.51	18.24	27.74	36.06	8.79	14.52	19.91
55		38.75	60.99	73.55	27.13	42.69	51.49	16.12	27.51	34.17
60		60.69	94.77	96.37	42.49	66.34	67.45	29.21	48.07	48.85

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

AGE	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		9.12	11.64	12.72	6.39	8.15	8.91	2.65	3.58	4.08
25		8.40	11.00	12.67	5.89	7.70	8.86	2.00	2.79	3.43
30		9.41	12.65	15.49	6.58	8.86	10.83	1.99	2.86	3.80
35		12.09	16.74	21.53	8.46	11.73	15.06	2.48	3.72	5.19
40		16.44	23.48	31.12	11.52	16.43	21.77	3.69	5.69	8.16
45		22.97	33.81	45.13	16.08	23.68	31.58	6.19	9.87	14.12
50		32.92	50.06	65.05	23.03	35.05	45.53	11.12	18.35	25.14
55		48.96	77.03	92.91	34.26	53.92	65.04	20.36	34.74	43.16
60		76.67	119.72	121.72	53.67	83.80	85.21	36.88	60.72	61.72

ANNUAL PREMIUMS PER \$100 MONTHLY BENEFIT - SALARY CONTINUANCE COVER (FEMALE, NON-SMOKER)

AGE	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		10.45	13.48	15.93	7.31	9.43	11.15	2.45	3.33	4.30
25		11.15	14.71	18.50	7.81	10.29	12.96	2.63	3.67	5.11
30		13.71	18.56	24.86	9.60	12.98	17.41	3.27	4.75	7.10
35		18.62	25.91	36.39	13.04	18.14	25.47	4.12	6.17	9.66
40		25.63	36.70	52.92	17.93	25.69	37.03	6.17	9.57	15.22
45		34.79	51.41	73.95	24.35	35.99	51.76	10.30	16.50	25.86
50		46.90	71.59	98.83	32.83	50.12	69.20	17.17	28.50	41.92
55		64.02	101.18	126.62	44.82	70.82	88.62	27.11	46.55	60.08
60		91.04	142.69	146.27	63.74	99.89	102.38	39.93	65.96	67.01

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

AGE	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		13.20	17.01	20.12	9.23	11.90	14.10	3.09	4.23	5.41
25		14.10	18.58	23.38	9.86	12.99	16.36	3.31	4.64	6.46
30		17.31	23.43	31.41	12.12	16.41	21.99	4.14	6.00	8.98
35		23.52	32.71	45.97	16.46	22.90	32.17	5.20	7.79	12.22
40		32.38	46.37	66.84	22.66	32.46	46.79	7.80	12.08	19.23
45		43.96	64.95	93.41	30.77	45.45	65.38	13.01	20.86	32.66
50		59.24	90.42	124.85	41.46	63.30	87.39	21.69	36.00	52.94
55		80.87	127.80	159.93	56.61	89.47	111.95	34.24	58.82	75.90
60		115.01	180.24	184.75	80.50	126.17	129.32	50.44	83.32	84.66

Occupational loading factors

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 1 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, 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 45 who is a non-smoking light blue collar worker would like to be insured for a benefit of \$250,000 in the event of his death (death only cover).

Monthly premium:

$$\begin{aligned} &= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$1.54 \times 1.15 \times \$250,000}{\$12,000} \\ &= \$36.90 \text{ per month} \end{aligned}$$

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 male member aged 45 who is a non-smoking light blue collar worker would like to be insured for a benefit of \$250,000 in the event of his death or TPD.

Monthly premium:

$$\begin{aligned} &= \frac{\text{Premium rate}^3 \times \text{occupational loading factor}^3 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$2.19 \times 1.50 \times \$250,000}{\$12,000} \\ &= \$68.44 \text{ per month} \end{aligned}$$

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 male member aged 45 who is a non-smoking light blue collar worker would like to be insured for a death benefit of \$250,000 and TPD benefit of \$200,000.

Monthly premium for the common \$200,000 sum insured amount:

$$\begin{aligned} &= \frac{\text{Premium rate}^3 \times \text{occupational loading factor}^3 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$2.19 \times 1.50 \times \$200,000}{\$12,000} \\ &= \$54.75 \text{ per month} \end{aligned}$$

plus

Monthly premium for the additional \$50,000 death cover:

$$\begin{aligned} &= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$1,000^1} \\ &= \frac{\$1.54 \times 1.15 \times \$50,000}{\$12,000} \\ &= \$7.38 \text{ per month} \end{aligned}$$

Total monthly premium:

$$= \$54.75 + \$7.38 = \$62.13 \text{ per month}$$

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

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: HOW MUCH COVER WILL YOU HAVE AND HOW MUCH PREMIUM WILL YOU PAY?

A female member aged 40 who is a non-smoking white collar worker. She currently earns an annual salary of \$75,000 (excluding super) 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 9.5% super contribution component. How much cover will she be entitled to and what premium will she be required to pay?

Monthly insured benefit:

$$\begin{aligned} &= \frac{(75\% \text{ of annual salary})}{12 \text{ months}} + \frac{(9.5\% \text{ super component})}{12 \text{ months}} \\ &= \frac{(75\% \times \$75,000)}{12} + \frac{(9.5\% \times \$75,000)}{12} \\ &= \frac{\$56,250}{12} + \frac{\$7,125}{12} \\ &= \$4,687.50 + \$593.75 = \$5,281.25 \end{aligned}$$

Monthly premium:

$$\begin{aligned} &= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$100^1} \\ &= \frac{\$17.93 \times 1.0 \times \$5,281.25}{\$1,200} \\ &= \$78.91 \text{ per month (indemnity basis)} \\ &= \$78.91 \times 1.2 = \$94.69 \text{ per month (agreed value basis)} \end{aligned}$$

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

- a monthly benefit of \$4,687.50* (less PAYG tax) and
- a monthly amount of \$593.75* 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 she 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 4 and 6 for details about underwriting requirements).

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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 Total and Permanent Disablement (TPD) only cover, or
- require more than \$1 million of death and TPD 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 9 of the WealthFocus Super Plan application form.

Are you an existing member?

yes account number

I wish to apply for insurance cover under WealthFocus Super Plan.

1. Member 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	current age	<input type="text"/>	<input type="text"/>	gender	<input type="checkbox"/>	male	<input type="checkbox"/>	female								
unit number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	street number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
street name	<input type="text"/>																								
suburb (if relevant) OR city	<input type="text"/>																								
state	<input type="text"/>	postcode	<input type="text"/>	<input type="text"/>	country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
email address	<input type="text"/>																								
telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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
<input type="checkbox"/> death only or <input type="checkbox"/> TPD only or <input type="checkbox"/> death and TPD	amount \$ <input type="text"/> (min. \$50,000) TPD amount \$ <input type="text"/> (min. \$50,000) death amount \$ <input type="text"/> (min. \$50,000) 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? <input type="text"/> % (This is optional and is a maximum of 10% of your monthly income.) If this is left blank nil will be assumed.

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"/> 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 (\$) 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"/>				

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 yes
- Breast cancer, ovarian cancer, prostate cancer or colon (bowel) cancer? no yes
- Polycystic kidney disease or diabetes? no yes
- Mental disorder? no yes
- Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy or Parkinson's disease? no yes
- Any other hereditary disease? no yes

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? no yes
If 'yes', please provide details.

- c. Have you ever had a genetic test where you received (or are currently awaiting) an individual result or are you considering having a genetic test? 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 yes
- b. Asthma, chronic lung disease, sleep apnoea or other respiratory disorder? no yes
- c. Indigestion, gastric or duodenal ulcer, hernia/s or any bowel disorder? no yes
- d. Diabetes, abnormal blood sugar, gout or thyroid disorder? no yes
- e. Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder? no yes
- f. Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness, tremor or recurrent headaches or any neurological disorder including multiple sclerosis? no yes
- g. Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia? no yes
- h. Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles? no yes
- i. Psoriasis or eczema, skin disorder or abnormality with hearing, eyesight or speech? no yes
- j. Cancer, cyst, lump, tumour or growth of any kind? no yes
- k. Liver, pancreas, prostate, kidney or bladder disorder, renal colic or stone? no yes
- l. Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia? no yes
- 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 yes

3b. Personal statement – Part 2 (continued)

Females only

Have you ever had or been advised to have treatment for:

- n. Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? no yes
- o. An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? no yes
- p. Abnormal vaginal bleeding within the last 12 months or endometriosis? no yes
- q. Are you currently pregnant? no yes
- If yes, please state expected delivery date / /

2. Have you ever suffered symptoms of or had any other illness, disease or disorder? no yes
3. In the last 5 years have you:
- a. Had any medical examinations, consultations, X-rays, pathology tests or procedures? no yes
- b. Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs? no yes
4. Are you currently under ongoing monitoring, consultation or review for any condition, complaint or finding? no yes
5. Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?
(Only if you are applying for TPD or salary continuance cover)
- a. Have you ever been involved in an accident that has caused you to be off work or reduce your working capacity for greater than 10 consecutive days? no yes
- b. Have you consulted a chiropractor, osteopath, physiotherapist or acupuncturist? no yes

Lifestyle statement

6. a. Have you ever used any illicit drugs not prescribed by a medical practitioner?
If 'yes', a 'Drugs Questionnaire' is required. no yes
- b. In the past 5 years have you:
- i. Engaged in male to male sexual activity **without** a condom (except in a relationship between you and only one other person where neither of you has had sex **without** a condom with anyone else in the past 5 years) or no yes
- ii. had sex **without** a condom:
- with someone you know or suspect to be HIV positive or
 - with someone who injects non prescribed drugs or
 - with a sex worker or as a sex worker? no yes
- If 'yes', a 'Confidential Supplementary Personal Statement' is required.

If you answered YES to ANY of the questions in Section A, please complete remainder of form. Otherwise, go to Sections C and D.

Section B: Answers in detail

If you answered YES to ANY question in Section A, 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			
full name and address of doctor or hospital (if any)			

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 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 ‘Your duty of disclosure’ in accordance with the Insurance Contracts Act 1984 as detailed on page 2 in this Insurance Book.
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 financial adviser** – I consent to allow Perpetual to provide my financial 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

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

7. Financial adviser use only

Financial adviser details

financial adviser name	<input type="text"/>													
phone (after hours)	<input type="text"/>					phone (business hours)	<input type="text"/>							
mobile	<input type="text"/>					fax	<input type="text"/>							
AFSL licensee name	<input type="text"/>					AFSL number	<input type="text"/>							
Perpetual adviser number	<input type="text"/>													
dealer group	<input type="text"/>					dealer branch	<input type="text"/>							
email address	<input type="text"/>													
financial adviser signature	<input type="text"/>					date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



IL GN / / (Group)
 IL AN / / (Adviser)
 IL CN / / (Client)



Perpetual WealthFocus Super Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315
Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

INSURANCE TRANSFER FORM

Please complete all pages of this form in black ink using **BLOCK** letters.

Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your insurance application has been accepted under Perpetual WealthFocus Super Plan.

Please complete this form if you would like to transfer your existing insurance cover to Perpetual WealthFocus Super Plan.

To transfer your existing insurance cover the following conditions must be satisfied, you:

- are an Australian resident or holder of a visa and currently residing in Australia under age 55 and an existing Perpetual WealthFocus Super Plan member, and
- are transferring existing Death only, TPD only or Death and TPD cover of no more than \$1,500,000 in total and you are currently gainfully employed, and/or
- are transferring salary continuance cover of no more than \$10,000 per month and you are currently gainfully employed for at least 15 hours per week, and
- have attached to this form an up to date statement of the insurance cover you are transferring to Perpetual WealthFocus Super Plan confirming the type and level of your existing cover under another fund or insurance policy. This can be a copy of your latest superannuation statement (issued within the last 12 months) confirming the insurance cover is in place with your other fund or a renewal certificate or certificate of currency (issued within the last 60 days) confirming your existing cover under another insurance policy, and
- have no more than 1 exclusion or a premium loading no greater than 50%.

If you do not satisfy the above conditions you will need to complete the full insurance application form available in the Perpetual WealthFocus Super Plan Insurance Book or on our website.

Perpetual WealthFocus Super Plan

account number	<input type="text"/>	(must be completed)
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1. Member details

title	Mr	Mrs	Ms	Miss	other	<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"/>
gender	male	<input type="checkbox"/>	female	<input type="checkbox"/>		
po box	<input type="text"/>	unit number	<input type="text"/>	street number	<input type="text"/>	<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"/>					
phone (business hours)	<input type="text"/>	phone (after hours)	<input type="text"/>			
mobile	<input type="text"/>					
email address	<input type="text"/>					

2. Insurance details

Details of insurance policy being transferred:

Insurer (if known)	fund name (if applicable)	commencement date (if known)	type of cover
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of benefit/cover being transferred:

If no selection is made we will assume that you do not wish to transfer any insurance to Perpetual WealthFocus Super Plan and will reject this application.

death only	\$ <input type="text"/>	(maximum amount of cover you can transfer is \$1,000,000 in one transaction) or
TPD only	\$ <input type="text"/>	(maximum amount of cover you can transfer is \$1,000,000 in one transaction) or
death and TPD	\$ <input type="text"/>	(maximum amount of cover you can transfer is \$1,000,000 in one transaction) and/or
salary continuance	\$ <input type="text"/>	per month (maximum amount of cover you can transfer is \$10,000 per month)

Salary continuance only

what type of cover are you transferring?	Indemnity	<input type="checkbox"/>
current benefit period	2 years	<input type="checkbox"/>
	5 years	<input type="checkbox"/>
	to age 65	<input type="checkbox"/>
current waiting period	30 days	<input type="checkbox"/>
	60 days	<input type="checkbox"/>
	90 days	<input type="checkbox"/>
	other, please specify	<input type="text"/>

The following conditions will apply to salary continuance benefits being transferred:

- your current benefit and waiting periods will be matched to the insurance cover provided under Perpetual WealthFocus Super Plan, where possible
- your existing insurance policy must be cancelled when your insurance application has been accepted under Perpetual WealthFocus Super Plan
- if your current waiting period is different, it will be rounded up to the next highest offer under Perpetual WealthFocus Super Plan (i.e. a 45 day waiting period will be rounded to a 60 day waiting period)
- if your current benefit period is different, this will be the lesser benefit period offered under Perpetual WealthFocus Super Plan.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your current fund or insurer subject to the underwriting terms provided by the current insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on your current cover. Availability of cover and exclusion wordings are subject to the terms and conditions of Perpetual WealthFocus Super Plan, including occupation classification and eligibility rules.

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

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.

3. Personal statement and general details

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

occupation

industry

1. At the date of this application, are you absent from work or restricted due to an injury or illness from carrying out all of the usual duties of your current and normal occupation on a full time basis, for at least 30 hours per week (even if you are not currently working on a full time basis)? no yes

2. Have you been paid, or are you eligible to be paid, or do you intend or have you lodged a claim for a Salary Continuance, Terminal Illness or a Total and Permanent Disablement benefit with Perpetual, another superannuation fund or life insurance policy? no yes

3. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today? no yes

4. Have you been absent from work due to injury or illness for more than 10 days in the last 12 months? no yes

5. Have you previously been declined Death only or Death and Total and Permanent Disablement or Salary Continuance cover under the policy or with any insurer at the date of transfer? no yes

If you answered 'yes' to questions 1 to 5 you will not be eligible to transfer your existing insurance cover from your current fund/insurer to Perpetual. You are not required to complete the remaining sections of this form.

6. Have you had any insurance application previously declined? no yes

7. Is your cover under your current fund or policy subject to any premium loadings and or exclusions including but not limited to pre-existing conditions exclusions, or restrictions in regards to medical or other conditions? no yes

If you have answered 'yes' to question 7 please provide details below of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the current insurer or fund advising you of the acceptance of your cover subject to these additional terms.

4. Signature and declaration

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.

4. Signature and declaration (continued)

Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual WealthFocus Super Plan PDS. I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.

I acknowledge that:

- I have satisfied all of the conditions listed at the beginning of this form for transferring my existing cover
- I have read and carefully considered the questions in this form and all answers provided are to the best of my knowledge true and correct
- I hereby declare that the information contained in this form is true and correct and that no information material to this application for transfer has been withheld
- I have received and read the current Perpetual WealthFocus Super Plan PDS
- I have read the 'Your duty of disclosure' above and understand its contents and what is meant by my duty to disclose
- If I do not fully complete, sign and date this form, I will not be eligible to transfer my existing cover to Perpetual WealthFocus Super Plan
- I will be cancelling the insurance cover that I am transferring to Perpetual WealthFocus Super Plan
- I will not effect a continuation option, or subsequently reinstate cover within the other fund or policy or any other divisions or associated funds of the other fund
- I understand that the transfer of my existing Death only, TPD only, Death and TPD and salary continuance cover, once accepted by AIA Australia, will be subject to the terms and conditions loadings, restrictions and exclusion wording (which could differ to the wording of the outgoing policy) of the cover provided by Perpetual WealthFocus Super Plan. I also acknowledge that my salary continuance (if applicable) benefit and waiting periods will be matched to the cover provided by Perpetual WealthFocus Super Plan (where possible).
- My cover will not commence under the Perpetual WealthFocus Super Plan until the later of the date AIA Australia has accepted my application and the cancellation of my existing insurance cover under my other fund or policy
- I agree to provide Perpetual or AIA Australia with access to the health and or financial evidence I provided to any other fund and their insurer in an application for the cover. Any non-disclosure to another fund or insurer may be acted upon by Perpetual or AIA Australia
- Should it become apparent to Perpetual or AIA Australia that I have not responded truthfully or satisfied the requirements that I confirmed in this form, then any insured benefit that may be payable to me, my beneficiaries or my estate by Perpetual, may be reduced by the insured amount paid or payable by my former fund, an associated section or division of the former fund, or any other fund, or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.

signature of member	<input type="text"/>	date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
print name	<input type="text"/>						

5. Financial adviser use only

Financial adviser details

financial adviser name	<input type="text"/>														
phone (after hours)	<input type="text"/>					phone (business hours)	<input type="text"/>								
mobile	<input type="text"/>					fax	<input type="text"/>								
AFSL licensee name	<input type="text"/>					AFSL number	<input type="text"/>								
Perpetual adviser number	<input type="text"/>														
dealer group	<input type="text"/>					dealer branch	<input type="text"/>								
financial adviser signature	<input type="text"/>					date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				
												ADVISER STAMP			

IL GN // (Group)
 IL AN // (Adviser)
 IL CN // (Client)

CONTACT DETAILS

WEBSITE

www.perpetual.com.au

EMAIL

investments@perpetual.com.au

PHONE

During business hours (Sydney time)

1800 022 033 – for investors

1800 062 725 – for intermediaries

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

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10 Rudd Street
Canberra ACT 2601

New South Wales

Angel Place
Level 18
123 Pitt Street
Sydney NSW 2000

Queensland

Central Plaza 1
Level 15
345 Queen Street
Brisbane QLD 4000

South Australia

Level 11
101 Grenfell Street
Adelaide SA 5000

Victoria

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Level 29
525 Collins Street
Melbourne VIC 3000

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Perth WA 6000

www.perpetual.com.au

Perpetual 