

AMP Elevate insurance Product Disclosure Statement

Issue Number 14, 19 May 2014

insurance that's

dependable  e
because life is unpredictable

Life Insurance
Life Insurance Superannuation
Life Insurance SMSF
Total and Permanent Disability Insurance
Trauma Insurance
Income Insurance
Income Insurance Superannuation
Income Insurance SMSF
Business Expenses Insurance



For more information about AMP please visit amp.com.au

AMP Customer Service 132 987

Products in this Product Disclosure Statement (PDS) are available from 19 May 2014.

This PDS is jointly issued by NM Super and NMLA, each of whom assume full responsibility for the whole of the PDS. However an issuer is not responsible for the products issued by the other issuer.

All plans, except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan, are issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649. The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654 as trustee of the Super Directions Fund ABN 78 421 957 449 (Super Directions) and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598 (Wealth Super).

Changes to the PDS

Information in the PDS may be amended from time to time. If the amendment is not significantly or materially adverse, it may be updated and information provided on amp.com.au/pdsupdates.

A printed copy of any amendments can be obtained free of charge by contacting our Customer Service Centre on 132 987.

Information contained in this PDS

This PDS contains information about the following types of cover: Life Insurance, Life Insurance Superannuation, Life Insurance SMSF, Trauma Insurance, Total and Permanent Disability Insurance, Income Insurance, Income Insurance Superannuation, Income Insurance SMSF and Business Expenses Insurance, which describe the important terms and conditions of the insurance products available from AMP.

The information in this PDS will help you to decide whether these products will meet your needs. It will assist you in comparing the types of cover available in the marketplace but does not take into consideration your individual needs and circumstances. Before acting on the information in this PDS, you should consider the appropriateness of this information and consult a financial adviser.

If you purchase any AMP Elevate insurance products, you will be issued with a plan document. The plan document sets the terms and conditions of the benefits under your plan. The plan document will be issued once cover commences.

Regulatory identifiers

Super Directions Fund	Australian Business Number (ABN) 78 421 957 449
N.M. Superannuation Proprietary Limited (NM Super)	ABN 31 008 428 322 Australian Financial Services (AFS) Licence No. 234654
The National Mutual Life Association of Australasia Limited (NMLA)	ABN 72 004 020 437 AFS Licence No. 234649
Wealth Personal Superannuation and Pension Fund	ABN 92 381 911 598

Definitions referred to in this PDS

In this PDS any reference to:	means:
'you' or 'your'	Any potential customer who is likely to become the person insured. Where insurance products are owned by an individual or entity other than the person insured, 'you' may refer to the policy owner.
In this PDS and the Application form, any reference to:	means:
'us', 'we', 'our' or 'the insurer'	The National Mutual Life Association of Australasia Limited (NMLA).
'NM Super'	N.M. Superannuation Proprietary Limited.
'Trustee'	N.M. Superannuation Proprietary Limited where the plan is the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan. Trustees of a self managed super fund where the plan is the Life Insurance SMSF Plan or Income Insurance SMSF Plan.
'Income Insurance Super Plan'	Income Insurance Superannuation Plan.
'Wealth Super'	Wealth Personal Superannuation and Pension Fund.

In the Application form, including the Personal Statement, 'you' means the person to be insured, unless the context requires it to be the plan owner.

Some words in this document have a particular meaning. These 'defined terms' are shown in 'inverted commas' and their meaning is explained in the Glossary of definitions section.

The products contained in this PDS are not investment products.

Throughout this document the following symbols have been used:

	Superannuation Indicates that the benefit/option/definition is only available on plans issued by NM Super, being the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan.
	Non-superannuation Indicates that the benefit/option/definition is not available to plans issued by NM Super.
	Non-superannuation linked plan/option Indicates that the benefit/option/definition may be linked to either a superannuation plan or non-superannuation plan and is not issued by NM Super.
	Self Managed Superannuation Fund (SMSF) Indicates that the benefit/option/definition is only available on plans issued by NMLA through an SMSF or Small APRA Super Fund, being the Life Insurance SMSF Plan and the Income Insurance SMSF Plan.

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Structuring your insurance

Insurance available

AMP Elevate insurance offers you:

- Life insurance
- Total and permanent disability (TPD) insurance
- Trauma insurance
- Income insurance
- Business expenses insurance.

Ownership

Plans can be owned by:

- Individuals
- A company
- Trustees of a self managed superannuation fund (SMSF)
- A trust
- NM Super—see Superannuation section below.

For non-superannuation plans, where a claim is paid, it will be paid to the owner of the plan.

SMSF

AMP Elevate insurance offers the following SMSF plans:

- Life Insurance SMSF Plan
- Income Insurance SMSF Plan.

These plans are issued by NMLA and are owned by the trustees of an SMSF who are responsible for meeting the requirements under the Superannuation Industry (Supervision) Act 1993 (SIS). TPD insurance is available within superannuation as an option to the Life Insurance SMSF Plan.

Where a claim is paid, it is paid to the trustees of the SMSF who can then release the benefit to you in accordance with superannuation law.

Superannuation

AMP Elevate insurance offers the following plans which are held in our superannuation funds:

- Life Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

These plans are owned by NM Super and

- If you are paying directly, your plan will be held within the Super Directions Fund with NM Super as the Trustee.
- If you are paying through AMP's North, Summit, Generations or iAccess, your plan will be held within the Wealth Personal Superannuation and Pension Fund with NM Super as the Trustee.

TPD insurance is available within superannuation as an option to the Life Insurance Superannuation Plan.

Where a claim is paid, it is paid to NM Super. The Trustee can then release the benefit to you in accordance with superannuation law.

PremierLink and FlexiLink

FlexiLink and PremierLink can be attached to policies that are owned by NM Super or the trustees of an SMSF. They can also be attached to policies that are owned by individuals or a company outside of superannuation.

In all scenarios, the FlexiLink and PremierLink cover will sit on a separate policy outside of superannuation.

FlexiLink can improve the timing of the payment of benefits. This is because under FlexiLink the TPD or trauma benefit is outside of superannuation and can be paid to you directly, without you having to satisfy a superannuation condition of release.

The PremierLink options are another way of providing flexibility in plan ownership,

- PremierLink TPD: allows TPD with an any occupation definition to be held inside of superannuation and TPD with an own occupation definition to be held outside of superannuation.
- PremierLink IP: allows superannuation compliant income insurance definitions and benefits to be held inside of superannuation and other enhanced income insurance definitions and benefits to be held outside of superannuation.

Also, should you claim under FlexiLink or PremierLink TPD, benefits are paid outside of superannuation and are usually not taxable, meaning you will receive the full value of your benefit. Without FlexiLink and PremierLink TPD, payments within the superannuation environment may be subject to taxation, reducing the value of the benefit you receive.

To determine if your insurance should be held in or outside of the superannuation environment, there are various factors to consider, such as eligibility to contribute, taxation, where your benefit will be paid if you make a claim, cost, and the benefits included in the plan. Also note that the paying of insurance premiums from your Wealth Personal Superannuation and Pension Fund will decrease the superannuation balance available for your retirement.

Your financial adviser will be able to assist you to determine the ownership that is appropriate for your individual needs.

Specifically, with NM Super as trustee, refer to the Holding your policy in superannuation section on page 50.

Premiums

Depending on the plan you purchase, there are three premium structures available to you:

Stepped premiums

Premiums are adjusted each year at the 'renewal date' according to your age. In general, each year as you get older your premiums will increase.

Blended premiums

Only available for life, TPD and trauma insurance

For each layer of cover¹, premiums are adjusted each year for the first 10 years according to your age. After that, your premium will remain constant and will be the premium you were paying in the 10th year. After you turn 60, the premiums for all layers of cover will switch to stepped premiums regardless of when the layer of cover commenced.

Level premiums

Premiums remain the same for each layer of cover¹ throughout the term of the plan. However, for life, TPD and trauma plans, level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.

For further information on premium structures refer to the General terms and conditions section on page 55.

¹ A layer of cover can be the initial sum insured, any endorsed increases or any CPI increases.

Plan structure

To meet your insurance needs the structure of your insurance should be carefully considered. AMP Elevate insurance products include plans, options on plans and FlexiLink plans or PremierLink options. Please refer to the table below for the available structures for each insurance product.

	Plan	Option	FlexiLink	PremierLink
Life Insurance	✓			
TPD Insurance	✓	✓	∞	∞
Trauma Insurance	✓	✓	∞	
Income Insurance	✓			∞
Business Expenses Insurance	✓			

The following information does not take into consideration your individual needs and circumstances. To determine what plan structure is appropriate for you, you should contact your financial adviser.

Insurance purchased as a plan

Life insurance, TPD insurance, trauma insurance, income insurance and business expenses insurance can be purchased as plans that operate independently of each other.

Where TPD insurance and trauma insurance are purchased as plans, independent of a life insurance plan, in the event of a TPD or trauma claim, the benefit under the life insurance plan is not reduced.

Insurance purchased as an option

TPD insurance and trauma insurance can be purchased as options attached to a life insurance plan. TPD insurance can also be purchased as an option attached to a trauma insurance plan.

Where TPD insurance or trauma insurance is purchased as an option, in the event of a claim being paid out on the option, the benefit of the plan and any other insurance options attached to the plan will be reduced by the amount of the claim (unless a Double TPD or Double trauma option has been purchased). Therefore, a lower premium is charged for insurance purchased as an option compared with being purchased as a plan.

Plan structure continued

FlexiLink plans

FlexiLink provides you with flexibility in structuring your insurance. Under FlexiLink, if you are paid a trauma or TPD benefit it will be paid directly to you. Without FlexiLink, for cover within superannuation the benefit would be paid to the Trustee of the super fund who can then release the benefit to you in accordance with superannuation law.

When you purchase life insurance, FlexiLink allows you to attach trauma and TPD insurance with the same person insured as the life insurance, but the policy will not be held within a superannuation fund (refer to Figure 1.0 below).

Some common policy owner combinations include:

- Having a life insurance plan and a TPD option inside superannuation via an SMSF, with FlexiLink Trauma and/or FlexiLink TPD outside superannuation and owned by an individual, business, trust or company
- Having life insurance and TPD insurance inside superannuation via NM Super, with FlexiLink Trauma and/or FlexiLink TPD outside superannuation owned by an individual, business, trust or company.

FlexiLink plans work in a similar way to an option in terms of how they are priced and how they function.

Because of this, FlexiLink TPD and FlexiLink Trauma plans are priced lower than stand-alone TPD and trauma plans.

Note: If you attach FlexiLink TPD or FlexiLink trauma to a life insurance plan, a Trauma option cannot be added to the life insurance plan.

PremierLink TPD option

The PremierLink TPD option also provides flexibility in structuring your TPD insurance. When you purchase a TPD any occupation option on a Life Insurance Superannuation Plan or a Life Insurance SMSF Plan, the PremierLink TPD option allows you to link a TPD own occupation benefit to your plan. The linked benefit will be held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under the TPD any occupation definition in the first instance. If you meet this definition, the benefit will be paid to the trustees of the super fund. If you do not meet the TPD any occupation definition, you will then be assessed under the TPD own occupation definition. If you meet this definition, the benefit will be paid directly to you or whoever owns the PremierLink TPD option. Refer to Figure 1.1 to see how this option works in the event of a claim.

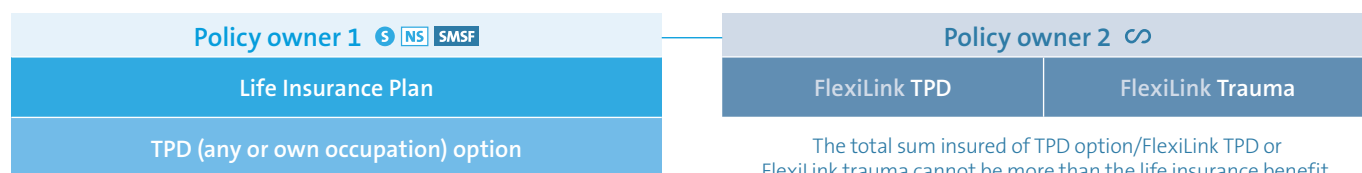
Holding a TPD any occupation option inside of superannuation may be a tax-effective way of paying your premiums.

Depending on your circumstances, there can be advantages to holding your TPD own occupation cover outside of superannuation. If a benefit is paid within superannuation, the benefit will be paid to the trustees of the super fund who can then release the benefit to you in accordance with superannuation law. However, if a payment is made under the PremierLink TPD option, the benefit will be paid without the need to satisfy a condition of release.

When both TPD any occupation and PremierLink TPD options are purchased, they must have the same structure. For example, they must both have the same sum insured, which cannot exceed the sum insured of the life insurance they are linked to. The PremierLink TPD option must have the same premium style and the same anniversary date as the TPD any occupation option. If an increase or reduction is made to the TPD any occupation insurance, the alteration will automatically be applied to the TPD own occupation cover held under the PremierLink TPD option.

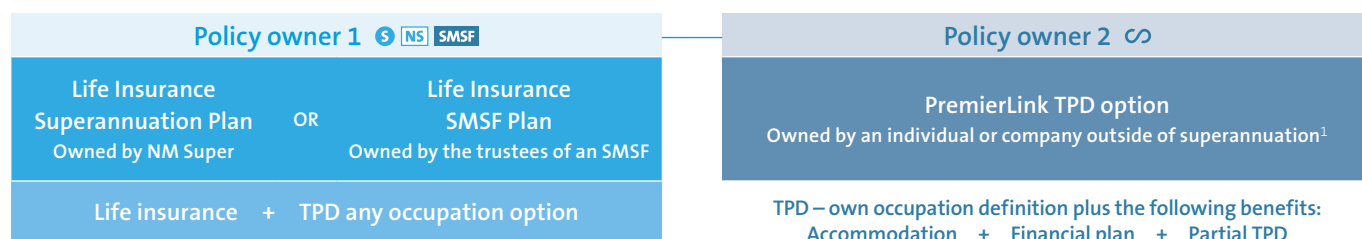
The PremierLink TPD option works in a similar way to the TPD insurance option it is linked to. For example, if a benefit is paid under either of these options it will reduce the sum insured of the life insurance plan it is attached to along with any other options attached/linked to the plan.

Figure 1.0
How FlexiLink works



Trauma is not available as an option when adding FlexiLink to a plan.

Figure 1.1
How the PremierLink TPD option works



On submission of a TPD claim, one of the following scenarios may apply:

Scenario 1		
TPD any occupation definition is met	Policy owner 1 TPD any occupation benefit is paid to policy owner 1, either NM Super or the trustees of the SMSF who can then release the benefit to you in accordance with superannuation law.	Policy owner 2 No TPD disability benefit is payable under this option. However, if you are eligible, the following benefits: – Accommodation benefit – Financial plan benefit will be paid to policy owner 2.
Scenario 2		
TPD any occupation definition is not met Claim will then be assessed under TPD own occupation definition TPD own occupation definition is met	Policy owner 1 No TPD disability benefit is payable under this policy.	Policy owner 2 The TPD own occupation benefit will be paid to the plan owner. If you are paid 100% of the TPD benefit and are eligible, the following benefits: – Accommodation benefit – Financial plan benefit will be paid to policy owner 2.
Scenario 3		
Partial TPD definition is met	Policy owner 1 No TPD disability benefit is payable under this policy, but the benefit amount will be reduced by the Partial TPD benefit amount paid.	Policy owner 2 The Partial TPD benefit will be paid to policy owner 2 and the PremierLink TPD benefit amount will be reduced by the Partial TPD benefit amount paid.

¹ This may include the trustees of an SMSF where the option is held personally and not as an asset of the SMSF.

PremierLink Income Insurance (PremierLink IP) option

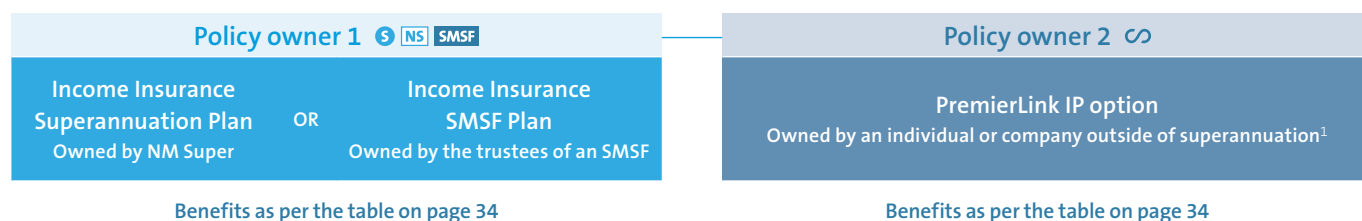
The PremierLink IP option provides flexibility in structuring your income insurance. When you purchase an Income Insurance SMSF Plan or Income Insurance Superannuation Plan, the PremierLink IP option allows you to enhance your benefits to be equivalent to the Income Insurance Premier Plan. The enhanced definitions and additional benefits are linked to your income insurance plan and are held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under the Total disability or Partial disability definition on your income insurance plan inside superannuation. If that definition is met, the benefit will be paid directly to the Trustee. At the same time, you will also be assessed under the Total disability or Partial disability definition on your PremierLink IP option outside of superannuation. If that definition is met, a benefit will be paid on your PremierLink IP option. The benefit will be paid directly to you or whoever owns the PremierLink IP option. Refer to Figure 1.2 to see how this option works in the event of a claim.

Depending on your circumstances, there can be advantages to holding your PremierLink IP option outside of superannuation. If a benefit is paid within superannuation, the benefit will be paid to the trustees of the super fund who can then release the benefit to you in accordance with superannuation law. However, if a payment is made under the PremierLink IP option, the benefit will be paid without the need to satisfy a condition of release.

When both an income insurance plan and PremierLink IP option are purchased, they have the same structure. For example, they will have the same monthly benefit, waiting period and benefit period. The PremierLink IP option has the same premium style and the same anniversary date as the income insurance plan. The income insurance plan is indemnity; however, the PremierLink IP option can be agreed value or indemnity. If an alteration, increase or reduction is made to the income insurance plan, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.

Figure 1.2
How the PremierLink IP option works



On submission of an Income Insurance claim, one of the following scenarios may apply:

Scenario 1		
Total disability definition on income insurance plan is met within superannuation	Policy owner 1 Total disability benefit is paid to policy owner 1, either NM Super or the trustees of the SMSF who can then release the benefit to you in accordance with superannuation law.	Policy owner 2 No Total disability benefit is payable under this option. However, if you are eligible, the additional benefits outlined on page 34 will be paid to policy owner 2.
Scenario 2		
Total disability definition on income insurance plan inside superannuation is not met Claim will be assessed under Total disability definition outside superannuation	Policy owner 1 No IP benefit is payable under this policy.	Policy owner 2 Total disability benefit is paid directly to policy owner 2. If you are eligible, the additional benefits outlined on page 34 will also be paid to policy owner 2.
Total disability definition on PremierLink IP outside superannuation is met		
Scenario 3		
Partial disability definition on income insurance plan inside superannuation is met Claim will also be assessed under the Total disability definition outside superannuation	Policy owner 1 Partial disability benefit is paid to policy owner 1, either NM Super or the trustees of the SMSF who can then release the benefit to you in accordance with superannuation law.	Policy owner 2 Total disability benefit is paid directly to policy owner 2. The amount paid here is a top-up amount that will bring the total amount paid inside and outside superannuation equal to the 'Total disability benefit amount' on the PremierLink IP.
Total disability definition on PremierLink IP outside superannuation is met		
Example Monthly benefit of PremierLink IP option is \$10,000. The total amount paid cannot exceed the Total disability benefit amount of PremierLink IP option.	Partial disability definition is met inside superannuation. \$8,000 is paid to policy owner 1.	Total disability definition is met outside superannuation. \$2,000 is paid to policy owner 2.

¹ This may include the trustees of an SMSF where the option is held personally and not as an asset of the SMSF.

AMP Elevate Life insurance Plan

Life Insurance Superannuation Plan/ Life Insurance SMSF Plan

S SMSF

Cover will expire:

- On your 75th birthday, or
- On an earlier age you selected.

If you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions:

- And your plan is with the Super Directions Fund with NM Super as the Trustee, your plan will cease.
- And your plan is with Wealth Super with NM Super as the Trustee, your cover will continue if there are sufficient funds in your superannuation account to pay the premiums.
- And your plan is with an SMSF as the Trustee, your cover will continue if there are sufficient funds in the SMSF to pay the premiums.

For further information on making contributions refer to the Holding your policy in superannuation section on page 50.

The Life Insurance Plan will pay a lump sum benefit if you die or if you are diagnosed with a terminal illness and have 12 months or less to live. This amount is paid once only, and is paid as a lump sum. The life insurance benefit amount is specified in your schedule.

The sooner we are notified, the more effectively we will be able to assess a claim. If we are not notified as soon as possible, we may reduce the amount of any benefit paid to the extent that we have been prejudiced by this delay.

Life insurance as a plan **S NS SMSF**

Life insurance can be purchased as a plan only. The three plans available are:

- Life Insurance Plan
- Life Insurance Superannuation Plan
- Life Insurance SMSF Plan.

Eligibility to apply

	Life Insurance Plan NS	Life Insurance Superannuation Plan S Life Insurance SMSF Plan SMSF
Initial sum insured	Minimum: \$50,000 Maximum: No limit subject to Underwriting	
Entry ages	Stepped premiums: 11–70 next birthday Level premiums: 11–65 next birthday Blended premiums: 25–50 next birthday	
Expiry ages	Age 99 Or earlier if selected ⁽ⁱ⁾⁽ⁱⁱ⁾	Age 75 Or earlier if selected ⁽ⁱ⁾⁽ⁱⁱ⁾
Minimum annual premium	\$250 across linked plans ⁽ⁱⁱⁱ⁾	

(i) Level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.

(ii) Blended premiums will alter to stepped premiums from the first 'renewal date' after age 60.

(iii) The minimum premium applies to the sum of premiums for:

- An individual's linked policies (please refer to Plan fee waiver on additional plans on page 57 for more information), and
- Policies linked by way of family relationship and/or a business partner relationship.

Benefits overview

Included benefits

The following table outlines the benefits that are included for each plan at no additional cost. Further information on these benefits can be found on the pages indicated below.

Included benefits	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
Life insurance	10	✓	✓	✓
Terminal illness	10	✓	✓	✓
Future insurability benefit	11	✓	✓	✓
Indexation benefit	11	✓	✓	✓
Interim cover	11	✓	✓	✓
Premium freeze ⁽ⁱ⁾⁽ⁱⁱ⁾	11	✓	✓	✓
Upgrade of benefits	12	✓	✓	✓
24-hour worldwide cover	12	✓	✓	✓
Accommodation benefit	10	✓		
Advancement of funeral expenses	11	✓		
Financial plan benefit	11	✓		

Optional benefits available

The following table outlines the optional benefits that can be added or linked to the plan at an additional cost. Further information on these benefits can be found on the pages indicated below.

Optional benefits	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S	Life Insurance SMSF Plan SMSF
Business solutions option – life	14	✓	✓	✓
Premium waiver option	14	✓	✓	✓
Total and permanent disability (TPD) option	14	✓	✓	✓
Double TPD option	15	✓	✓	✓
Life buy back TPD option	15	✓	✓	✓
Business solutions option – TPD	14	✓	✓	✓
PremierLink TPD ⁽ⁱⁱⁱ⁾	14	∞	∞	∞
FlexiLink total and permanent disability (TPD) ^(iv)	16	∞	∞	∞
Life buy back TPD option	15	∞	∞	∞
Business solutions option – TPD	14	∞	∞	∞
Children's trauma	29	∞	∞	∞
Activities of Daily Living (ADL) TPD option	16	✓	✓	✓
FlexiLink trauma ^(iv)	17	∞	∞	∞
Life buy back – trauma option	16	∞	∞	∞
Trauma reinstatement option	17	∞	∞	∞
Business solutions option – trauma	14	∞	∞	∞
Children's trauma	29	∞	∞	∞
Children's trauma	29	✓		
Trauma option	16	✓		
Double trauma option	16	✓		
Life buy back – trauma option	16	✓		
Trauma reinstatement option	17	✓		
Business solutions option – trauma	14	✓		

Life Insurance Superannuation Plan/ Life Insurance SMSF Plan

S SMSF

You should be aware that should you choose to purchase an insurance product under superannuation, any benefit payment is made to the Trustee. The Trustee can then release the benefit to you in accordance with superannuation law.

For the Life Insurance Superannuation Plan, please refer to the Holding your policy in superannuation section on page 50 for more information on:

- Plan membership
- Taxation Information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of dependant.

- (i) Not available for blended premiums.
- (ii) Not available on FlexiLink plans/PremierLink TPD option or the plan/options they are attached to.
- (iii) Can be linked to a TPD any occupation option under any of the life insurance plans.
- (iv) FlexiLink plans and options can be linked to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan; however, they will be held on a separate policy outside of superannuation.

Included benefits

Life insurance

If you die, we will pay a lump sum benefit. This amount is paid once only. The life insurance benefit is specified in your plan schedule.

Terminal illness benefit

If you become terminally ill, we will pay the Trustee the terminal illness benefit. This is an advance payment of the life insurance benefit.

We will only pay if you become terminally ill:

- After this plan commences
- Before this plan ends, and
- Before you reach the benefit expiry age for this plan.

Terminally ill means:

- Two ‘medical practitioners’ have certified, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 12 months of the date of certification
- At least one of the ‘medical practitioners’ is a specialist practising in an area related to the illness or injury, and
- For each of the certificates, the certification period has not ended.

We may ask you to provide additional evidence that we require in order to agree with the prognosis. This may include providing information through ‘medical practitioners’ we choose.

No Terminal Illness benefit will be paid if this plan has lapsed, been cancelled, or is otherwise not in force prior to the date you become terminally ill. The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you become terminally ill. On payment of the Terminal Illness benefit, the life insurance benefit will cease.

If a terminal illness claim is admitted, we will pay the insured amount to the Trustee. Subject to the Trustee confirming you have satisfied a condition of release, such as a terminal medical condition, the Trustee will make the proceeds available to you.

The life insurance benefit is specified in your schedule.

Note: We reserve the right to request that a certifying ‘medical practitioner’ cannot be a family member, business partner, your employee or employer.

Terminal illness benefit

If you become terminally ill, we will pay you the terminal illness benefit. This is an advance payment of the life insurance benefit.

We will only pay if you become terminally ill:

- After this plan commences
- Before this plan ends, and
- Before you reach the benefit expiry age for this plan.

Terminally ill means:

- A ‘medical practitioner’ has certified that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 12 months, and
- We agree with that prognosis. We may ask you to provide additional evidence that we require in order to agree with the prognosis. This may include providing information through ‘medical practitioners’ we choose.

No Terminal Illness benefit will be paid if this plan has lapsed, been cancelled, or is otherwise not in force prior to the date you become terminally ill. The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you become terminally ill. On payment of the Terminal Illness benefit, the life insurance benefit will cease.

We reserve the right to request that a certifying ‘medical practitioner’ cannot be a family member, business partner, your employee or employer.

A terminal illness benefit is only payable if you hold life insurance.

Accommodation benefit

If we pay you the full benefit for:

- Terminal illness, or
- Trauma, or
- TPD – any or own occupation,

and a ‘medical practitioner’ certifies that you must remain confined to bed due to the reason for which we paid you a benefit, and you are:

- More than 100 km from your home, or need to travel to a place that is more than 100 km from your home for medical treatment, and an immediate family member is required to stay with you, or
- An immediate family member is required to stay with you and must travel more than 100 km from their home to do so,

we will pay the accommodation costs of your immediate family member.

We will pay up to a maximum of \$150 per day for each day that you remain confined to bed and your immediate family member remains away from their home, for a maximum of 14 days.

This benefit must be claimed within six weeks of the terminal illness/trauma/TPD insurance benefit being paid. We must receive evidence of your confinement to bed and your payment of the accommodation costs which is acceptable to AMP.

We will only pay the accommodation benefit once regardless of the number of plans or options held with us.

If a TPD any occupation option and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

The payment of the accommodation benefit will not reduce any other benefit payable under the plan.

Advancement of funeral expenses

This benefit provides the policy owner, the nominated beneficiaries or your estate with an advance payment to meet funeral expenses.

If we pay an advance payment, then the life insurance benefit amount will be reduced by the amount paid for funeral expenses.

The amount payable is the lower of:

- \$20,000, or
- the sum insured.

This benefit is not payable if the death is due to suicide within the first 13 months from the commencement or reinstatement of cover.

An advancement of funeral expenses is payable on the receipt of the death certificate or of other proof of death that is acceptable to AMP.

The advance payment is not an admission of liability to pay the full life insurance benefit.

Financial plan benefit

If we pay 100% of the benefit, we will reimburse you (or your nominated beneficiaries or estate), up to \$2,000 for the cost of financial planning advice.

You must seek the advice within six months of us paying the benefit. The advice must be from a representative of an Australian Financial Services Licensee.

The payment of the financial plan benefit will not reduce any other benefit payable under the plan.

We will only pay the financial plan benefit once regardless of the number of plans or options held with us. If a TPD any occupation option and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

Future insurability benefit

This benefit allows you to increase your insurance benefit amount once in any 12 month period. Increases to your insurance benefit amount made under the future insurability benefit are not subject to providing health evidence.

The increase must be applied for in the period commencing on the date a specified personal or business event occurred and ending 30 days following the first policy anniversary after that event.

Your eligibility to apply for an increase under this benefit will expire on your 55th birthday.

Further information on the circumstances in which this may arise and the limitations and conditions that apply can be found in the Glossary of definitions section of this PDS on page 77.

Indexation benefit

To protect your benefit against the effects of inflation, up until age 65 your benefit amount is automatically increased each year by the greater of 5% or the increase in the Consumer Price Index (CPI).

Each year you will be given the opportunity to decline the increase on your plan. If you do not decline the increase, your benefit amount will be increased and your premium will increase accordingly.

For all TPD and trauma options, we will not increase the benefit amount of these options to exceed the benefit amount of the plan to which these options are attached.

If you hold the Life Insurance Superannuation Plan/Life Insurance SMSF Plan and the premiums are paid by your employer, you must get agreement from your employer to allow indexation to be applied to your plan.

The indexation benefit will not be permitted where a loading exceeding 100% is applied. Any 'revised terms' applicable to your policy will also apply to increases exercised under this benefit.

Interim cover

You are provided with interim cover while we are assessing your application. You do not have to pay any extra premium for this cover.

The interim cover certificate on page 79 specifies the terms of cover.

Premium freeze

Only available for Stepped premiums

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your benefit amount will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your benefit amount current at that time will not reduce anymore and the Indexation benefit will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next 'renewal date' of the policy. Premium freeze is not available on a FlexiLink plan/ PremierLink TPD option or the life insurance plan/options they are attached to.

The Indexation benefit will not apply while Premium freeze is exercised.

Upgrade of benefits

If we make future improvements to your plan, and such improvements would not result in an increase in premium, we will pass these changes on to you without you having to provide us with any medical evidence or evidence regarding your occupation, pastimes or place of residence.

These upgrades provide improvements to your plan including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for this plan.

Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure you are assessed using the definitions that benefit you most. This means that if a definition or benefit from your original plan is more beneficial to you, you will still be eligible to claim under your original plan definitions.

If you are suffering a 'pre-existing condition' at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that 'pre-existing condition'.

24-hour worldwide cover

Subject to the terms and conditions of the plan, on acceptance of your plan, we will cover you 24 hours a day anywhere in the world. If you are sick or injured outside Australia or New Zealand, we may require additional medical documentation and/or medical examinations by a 'medical practitioner' chosen by us to support the claim.

Additional information

When the Life Insurance Plan/Life Insurance Superannuation Plan/Life Insurance SMSF Plan will end

The Life Insurance Plan/Life Insurance Superannuation Plan/Life Insurance SMSF Plan and options attached will automatically end as soon as one of the following happens:

- We have paid, in full, the benefit that applied at the time of the claim event, or
- You die, or
- The plan to which an option is attached ends (if applicable), or
- The plan reaches the expiry date as specified on the schedule.

We can also end the plan if your premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

When we will not pay

The Life Insurance Plan/Life Insurance Superannuation Plan/Life Insurance SMSF Plan will not pay a benefit if:

- You make a fraudulent claim
- You had a medical condition, injury or sickness before the plan began and you did not tell us about it unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware ofthe medical condition, injury or sickness at the time, or
- You die as a result of suicide within 13 months of the commencement or reinstatement of the plan. This 13 month exclusion also applies to any increase in benefit (apart from indexation benefit), or
- You have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

Replacement plans, conversions and takeover terms from within AMP or another insurer

Where:

- We have agreed to replace or convert an existing life insurance plan either from within AMP or another insurer (via takeover terms, conversions or subject to full underwriting), and
- A suicide exclusion existed on the internal or external plan, and
- You served the suicide exclusion period upon commencement of the plan with AMP either as a new plan or cancellation (coinciding with cancellation of the external policy),

we will waive the '13 month suicide exclusion'. Where you have served part of the suicide exclusion period, we will waive the equivalent time.

Further information on how the '13 month suicide exclusion' applies can be found in the Glossary of definitions on page 66.

Takeover terms may be offered for plans that have been fully underwritten by another insurer. Timeframes and other conditions apply. You should speak to your financial adviser to determine if you are eligible to apply for Takeover terms.

For takeover terms from another insurer, the insurance cover being replaced must have been fully underwritten and not have been accepted with modified or limited underwriting requirements or on takeover terms previously. That is, the insurance cover being replaced must have been underwritten under the previous insurer's standard requirements for new applications at the time.

Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from.

Optional benefits

The optional benefits described below can only be purchased with specific plans. Please refer to the Optional benefits table in each insurance section. The optional benefits may be added to your plan with an additional premium.

Optional benefits – minimum and maximum entry age and minimum and maximum benefit

Benefits	Minimum entry age	Maximum entry age	Expiry age	Minimum sum insured	Maximum benefit amount which may be purchased
Business solutions option – life ⁽ⁱⁱⁱ⁾   	18 next birthday	60 next birthday	65	\$50,000	The lower of: – four times the life insurance benefit amount, and – \$15,000,000 less the total benefit amounts under any life insurance plans held with us or another company under which you are covered.
Business solutions option – TPD ⁽ⁱⁱⁱ⁾   	18 next birthday	60 next birthday	65	\$50,000	The lower of: – four times the TPD insurance benefit amount, and – \$5,000,000 less the total benefit amounts under any TPD insurance plans or options held with us or another company under which you are covered.
Business solutions option – trauma ⁽ⁱⁱⁱ⁾  	18 next birthday	60 next birthday	65	\$50,000	The lower of: – four times the trauma/trauma plus benefit amount, and – \$2,000,000 less the total benefit amounts under any trauma insurance plans or options held with us or another company under which you are covered.
Premium waiver ⁽ⁱⁱⁱ⁾   	16 next birthday	60 next birthday	65 or when the plan ends, whichever is earlier	N/A	N/A
TPD ⁽ⁱⁱⁱ⁾ / FlexiLink TPD ⁽ⁱⁱⁱ⁾   	16 next birthday	60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$5,000,000 ⁽ⁱ⁾
Double TPD ⁽ⁱⁱⁱ⁾   	16 next birthday	60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$5,000,000 ⁽ⁱ⁾
Life buy back – TPD ⁽ⁱⁱⁱ⁾   	16 next birthday	60 next birthday	65	\$50,000	\$5,000,000 ⁽ⁱ⁾
PremierLink TPD ⁽ⁱⁱⁱ⁾ 	16 next birthday	60 next birthday	99 ⁽ⁱⁱ⁾	The sum insured must be the same amount as the TPD any occupation option that it is linked to.	
ADL TPD ⁽ⁱⁱⁱ⁾   	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱ⁾
Trauma ⁽ⁱⁱⁱ⁾ / FlexiLink Trauma ⁽ⁱⁱⁱ⁾  	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱ⁾
Double trauma ⁽ⁱⁱⁱ⁾ 	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99	\$50,000	\$2,000,000 ⁽ⁱ⁾
Trauma Plus ⁽ⁱⁱⁱ⁾ / FlexiLink Trauma Plus ⁽ⁱⁱⁱ⁾  	16 next birthday	60 next birthday	99 ⁽ⁱⁱ⁾	\$50,000	\$2,000,000 ⁽ⁱ⁾
Double Trauma Plus ⁽ⁱⁱⁱ⁾ 	16 next birthday	60 next birthday	99	\$50,000	\$2,000,000 ⁽ⁱ⁾
Life buy back – trauma ⁽ⁱⁱⁱ⁾  	16 next birthday	60 next birthday	65	\$50,000	\$2,000,000 ⁽ⁱ⁾
Trauma reinstatement ⁽ⁱⁱⁱ⁾  	16 next birthday	60 next birthday	70	\$50,000	\$2,000,000 ⁽ⁱ⁾
Children's trauma  	3 next birthday	16 next birthday	21	\$10,000	\$200,000

(i) The maximum benefit amount which may be purchased at commencement but may increase with indexation.

(ii) When attached to the Life Insurance Superannuation Plan/Life Insurance SMSF Plan, this option expires at age 75.

(iii) For blended premiums, the minimum entry age is 25 next birthday and the maximum entry age is 50 next birthday.

Business solutions option – life, TPD or trauma

The Business solutions option allows you to apply each year for future increases to your insured benefit, in line with:

- The value of your business
- The value of you to the business, or
- The value of the relevant business loan at the time of the increase.

The option is available to be purchased on life insurance, TPD insurance and trauma insurance.

During the initial application you will be fully medically underwritten for the potential sum insured. This option is only available if you are assessed on standard premium rates, terms and conditions. Financial requirements at application stage will be based on the initial sum insured and the reason for cover.

If you choose to exercise this option, we will require financial evidence, and possibly other additional information that supports the increase to your benefit.

If you have received, are receiving or are eligible to receive any benefit under a plan held by us or another company since your plan commenced or was reinstated, you will be required to provide medical evidence for your application for an increase.

The Business solutions option will expire:

- When your plan ends
- When your sum insured has increased to the maximum amount permitted under this option
- When you turn 65
- At the start of any period for which you have not paid premiums under the plan
- When you have made, or are entitled to make, a claim under the plan, or
- When you notify us in writing that you wish to cancel the option.

Indexation increases will not be available on this option, the plan that this option is attached to, and any options attached/linked to the plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Premium waiver option

We will waive your premiums while:

- You are totally disabled, or
- ‘Involuntarily unemployed’.

Premium waiver while totally disabled

If you are totally disabled for at least 90 consecutive days, we will waive your life insurance plan premiums. We will continue to waive your premiums while you are totally disabled until you reach age 65. The premium we waive will include the plan fee and any options (including the PremierLink TPD option or any FlexiLink plans) attached to your life insurance plan.

For the purpose of this option, you will be assessed as totally disabled if, because of an injury or sickness, you are:

- not capable of doing the ‘important duties’ of your occupation
- not working in any occupation (whether paid or unpaid), and

- under ‘medical care’.

We will not waive any premium if your total disability is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you.

Premium waiver while involuntarily unemployed

Additionally, if you become ‘involuntarily unemployed’ and you let us know in writing within three months of the date this took place, we will waive your life insurance plan premiums for three months from the date you became ‘involuntarily unemployed’ or until you recommence employment, whichever is shorter. The premium we waive will include the plan fee and any options (including the PremierLink TPD option or any FlexiLink plans) attached to your life insurance plan.

This benefit only applies if:

- your plan has been in force for six months in a row at the time you become ‘involuntarily unemployed’,
- you register with an AMP approved employment agency within 30 days of becoming ‘involuntarily unemployed’ and
- you demonstrate that you are actively seeking employment.

If you become ‘involuntarily unemployed’, we will waive premiums due or paid for all involuntary unemployment periods for a cumulative period of 12 months during the life of the plan.

Exercising this option

Once the premium waiver option is exercised, we will not waive premium increases incurred as the result of increases in the benefit, purchasing a new option or increasing the benefit of an option attached to the life benefit.

While we waive premiums under this option, we will not increase the benefit each year by the increase in the CPI.

Once we are no longer waiving premiums under this option, we will recommence increases to the benefit as stated in the indexation benefit on page 11.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

TPD insurance option

If you become totally and permanently disabled, we will pay you the TPD insurance benefit amount.

The sum insured of the plan and any attaching trauma insurance that this option is attached to will be reduced by the TPD insurance benefit amount paid.

Further information can be found in the TPD Insurance section of this PDS on page 18.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

PremierLink TPD option

The PremierLink TPD option allows you to link a TPD own occupation benefit to a TPD any occupation benefit held on the Life Insurance Superannuation Plan or the Life Insurance SMSF Plan. The linked PremierLink TPD option will be held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under a TPD any occupation definition in the first instance. If you meet this definition, the benefit will be paid to the Trustee. If you do not meet the TPD any occupation definition, you will then be assessed under a TPD own occupation definition under the PremierLink TPD option. If you meet this definition, the benefit will be paid directly to you. The definitions for TPD any and own occupation can be found in the Glossary of definitions on page 66.

- A payment of 100% of the TPD benefit under either the TPD any occupation option or the PremierLink TPD option will automatically cancel both options.
- If you are paid a TPD benefit under either the TPD any occupation option or the PremierLink TPD option and you are also eligible for an Accommodation benefit and/or Financial plan benefit, these benefits will be paid to you directly, or whoever owns the PremierLink TPD option, under the PremierLink TPD option held outside of super.
- If you are paid the Partial TPD benefit, this will be paid under the PremierLink TPD option that is held outside of superannuation. This benefit will be paid directly to you or whoever owns the PremierLink TPD option.
- The sum insured of the plan and any attached/linked trauma or TPD insurance will be reduced by any PremierLink TPD insurance payment.
- If you cancel the TPD any occupation option, the PremierLink TPD option will automatically be cancelled. However, if you cancel the PremierLink TPD option, the TPD any occupation option can remain.
- If the Business solutions option and/or the Life buy back – TPD option are purchased, they will be applied to both the TPD any occupation option and the PremierLink TPD option. If they are cancelled, they will be cancelled from both TPD options.
- If the PremierLink TPD option is purchased, FlexiLink TPD and Double TPD will not be available on the linked life insurance plan.

For further information on the PremierLink TPD option refer to the Plan structure section on page 4.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Double TPD option

This option works the same way as the TPD insurance option, except if we pay the TPD insurance benefit amount before age 65, the sum insured of the life insurance plan that this option is attached to will not be reduced. The sum insured of any attaching trauma insurance will reduce by the TPD insurance benefit amount paid.

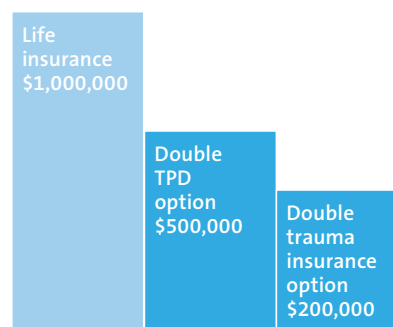
Furthermore, in the event we pay the full TPD insurance benefit payment, we will waive your life insurance premiums until your plan expiry date. In instances where the TPD insurance benefit amount is less than the Life insurance benefit amount, the premium will be waived proportionately. The premium we waive will include the plan fee and options attached to life insurance.

However, if we pay you a TPD insurance benefit after the plan 'renewal date' following age 65, we will reduce your Life insurance benefit amount by the amount paid and no premiums will be waived.

Indexation increases and the Future insurability benefit will not be available on the life insurance plan or any trauma option attached once the Double TPD insurance option has been activated. This option is not available together with PremierLink TPD.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Figure 2.1
Double TPD insurance option



TPD

In the event of a double TPD claim, the amount of \$500,000 is payable. The Double trauma insurance option will be reduced by \$500,000; however, the Life Insurance Plan will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$1,000,000
- Double TPD option \$0
- Double trauma insurance option \$0.

Premium waiver: As the Double TPD benefit amount was 50% of the life insurance benefit amount, we will waive 50% of the future premium for life insurance, even though the life insurance benefit amount remains at \$1,000,000.

Life buy back – TPD option

This option allows you to purchase new life insurance in the event that we pay out the full TPD insurance benefit without the need to provide us with any health or other evidence.

Immediately after we pay the full TPD insurance benefit, this option provides you with 60 days in which to purchase new life insurance. The maximum amount that can be purchased is the TPD insurance benefit amount we paid.

The new plan offered will be the life insurance plan that is on-sale when this option is exercised.

Any special conditions that applied to the original plan when the TPD claim was paid will continue to apply to the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to Figure 2.4 for an example of when the Life buy back – TPD can be exercised to purchase new life insurance.

This Life buy back option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new life insurance plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

FlexiLink TPD insurance

FlexiLink TPD insurance allows you to attach TPD insurance to a life insurance plan. It works similarly to a TPD insurance option, except that it enables you to have a different plan owner than the plan it is attached to.

If you purchase FlexiLink TPD insurance, you can also purchase Life buy back – TPD option, Business solutions – TPD option and Children's trauma option.

Further information can be found in the TPD Insurance section commencing on page 18.

Activities of Daily Living (ADL)

TPD insurance option

This option allows you to attach ADL TPD insurance to your life insurance plan. If you meet the definition for ADL TPD, we will pay you the ADL TPD insurance benefit amount.

The sum insured of the plan (and any attaching trauma insurance) that this option is attached to will reduce by the ADL TPD insurance benefit amount paid.

Further information can be found in the TPD Insurance section commencing on page 18.

Trauma insurance option

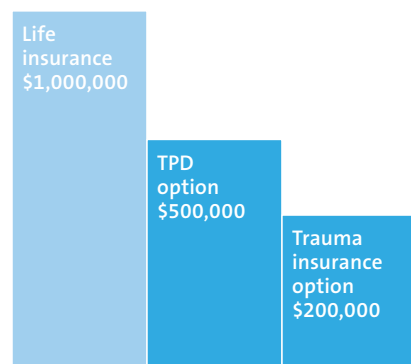
If you suffer one of the trauma events listed on page 26 and meet the trauma definition as detailed in the Glossary of definitions, we will pay you the Trauma benefit amount.

The sum insured of the plan (and any attaching TPD insurance) that this option is attached to will reduce by the Trauma benefit amount paid.

Further information can be found in the Trauma Insurance section commencing on page 24.

Figure 2.2

Single trauma insurance option



Trauma

In the event of a trauma claim, the amount of \$200,000 is payable. The TPD option and Life Insurance Plan will be reduced by \$200,000.

The total amount of cover left after claim is:

- Life Insurance Plan \$800,000
- TPD option \$300,000
- Trauma insurance option \$0.

Life buy back – Trauma option

This option allows you to purchase new life insurance, without the need to provide us with any health or other evidence in the event that we pay out the full trauma insurance benefit.

You are eligible to buy the new plan by submitting to us the required form, plus the appropriate premium from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

From the date that you are eligible, you have 60 days to apply for the new life insurance cover. The maximum amount that can be purchased is the amount of the trauma benefit we paid.

The new plan offered will be the life insurance plan that is on-sale when this option is exercised.

Any special conditions that applied to the original plan when the trauma claim was paid will continue to apply to the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to Figure 2.4 for an example of when the Life buy back – Trauma can be exercised to purchase new life insurance.

This Life buy back option can only be exercised once.

Indexation increases and the Future insurability benefit will not be offered on the new life insurance plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Double trauma option

This option works the same way as the Trauma option, except if we pay the Trauma benefit amount before age 70, the sum insured of the life insurance plan that this option is attached to will not reduce. The sum insured of any attaching TPD insurance will be reduced by the Trauma benefit amount paid.

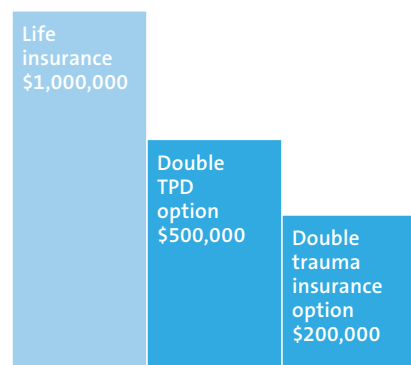
Furthermore, in the event we pay the full Trauma benefit amount, we will waive your life insurance premiums until your plan expiry date. In instances where the Trauma benefit amount is less than the Life insurance benefit amount, the premium will be waived proportionately. The premium we waive will include the plan fee and options attached to life insurance.

However, if we pay you a Trauma benefit after the plan 'renewal date' following age 70, we will reduce your Life insurance benefit amount by the amount paid and no premiums will be waived.

Indexation increases and the Future insurability benefit will not be available on the life insurance plan or any TPD/trauma option attached once the Double trauma option has been activated.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Figure 2.3
Double trauma insurance option



Trauma

In the event of a double trauma claim, the amount of \$200,000 is payable. The double TPD benefit amount will be reduced; however, the Life Insurance Plan benefit amount will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$1,000,000
- Double TPD option \$300,000
- Double trauma insurance option \$0.

Premium waiver: As the trauma benefit amount is 20% of the life insurance benefit amount, we will waive 20% of the premium for the Life Insurance Plan, even though the life insurance benefit amount remains at \$1,000,000. As the amount of double TPD has already been reduced, no premiums will be waived for the Double TPD insurance option but you will only be charged premiums for \$300,000 of cover.

Trauma reinstatement option

This option allows you to purchase new trauma insurance, without the need to provide us with any health or other evidence in the event that we pay out the full Trauma benefit amount before age 70.

You are eligible to purchase the new plan by submitting to us the required form, plus the appropriate premium from the later of:

- 12 months after we receive the trauma insurance claim form, or
- the date the claim is paid.

Figure 2.4
Life buy back timeline



(i) The new plan offered will be the Life Insurance Plan that is on-sale when this option is exercised.

From the date that you are eligible, you have 60 days to apply for the new trauma insurance cover. The maximum amount that can be purchased is the amount of the trauma benefit we paid.

The new plan offered will be the trauma insurance plan that is on-sale when this option is exercised.

We will not pay you a benefit on the new trauma insurance plan for a trauma event that is related to or caused by a medical condition resulting in the original claim under the original plan.

However, we will pay you a partial benefit for cancer or a heart attack which is related to the original claim. In these cases we will pay the lower of:

- \$50,000, or
- 10% of the benefit amount under the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

This Trauma reinstatement option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new trauma insurance plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

FlexiLink trauma insurance

FlexiLink trauma insurance allows you to attach trauma insurance to a life insurance plan. It works similarly to a trauma insurance option, except that it enables you to have a different plan owner than the plan it is attached to.

If you purchase FlexiLink trauma insurance, you can also purchase Life buy back – Trauma option, Trauma reinstatement option, Business solutions – Trauma option and Children's trauma option.

Further information can be found in the Trauma insurance section commencing on page 24.

Children's trauma option

This benefit is explained in detail in the Trauma insurance section of this PDS on page 29.

AMP Elevate TPD insurance

Plan, option, FlexiLink and PremierLink TPD

Life Insurance Superannuation Plan/ Life Insurance SMSF Plan



TPD (any occupation) and ADL TPD insurance can be purchased as an option on the Life Insurance Superannuation Plan or Life Insurance SMSF Plan. If you are totally and permanently disabled, the insurer pays the benefit to the Trustee. The Trustee can then release the benefit to you in accordance with superannuation law.

For more information on the Life Insurance Superannuation Plan, please refer to the Holding your policy in superannuation section on page 50.

If you suffer an illness or injury that causes you to become totally and permanently disabled, the TPD insurance will pay a lump sum amount. The benefit payable is either the benefit amount specified in your schedule or a portion of the benefit amount if you meet the definition for a partial payment.

The sooner we are notified of your illness or injury, the more effectively we will be able to work with you through the claims process. If we are not notified of your illness or injury as soon as possible, we may reduce the amount of any benefit paid to the extent that we have been prejudiced by this delay.

TPD insurance

TPD insurance has the following types:

- TPD own occupation
- TPD any occupation
- Activities of Daily Living TPD (ADL TPD).

TPD insurance as a plan

The TPD (own and any occupation) and ADL TPD insurance can be purchased independently of life insurance through the TPD Insurance Plan and the ADL TPD Insurance Plan.

TPD insurance as an option

TPD insurance (own and any occupation) can be purchased as an option attached to life insurance or trauma insurance. ADL TPD insurance can only be purchased as an option on life insurance.

FlexiLink TPD

FlexiLink TPD (own and any occupation) can be attached to life insurance. FlexiLink TPD works in a similar way to a TPD insurance option with regards to how they are priced and how they function. Certain parameters of the FlexiLink TPD Insurance Plan must match the life insurance plan it is attached to. For example, where CPI increases are accepted on one plan, CPI must be accepted on the connected plan(s).

PremierLink TPD option

The PremierLink TPD option can be linked to a TPD any occupation option held on any of the life insurance plans. The PremierLink TPD option has the same structure as the linked TPD any occupation option. For example, they will have the same sum insured, which cannot exceed the sum insured of the life insurance they are linked to. The PremierLink TPD option has the same premium style and the same anniversary date as the TPD any occupation option. If an increase or reduction is made to the TPD any occupation insurance, the alteration will automatically be applied to the PremierLink TPD option.

Eligibility to apply

	TPD Plan/ option NS	FlexiLink TPD NS	PremierLink TPD NS	TPD option S SMSF	ADL TPD Plan/ option NS	ADL TPD option S SMSF
Initial sum insured	Minimum: \$50,000 Maximum: \$5,000,000 ⁽ⁱ⁾				Minimum: \$50,000 Maximum: \$2,000,000 ⁽ⁱⁱ⁾	
Entry ages	Stepped premiums: 16–60 next birthday Level premiums: 16–60 next birthday Blended premiums: 25–50 next birthday				Stepped premiums: 16–65 next birthday Level premiums: 16–60 next birthday Blended premiums: 25–50 next birthday	
Expiry ages	Age 99 ⁽ⁱⁱⁱ⁾ Or earlier if selected ^{(iv)(v)(vi)}			Age 75 Or earlier if selected ^{(iv)(v)(vi)}	Age 99 Or earlier if selected ^{(iv)(v)}	Age 75 Or earlier if selected ^{(iv)(v)}
Minimum annual premium	\$250 across linked plans ^(vii)				\$250 across linked plans ^(vii)	

(i) The maximum cover amount for TPD is \$5,000,000 for income-earning applicants (from all sources, personal and business combined) and includes any ADL TPD.

(ii) The maximum cover for ADL TPD is \$2,000,000 for income-earning applicants and may be used to increase the total TPD cover to \$5,000,000.

(iii) FlexiLink TPD and the PremierLink TPD option will end at age 75 if linked to a Life Insurance Superannuation Plan or Life Insurance SMSF Plan.

(iv) Level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.

(v) Blended premiums will alter to stepped premiums from the first 'renewal date' after age 60.

(vi) On the first 'renewal date' after age 65 only the specific loss, future care and significant cognitive impairment definitions apply.

(vii) The minimum premium applies to the sum of premiums for:

- An individual's linked policies (please refer to Plan fee waiver on additional plans on page 57 for more information), and
- Policies linked by way of family relationship and/or a business partner relationship.

Benefits overview

Included benefits

The following table outlines the benefits that are included for each plan at no additional cost. Further information on these benefits can be found on the pages indicated below.

Included benefits	Page	Total and Permanent Disability				ADL TPD	
		Plan/Option NS	FlexiLink ∞	Option S SMSF	PremierLink TPD ∞	Plan and option NS	Option S SMSF
ADL TPD	21					✓	✓
TPD (Any and Own Occupation)	21	✓	✓	✓ Any only	✓ Own only		
Day one TPD	22	✓	✓	✓	✓		
Future insurability benefit	11	✓	✓	✓	✓	✓	✓
Indexation benefit	11	✓	✓	✓	✓	✓	✓
Interim cover	11	✓	✓	✓	✓		
Premium freeze ⁽ⁱ⁾⁽ⁱⁱ⁾	11	✓		✓		✓	✓
Upgrade of benefits	12	✓	✓	✓	✓	✓	✓
24-hour worldwide cover	12	✓	✓	✓	✓	✓	✓
Accommodation benefit	10	✓ ⁽ⁱⁱⁱ⁾	✓		✓		
Financial plan benefit	11	✓ ⁽ⁱⁱⁱ⁾	✓		✓	✓	
Partial TPD	21	✓ ⁽ⁱⁱⁱ⁾	✓		✓		

(i) Not available for blended premiums.

(ii) Not available on a FlexiLink plan/PremierLink TPD option and the life insurance plan they are attached/linked to.

(iii) When a PremierLink TPD option is attached to a TPD any occupation option, this benefit will be paid under the PremierLink TPD option only.

Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the pages indicated below.

There are no optional benefits available for ADL TPD.

Optional benefits	Page	Total and Permanent Disability			
		Plan NS	Option NS	FlexiLink ∞	Option S SMSF
Business solutions option – TPD	14	✓	✓	✓	✓
Children's trauma	29	✓	(i)	✓	
Life buy back – TPD	15		✓ ⁽ⁱⁱ⁾	✓	✓
Double TPD	15		✓ ⁽ⁱⁱⁱ⁾		✓ ⁽ⁱⁱⁱ⁾
PremierLink TPD	14		∞		∞
Business solutions option – TPD	14		∞ ^(iv)		∞ ^(iv)
Life buy back – TPD	15		∞ ^(iv)		∞ ^(iv)

(i) Children's trauma may be purchased as an option on a life insurance plan or on a trauma insurance plan to which the TPD insurance option is attached.

(ii) This option is not available where TPD insurance is purchased as an option on a trauma insurance plan.

(iii) Double TPD is not available on the PremierLink TPD option or the plan/option that it is linked to.

(iv) If this option is purchased under the TPD any occupation option that the TPD PremierLink option is linked to, it will automatically be applied to the PremierLink TPD option as well but will only be paid out once.

Included benefits

Total and Permanent Disability (Own and Any Occupation)

You are totally and permanently disabled if you:

- A. Are unlikely to work, or
- B. Suffer a specific loss, or
- C. Require future care, or
- D. Are unlikely to perform domestic work, or
- E. Suffer significant cognitive impairment.

You are covered under:

- Definitions A and D until the first 'renewal date' after your 65th birthday.
- Definitions B and C until your 99th birthday.
- Definition E from the first 'renewal date' after your 65th birthday until your 99th birthday.

Definition A above is different for Own and Any occupation. Full definitions can be found in the Glossary of definitions on page 66.

Partial TPD

If you suffer the total and permanent loss of the use of:

- One hand, or
- One foot, or
- The entire sight in one eye,

we will pay you a Partial TPD benefit of the lower of:

- 25% of the TPD insurance benefit, or
- \$500,000.

If both a TPD any occupation option and PremierLink TPD option are purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

We will only pay the higher of:

- Partial TPD under a TPD insurance option, or
- Loss of a limb under trauma insurance plus,

in the event you are eligible to claim under both benefits and they are linked/attached to the same plan.

We will only pay this benefit once. The benefit will reduce any other benefits payable under your plan.

Activities of Daily Living TPD

You are totally and permanently disabled if you:

- C. Require future care, or
- E. Suffer significant cognitive impairment

You are covered under:

- Definition C until your 99th birthday.
- Definition E from the first 'renewal date' after your 65th birthday until your 99th birthday.

Total and Permanent Disability (Any Occupation)

You are totally and permanently disabled if you:

- A. Are unlikely to work, or
- B. Suffer a specific loss, or
- C. Require future care, or
- E. Suffer significant cognitive impairment.

You are covered under:

- Definition A until the first 'renewal date' after your 65th birthday.
- Definitions B and C until your 75th birthday.
- Definition E from the first 'renewal date' after your 65th birthday until your 75th birthday.

If claiming under definitions B, C or E you are also required to be considered as suffering from 'permanent incapacity'. Full definitions can be found in the Glossary of definitions on page 66.

Partial TPD is not available if TPD is purchased as an option on the Life Insurance Superannuation Plan or Life Insurance SMSF Plan.

Activities of Daily Living TPD

You are totally and permanently disabled if you:

- C. Require future care, or
- E. Suffer significant cognitive impairment.

You are covered under:

- Definition C until your 75th birthday.
- Definition E from the first 'renewal date' after your 65th birthday until your 75th birthday.

If claiming under definitions C or E you are also required to be considered as suffering from 'permanent incapacity'.

It is important that you read the definitions for each of these plans and understand how they apply to the plan you have chosen. Full definitions can be found in the Glossary of definitions on pages 66 to 67.

Day one TPD

If you meet the definition of total and permanent disability as a result of one of the following medical conditions, we will waive the requirement to be unable to work for three months when assessing a claim made under Definition A or D (definition D is not available within superannuation).

The medical conditions are:

- Alzheimer's disease and other dementias
- Blindness (Full payment)
- Cardiomyopathy
- Deafness (Full payment)
- Diplegia
- Hemiplegia
- Loss of speech
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia
- Parkinson's disease
- Primary pulmonary hypertension
- Quadriplegia (also defined as tetraplegia)
- Severe rheumatoid arthritis.

Each of the listed medical conditions are defined in the Trauma insurance definitions section from page 67.

Other included benefits

The Included benefits table on page 20 outlines where details of each of the included benefits can be found.

Additional information

When TPD insurance is payable

Survival period

If you purchase:

- A TPD option attached to a life insurance plan, or
- A FlexiLink TPD plan,

there is no survival period requirement. We will pay the TPD benefit as soon as you meet the definition of total and permanent disability.

If you purchase:

- A TPD plan, or
- A Double TPD option, or
- A TPD option attached to a trauma insurance plan,

an eight day survival period applies. We will only pay the TPD benefit upon your survival of eight days from the date you become eligible for a total and permanent disability benefit.

Survival period

If you purchase a TPD insurance option attached to the Life Insurance Superannuation Plan or Life Insurance SMSF Plan there is no survival period requirement. We will pay the Trustee the TPD insurance benefit as soon as you meet the definition of total and permanent disability.

If you purchase a double TPD insurance option and you are classified as totally and permanently disabled, an eight day survival period applies. We will only pay the TPD benefit upon your survival of eight days from the date you become eligible for a total and permanent disability benefit.

When we will not pay

We will not pay you a TPD insurance benefit:

- If you make a fraudulent claim, or
- If your total and permanent disability is caused directly or indirectly by you or the plan owner on purpose, or
- If your TPD results in your death within eight days from the date you suffered the injury or illness that directly or indirectly caused the total and permanent disability when the TPD insurance is purchased as:
 - A plan, or
 - A Double TPD insurance option, or
 - A TPD insurance option attached to a trauma plan, or
- If you had a medical condition, injury or sickness before the plan began and you did not tell us about it unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware ofthe medical condition, injury or sickness at the time, or
- If you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

When we will not pay

We will not pay the Trustee a TPD insurance benefit:

- If you make a fraudulent claim, or
- If your total and permanent disability is caused directly or indirectly by you on purpose, or
- On a Double TPD insurance option if your total and permanent disability results in your death within eight days from the date you suffered the injury or illness that directly or indirectly caused the total and permanent disability, or
- If you had a medical condition, injury or sickness before the plan began and you did not tell us about it unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware ofthe medical condition, injury or sickness at the time, or
- If you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

When the TPD insurance benefit is reduced

TPD insurance purchased as a plan

Where TPD insurance is purchased as a plan, the TPD insurance benefit amount will be reduced by the amount of any TPD insurance paid under a partial payment.

TPD insurance purchased as an option, PremierLink TPD option or as FlexiLink

Where TPD insurance is purchased as an option, PremierLink TPD option or as a FlexiLink plan attached to life insurance, the TPD insurance benefit amount will be reduced by:

- The amount of any TPD insurance partial payment, or
- The amount of any trauma insurance payment (including the amount of any partial payment), if trauma insurance is also attached as an option on life insurance or as a FlexiLink trauma plan.

Where a PremierLink TPD option is purchased, it will be linked to a TPD any occupation option on a life insurance plan. A full payment under either option will reduce the cover on the linked option. If a partial payment is made under the PremierLink TPD option, the TPD any occupation option will be reduced by the amount of the partial payment.

Where TPD insurance is purchased as an option attached to trauma insurance, the TPD insurance benefit amount will be reduced by the amount of any trauma insurance payment (including the amount of any partial payment).

When the life insurance benefit is reduced

TPD insurance purchased as a plan

Where TPD insurance is purchased as a plan with life insurance or trauma insurance held on a separate plan, any payment made under the TPD Insurance Plan will not affect the life insurance benefit or trauma insurance benefit.

TPD purchased as an option

Where TPD insurance is purchased as an option attached to a life insurance plan, the life insurance benefit will be reduced by the amount of any TPD insurance payment. However, if double TPD is purchased then any payment under the TPD insurance will not reduce the life insurance benefit.

TPD insurance purchased as a PremierLink TPD option

Where TPD insurance is purchased as a PremierLink TPD option linked to a TPD any occupation option, it operates as an option attached to both the life insurance plan and the TPD any occupation option. The life insurance benefit and the TPD any occupation option will be reduced by any amount paid under the PremierLink TPD option.

TPD insurance purchased as FlexiLink

Where TPD insurance is purchased as FlexiLink TPD attached to a life insurance plan, the TPD insurance will operate as an option attached to that plan. Therefore, the life insurance benefit will be reduced by the amount of any TPD insurance payment.

When TPD insurance will end

TPD insurance and any options attached will automatically end as soon as:

- We have paid, in full, the benefit that applied at the time of the claim event, or
- You die, or
- The plan to which a TPD insurance option is attached ends (if applicable), or
- The plan/option reaches the expiry date as specified on the schedule.

We can also end the plan/option if your premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

Optional benefits

The Optional benefits table on page 20 outlines where details of each of the optional benefits can be found.

AMP Elevate Trauma insurance

Plan, option and FlexiLink

If you suffer one of the trauma events listed in the trauma events table on page 26 and meet the definition as detailed in the Glossary of definitions, we will pay you a lump sum amount. The benefit payable is either the benefit amount specified in your schedule or a portion of the benefit amount if you meet the definition for a partial or early payment.

The sooner we are notified of your illness or injury, the more effectively we will be able to work with you through the claims process. If we are not notified of your illness or injury as soon as possible, we may reduce the amount of any benefit paid to the extent that we have been prejudiced by this delay.

Trauma insurance

Trauma insurance has the following types:

- Trauma Insurance
- Trauma Insurance Plus.

Trauma insurance as a plan [NS](#)

Trauma insurance can be purchased independently of life insurance through the Trauma Insurance Plan and Trauma Insurance Plus Plan.

Trauma insurance as an option [NS](#)

Trauma insurance can be purchased as an option attached to life insurance through the Trauma Insurance option or the Trauma Insurance Plus option.

FlexiLink trauma [NS](#)

FlexiLink Trauma Insurance and FlexiLink Trauma Insurance Plus can be attached to life insurance. FlexiLink trauma works in a similar way to a trauma option with regards to how they are priced and how they function. Certain parameters of the FlexiLink trauma plan must match the life insurance plan it is attached to. For example, where CPI increases are accepted on one plan, CPI must be accepted on the connected plan(s).

Eligibility to apply

	Trauma Insurance and Trauma Insurance Plus Plan/option NS	FlexiLink Trauma Insurance/ Trauma Insurance Plus NS NS
Initial sum insured	Minimum: \$50,000 Maximum: \$2,000,000 ⁽ⁱ⁾	
Entry ages	Stepped premiums: Trauma Insurance Trauma Insurance Plus Level premiums: Blended premiums:	16–65 next birthday 16–60 next birthday 16–60 next birthday 25–50 next birthday
Expiry ages	Age 99 ^{(ii)(iii)(iv)}	
Minimum annual premium	\$250 across linked plans ^(v)	

(i) The standard maximum cover amount is \$2 million (from all sources) for income-earning applicants.

(ii) Level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.

(iii) Blended premiums will alter to stepped premiums from the first 'renewal date' after age 60.

(iv) On the first 'renewal date' after age 70 only the Loss of capacity for independent living trauma event applies.

(v) The minimum premium applies to the sum of premiums for:

- An individual's linked policies (please refer to Plan fee waiver on additional plans on page 57 for more information), and
- Policies linked by way of family relationship and/or a business partner relationship.

Benefits overview

Included benefits

The following table outlines the benefits that are included at no additional cost. Further information on these benefits can be found on the pages indicated below.

Included benefits	Page	Trauma Insurance and Trauma Insurance Plus		
		Plan NS	Option NS	FlexiLink ∞
Trauma events	26	✓	✓	✓
Accommodation benefit	10	✓	✓	✓
Financial plan benefit	11	✓	✓	✓
Future insurability benefit	11	✓	✓	✓
Indexation benefit	11	✓	✓	✓
Interim cover	11	✓	✓	✓
Premium freeze ⁽ⁱ⁾	11	✓	✓	
Upgrade of benefits	12	✓	✓	✓
24-hour worldwide cover	12	✓	✓	✓

(i) Not available for blended premiums, FlexiLink plans or the plan that FlexiLink is linked to.

Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the pages indicated below.

Optional benefits	Page	Trauma Insurance and Trauma Insurance Plus		
		Plan NS	Option NS	FlexiLink ∞
Business solutions option – trauma	14	✓	✓	✓
Children's trauma	29	✓	(i)	✓
Trauma reinstatement	17	✓	✓	✓
Total and permanent disability (TPD) option	14	✓		
Business solutions option – TPD	14	✓		
Life buy back – trauma	16		✓	✓
Double trauma	16		✓	

(i) Children's trauma may be purchased as an option on a life insurance plan to which the trauma option is attached.

Included benefits

Trauma events

Trauma Insurance

Trauma Insurance covers the following trauma events:

Type of payment	Benefit Provides a benefit if you suffer from one of the following trauma events:		
Full payment	– Advanced diabetes – Alzheimer's disease and other dementias – Aplastic anaemia – Benign brain tumour – Blindness – Cancer⁽ⁱ⁾ – Cardiac arrest – Cardiomyopathy – Chronic kidney failure – Chronic liver disease – Coma – Coronary artery bypass surgery⁽ⁱ⁾ – Deafness – Diplegia	– Encephalitis – Heart attack⁽ⁱ⁾ – Heart valve surgery – Hemiplegia – Loss of capacity for independent living – Loss of limbs – Loss of limbs and sight – Loss of speech – Lung disease – Major head injury – Major organ transplant – Medically acquired HIV infection – Motor neurone disease – Multiple sclerosis	– Muscular dystrophy – Occupationally acquired HIV infection – Paraplegia – Parkinson's disease – Pneumonectomy – Primary pulmonary hypertension – Quadriplegia (also defined as tetraplegia) – Severe burns – Severe rheumatoid arthritis – Stroke⁽ⁱ⁾ – Surgery of the aorta – Triple vessel angioplasty
Partial payment	– Adult insulin dependent diabetes⁽ⁱ⁾ – Angioplasty – Blindness	– Deafness – Heart attack (other)⁽ⁱ⁾	– Medical condition requiring life support

(i) Subject to a 90 day qualifying period. Please refer to the Additional information section on page 27 for more information.

Trauma Insurance Plus

Trauma Insurance Plus covers the following trauma events in addition to the events covered by Trauma Insurance:

Type of payment	Benefit Provides a benefit if you suffer from one of the following trauma events:
Partial payment	– Loss of a limb⁽ⁱⁱ⁾
Cancer early payment (subject to a 90 day qualifying period)	– Melanomas – Prostate tumours – Carcinoma in situ of the penis – Carcinoma in situ of one or both testes – Carcinoma in situ of the perineum – Carcinoma in situ of the breast – Carcinoma in situ of the vulva, vagina or fallopian tube – Carcinoma in situ of the cervix – Carcinoma in situ of the ovary – Carcinoma in situ of the uterus

(ii) We will only pay the higher of:

- Partial TPD under a TPD insurance option, or
 - Loss of a limb under trauma insurance plus,
- in the event you are eligible to claim under both benefits and they are linked/attached to the same plan.

Trauma definitions can be found in the Glossary of definitions on pages 67 to 72.

In the event that a payment is made under any of the partial payment trauma events, your plan will not end. However, the trauma benefit amount will be reduced by the amount we paid you.

On the first 'renewal date' after age 70 only the Loss of capacity for independent living trauma event will apply.

Other included benefits

The Included benefits table on page 25 outlines where details of each of the included benefits can be found.

Additional information

When trauma insurance starts

For most of the trauma events covered, trauma insurance starts upon commencement of your policy. However, some of the trauma events are subject to a qualifying period.

For events that are not subject to a qualifying period

Trauma insurance starts on:

- The commencement date of the plan or option specified on your schedule
- The date the plan or option is reinstated
- The effective date of any increase in your trauma benefit (except Business solutions option and indexation benefit).

For events that are subject to a qualifying period

Trauma insurance starts 90 days after:

- The commencement date of the plan or option specified on your schedule
- The date the plan or option is reinstated
- The effective date of any increase in your trauma benefit (except Business solutions option and indexation benefit).

Further to the above, we will not pay you a trauma insurance benefit if you develop evidence of, or see a 'medical practitioner' for, that condition within 90 days of any of the following:

- The commencement date of the plan or option specified on your schedule
- The date the plan or option is reinstated
- The effective date of any increase in your trauma benefit (except Business solutions option and Indexation benefit).

The trauma events table lists all of the trauma events and specifies which events are subject to a qualifying period.

When a trauma insurance plan has been purchased by exercising a Trauma reinstatement option

If the trauma insurance plan has been purchased by exercising a Trauma reinstatement option after a claim, we will not pay you a benefit on the new trauma insurance plan for a trauma event that is related to or caused by a medical condition resulting in the original claim under the original plan.

However, we will pay you a partial benefit for cancer or a heart attack that is related to the original claim. In these cases we will pay the lower of:

- \$50,000, or
- 10% of the benefit amount under the new plan.

When trauma insurance is payable

If you purchase a trauma insurance option attached to a life insurance plan, or a FlexiLink trauma insurance plan, and you suffer a trauma event (outlined in the trauma events table) and meet the definition, we will pay you the trauma insurance benefit.

If you purchase:

- A trauma insurance plan, or
- A double trauma insurance option, and,

you suffer a trauma event (outlined in the trauma events table) and meet the definition, upon survival of 14 days from the date you become eligible for a trauma benefit, we will pay you the trauma insurance benefit.

When we will not pay

If you purchase a trauma insurance plan/option or FlexiLink trauma insurance plan, we will not pay a trauma insurance benefit if your trauma is caused directly or indirectly by you or the plan owner on purpose.

Where trauma insurance is purchased as a plan, or purchased as a double trauma insurance option, we will not pay a trauma insurance benefit if your trauma results in your death within 14 days from the date you suffered the medical condition, injury or diagnosis of that illness.

If you purchase a Children's trauma option, we will not pay a benefit under this option if the trauma is caused directly or indirectly by you or the nominated child on purpose.

We will not pay a benefit if you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

We will not pay if you had a medical condition, injury or sickness before the plan began and you did not tell us about it unless:

- you were not aware of, and
- a reasonable person in the circumstances could not be expected to have been aware of

the medical condition, injury or sickness at the time.

If you make a fraudulent claim we may refuse payment of the claim.

When the trauma benefit is reduced

Trauma insurance purchased as a plan

Where trauma insurance is purchased as a plan, the trauma insurance benefit will be reduced by:

- The amount of any trauma insurance paid under a partial payment, including a cancer early payment
- The amount of any TPD insurance payment (including the amount of any partial payment), if TPD insurance is attached as an option on the trauma insurance plan.

Trauma insurance purchased as an option or as FlexiLink

Where trauma insurance is purchased as an option or as a FlexiLink trauma insurance plan attached to life insurance, the trauma insurance benefit will be reduced by:

- The amount of any trauma insurance paid under a partial payment, including a cancer early payment
- The amount of any TPD insurance payment (including the amount of any partial payment), if TPD insurance is also attached as an option on life insurance, as a PremierLink TPD option or as a FlexiLink TPD insurance plan.

When the life insurance benefit is reduced

Trauma insurance purchased as a plan

Where trauma insurance is purchased as a plan and life insurance is held on a separate plan, any payment made under the trauma insurance plan will not affect the life insurance benefit.

Trauma insurance purchased as an option

Where trauma insurance is purchased as an option attached to a life insurance plan, the life insurance benefit will be reduced by the amount of any trauma insurance benefit payment. However, if double trauma insurance is purchased then any payment under the trauma insurance will not reduce the life insurance benefit.

Trauma insurance purchased as FlexiLink

Where trauma insurance is purchased as FlexiLink trauma attached to a life insurance plan, the trauma insurance will operate as an option attached to that plan. Therefore the life insurance benefit will be reduced by the amount of any trauma insurance payment.

When trauma insurance will end

Trauma insurance and any options attached will automatically end as soon as:

- We have paid, in full, the benefit that applied at the time of the claim event, or
- You die, or
- The plan to which a trauma insurance option is attached ends (if applicable), or
- The plan/option reaches the expiry date as specified on the schedule.

We can also end the plan/option if your premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

Replacement plans, conversions and takeover terms from another insurer

Where we have agreed to replace/convert an existing trauma plan or option from within AMP or another insurer (via takeover terms, conversions or subject to full underwriting), we may waive the 90 day qualifying period. As outlined in the trauma events table, some of the trauma events covered under AMP's

trauma plans and options are subject to a 90 day qualifying period. If these trauma events were covered under the internal/external policy, and a previous AMP plan or an external policy was in force for 90 days or greater, on commencement of the plan with AMP (coinciding with cancellation of the internal/external policy), we will waive the 90 day qualifying period on trauma events. Where you have served part of the exclusion period, we will waive the equivalent time.

How the 90 day qualifying period applies:

- Any trauma events on this plan, not covered under the trauma plan or option being replaced, will be subject to a 90 day qualifying period.
- If the 90 day qualifying period of the trauma plan or option being replaced has not expired, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.
- If the trauma plan or option being replaced has been reinstated or increased within 90 days of the replacement, and the 90 day qualifying period of the trauma plan or option being replaced has not expired, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.
- Where the trauma benefit amount under this plan exceeds the trauma benefit amount being replaced, the 90 day qualifying period for trauma events applies to the excess amount.
- Where the trauma plan or option being replaced is not subject to a qualifying period, the 90 day qualifying period will apply to this plan.

For takeover terms from another insurer, the insurance cover being replaced must have been fully underwritten and not have been accepted with modified or limited underwriting requirements or on takeover terms previously. That is, the insurance cover being replaced must have been underwritten under the previous insurer's standard requirements for new applications at the time.

Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from.

Optional benefits

Children's trauma option

The Children's trauma option is available to be purchased for up to five children of age 3 next birthday to 16 next birthday and will continue until age 21.

This option allows you to cover up to five of your children for any amount between \$10,000 and \$200,000. This option covers the nominated child if they die, become terminally ill or suffer one of the following listed trauma events. Indexation increases do not apply to the benefit amount of this option.

If the nominated child becomes terminally ill, we will only pay:

- After this option commences
- Before this option ends, and
- Before the nominated child's 21st birthday.

Terminally ill means:

- A 'medical practitioner' has certified that the nominated child suffers from an illness, or has incurred an injury, that is likely to result in the nominated child's death within 12 months, and
- We agree with that prognosis. We may ask you to provide additional evidence that we require in order to agree with the prognosis. This may include providing information through 'medical practitioners' we choose.

No Terminal Illness benefit will be paid if this option has lapsed, been cancelled, or is otherwise not in force prior to the date the nominated child becomes terminally ill. The maximum we will pay under this option for each nominated child is the Children's trauma benefit as it appears in the schedule. On payment of the terminal illness benefit, the children's trauma insurance benefit will cease.

Payment of this benefit will not reduce the sum insured on any plan that this option is attached to.

When children's trauma insurance starts

For most of the trauma events covered under the Children's trauma option, trauma insurance starts upon commencement of the option. However, some of the trauma events are subject to a qualifying period.

When this option ends

In addition to the circumstances detailed in the When trauma insurance will end section on page 28, this option will end when the cover is continued for the nominated child under a new plan.

Continuing this cover under a new plan

You can continue your nominated child's trauma cover up to a maximum of 100% of the benefit held under the Children's trauma option if he or she is between the ages of 16 and 21 by purchasing one of the following plans without the need to provide us with any health evidence:

- Trauma Insurance Plan
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan
- Life Insurance Plan with Trauma Insurance Option, or
- Life Insurance Plan, Life Insurance Superannuation Plan or Life Insurance SMSF Plan with FlexiLink Trauma Insurance Plan.

Type of payment	Benefit Provides a benefit if your child suffers from one of the following trauma events:		
Full payment	– Alzheimer's disease and other dementias	– Encephalitis	– Occupationally acquired HIV infection
	– Aplastic anaemia ⁽ⁱ⁾	– Heart attack ⁽ⁱ⁾	– Paraplegia
	– Benign brain tumour	– Heart valve surgery	– Parkinson's disease
	– Blindness	– Hemiplegia	– Pneumonectomy
	– Cancer ⁽ⁱ⁾	– Loss of limbs	– Primary pulmonary hypertension
	– Cardiac arrest	– Loss of limbs and sight	– Quadriplegia (also defined as tetraplegia)
	– Cardiomyopathy	– Loss of speech	– Severe burns
	– Chronic kidney failure	– Lung disease	– Severe rheumatoid arthritis
	– Chronic liver disease	– Major head injury	– Stroke ⁽ⁱ⁾
	– Coma	– Major organ transplant ⁽ⁱ⁾	– Subacute sclerosing panencephalitis ⁽ⁱ⁾
	– Coronary artery bypass surgery ⁽ⁱ⁾	– Medically acquired HIV infection	– Surgery of the aorta
	– Deafness	– Motor neurone disease	– Triple vessel angioplasty
	– Diplegia	– Multiple sclerosis	– Viral encephalitis ⁽ⁱ⁾
		– Muscular dystrophy	

(i) Subject to a 90 day qualifying period. Please refer to the Additional information section on page 27 for more information.

The nominated child under this option is not eligible for any other options.

Trauma definitions can be found in the Glossary of definitions on pages 67 to 72.

Additional optional benefits

The Optional benefits table on page 25 outlines where details of each of the additional optional benefits can be found.

AMP Elevate Income insurance

Plan and PremierLink IP

Income Insurance Superannuation Plan/ Income Insurance SMSF Plan



You should be aware that should you choose to purchase an insurance product under superannuation, any benefit payments will be made to the Trustee. The Trustee can then release the benefit to you in accordance with superannuation law.

For the Income Insurance Superannuation Plan, please refer to the Holding your policy in superannuation section on page 50 for more information on:

- Plan membership
- Taxation Information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of dependant.

Income insurance

Income insurance can provide you with a replacement income stream if you are unable to work due to sickness or injury.

You are able to insure up to 75% of your 'income' at the time of purchase.

Business expenses insurance

Business expenses insurance can provide your business with a payment if, as a result of injury or sickness, you are prevented from earning your business an income.

Income insurance and Business expenses insurance

The sooner we are notified of your illness or injury, the more effectively we will be able to work with you through the claims process. If we are not notified of your illness or injury as soon as possible, we may reduce the amount of any benefit paid to the extent that we have been prejudiced by this delay.

Seven income insurance plans are available

Non-superannuation

- Income Insurance Premier Plan
- Income Insurance Plus Plan
- Income Insurance Plan
- Income Insurance Senior Plan (only available as a conversion from eligible plans)
- Business Expenses Insurance Plan.

Superannuation

- Income Insurance Superannuation Plan.

Self Managed Superannuation Fund

- Income Insurance SMSF Plan.

PremierLink IP is available

PremierLink IP

- The PremierLink IP option can be linked to the Income Insurance Superannuation Plan, the Income Insurance SMSF Plan or the Income Insurance Plan. The PremierLink IP option has the same structure as the linked income insurance plan. For example, they will have the same monthly benefit, waiting period and benefit period. The PremierLink IP option has the same premium style and the same anniversary date as the income insurance plan. The income insurance plan is indemnity; however, the PremierLink IP option can be agreed value or indemnity. If an alteration, increase or reduction is made to the income insurance plan, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.

Eligibility to apply

	Income Insurance Premier Plan 	Income Insurance Plus Plan 	Income Insurance Plan 	Income Insurance Super Plan 	Income Insurance SMSF Plan 	PremierLink IP 	Income Insurance Senior Plan 	Business Expenses Insurance Plan 
Entry ages	18–55 next birthday (where an age 60 benefit period is selected) 18–60 next birthday (where an age 65, age 70, 2 year or 5 year benefit period is selected)						Only available as a conversion from eligible plans	18–60 next birthday
Expiry ages	Age 70 ⁽ⁱ⁾⁽ⁱⁱ⁾ , age 65 or age 60 (depending on the benefit period selected)						Age 70	Age 65
Minimum annual premium	\$250 across linked plans ⁽ⁱⁱⁱ⁾							

(i) Occupation categories MP, AA and A only.

(ii) For the Income Insurance Superannuation Plan, your plan may expire earlier if you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions, and there are insufficient funds in your superannuation account to pay your premiums.
For further information on eligibility to make contributions please refer to the Holding your policy in superannuation section of this PDS on page 50.

(iii) The minimum premium applies to the sum of premiums for:

- An individual's linked policies (please refer to Plan fee waiver on additional plans on page 57 for more information), and
- Policies linked by way of family relationship and/or a business partner relationship.

Occupation descriptions

The following table shows the occupation category that applies to each occupation type.

Occupation category	Description
MP	Selected medical professionals.
AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists. This also includes individuals who are in an office-based management role only and are earning in excess of \$130,000 per annum and are: – Degree qualified, or – Individuals who are not degree qualified but have been in their current role for at least two years.
A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
BY	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to B occupations.
C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
CY	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to C occupations.
D	Predominantly manual labour, physically strenuous work with significant accident/health risks.
DY	Predominantly manual labour, physically strenuous work with an extra risk to D occupations.
F	Farmers who own and work full-time farming on their own properties or full-time share farmers. They must have been well established in this manner for at least three years.

Maximum benefit amount on entry

Occupation category	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	Income Insurance SMSF Plan SMSF	PremierLink IP IP	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
MP, AA, A	\$60,000 ⁽ⁱ⁾ per month	\$60,000 ⁽ⁱ⁾ per month	\$60,000 ⁽ⁱ⁾ per month	\$60,000 ⁽ⁱ⁾ per month	\$60,000 ⁽ⁱ⁾ per month	\$60,000 ⁽ⁱ⁾ per month	\$30,000 ⁽ⁱⁱ⁾ per month	\$40,000 per month
B, C	\$30,000 ⁽ⁱⁱⁱ⁾ per month	\$30,000 ⁽ⁱⁱⁱ⁾ per month	\$30,000 ⁽ⁱⁱⁱ⁾ per month	\$30,000 ^(iv) per month	\$30,000 ^(iv) per month	\$30,000 ⁽ⁱⁱⁱ⁾ per month	N/A	
D	N/A	\$30,000 per month	\$30,000 per month	\$30,000 per month	\$30,000 per month	N/A	N/A	
F	N/A	N/A	\$3,500 per month	\$3,500 per month	\$3,500 per month	N/A	N/A	N/A
BY, CY, DY	N/A	N/A	\$30,000 per month DY mining \$6,500 per month ^(iv)	\$30,000 per month DY mining \$6,500 per month	\$30,000 per month DY mining \$6,500 per month	N/A	N/A	N/A

(i) Amounts in excess of \$30,000 per month will only have a two year benefit period.

(ii) \$6,000 per month for AMP plans (IP Premier plans issued after September 1996) with the right to convert to SeniorGuard.

(iii) For C rated mining industry occupations, restrictions will apply to the maximum benefit amount and/or the amount of cover on an agreed value basis.

(iv) Indemnity basis only.

(v) For C rated mining industry occupations, restrictions will apply to the maximum benefit amount.

Waiting periods (days)

Occupation category	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	Income Insurance SMSF Plan SMSF	PremierLink IP IP	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
MP, AA, A	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60	30, 60 and 90
B, C		14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730		N/A	14, 30, 60 and 90
D	N/A	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	N/A	N/A	30, 60 and 90
F	N/A	N/A	14, 30, 60, 90, 180 and 730	14, 30, 60, 90, 180 and 730	14, 30, 60, 90, 180 and 730	N/A	N/A	N/A
BY, CY, DY	N/A	N/A	14, 30, 'DY' 30 only	14, 30, 'DY' 30 only	14, 30, 'DY' 30 only	N/A	N/A	N/A

Benefit periods

Occupation category	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	Income Insurance SMSF Plan SMSF	PremierLink IP IP	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
MP, AA, A	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	1 year	1 year
B, C	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	2 years, 5 years, to age 60 ⁽ⁱ⁾ , to age 65 ⁽ⁱ⁾	N/A	
D	N/A	2 years, 5 years	2 years, 5 years	2 years, 5 years	2 years, 5 years	N/A	N/A	
F	N/A	N/A	2 years, 5 years, to age 60, to age 65	2 years, 5 years, to age 60, to age 65	2 years, 5 years, to age 60, to age 65	N/A	N/A	N/A
BY, CY, DY	N/A	N/A	1 year, 2 years	1 year, 2 years	1 year, 2 years	N/A	N/A	N/A

(i) Not available for some C rated mining industry occupations.

The above waiting periods and benefit periods are available; however, there may be instances when not all combinations are available. For eligibility and maximum monthly benefit amounts you should contact your financial adviser.

Some factors to consider that will impact your premium

	AMP Elevate Income Insurance and Business Expenses NS	AMP Elevate Income Insurance Superannuation Plan and Income Insurance SMSF Plan S SMSF
Agreed value or indemnity	Whether income insurance is purchased as an agreed value plan or with an indemnity option determines the way the Total disability benefit and the Partial disability benefit are calculated. Agreed value If you purchase an agreed value plan, in the event of a claim we will pay you an amount based on the monthly benefit on your schedule. Agreed value is not available for occupation categories BY, CY, DY, F, the Income Insurance Senior Plan and the Business Expenses Insurance Plan. Indemnity will automatically be offered for these categories/plans. Indemnity If you purchase an indemnity option in the event of claim we will calculate your benefit by taking into account your 'pre-disability income'. If the indemnity option is attached it will result in a reduction of premium. The Income Insurance Superannuation Plan, the Income Insurance SMSF Plan and the Income Insurance Senior Plan are indemnity plans. The Business Expenses Insurance Plan is an indemnity plan. Therefore, in the event of a claim we will calculate your benefit by taking into account your actual business expenses incurred.	Agreed value Agreed value is not available for the Income Insurance Superannuation Plan or Income Insurance SMSF Plan.
Waiting period	The waiting period determines how long you must have been disabled before we start paying you a benefit. Depending on the plan you choose and your occupation classification, you can choose from a waiting period of 14 to 730 days.	The waiting period determines how long you must have been disabled before we start paying the Trustee a benefit. Depending on the plan you choose and your occupation classification, you can choose from a waiting period of 14 to 730 days.
Benefit period	The benefit period determines how long the claim can be paid for as long as you are totally or partially disabled. Depending on the plan you choose and your occupation category, you could choose from a benefit period of 1 year up to age 70.	
Occupation category	Your occupation category will impact the type of plan you can apply for, the premiums you will pay, the benefit period/ waiting period and the amount of cover you can apply for. In considering which plan is most suitable for you, it is important to note that not all plans are available for all occupations. You will be advised of our occupation classification which will be determined during the application process. The key features of the plan that will alter based on your occupation category are: – The total and partial disability definition – Your eligibility for a Partial disability benefit – How the Partial disability benefit is calculated – Offsets – When your benefit is reduced – Unemployment and leave without pay provisions. Where the operation of this plan differs depending on the occupation category, the difference will be specified.	
Premium structure	AMP's income insurance products may be purchased with a stepped premium structure or a level premium structure, with the exception of the Income Insurance Senior Plan which is only available with a stepped premium structure. Stepped premiums Premiums are adjusted each year at the 'renewal date' according to your age. In general, as you get older your premiums will increase. Level premiums Premiums remain the same for a given level of cover throughout the term of the plan. For further information on premium structures refer to the General terms and conditions section on page 55.	

Benefits overview

Included benefits

The following table outlines the benefits that are included at no additional cost. Further information on these benefits can be found on the pages indicated below.

Included benefits	Page	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	Income Insurance SMSF Plan SMSF	PremierLink IP 	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
Total disability – hours, income and duties based	36	✓					✓		
Total disability – duties based	36		✓	✓	✓	✓		✓	✓ page 48
Partial disability – hours and duties based	36	✓					✓		
Partial disability – duties based	36		✓	✓	✓	✓			✓ page 48
Indexation	38	✓	✓	✓	✓	✓	✓		✓
Interim cover	38	✓	✓	✓	✓	✓	✓		✓
Leave without pay continuation ⁽ⁱⁱⁱ⁾	41	✓	✓	✓	✓	✓	✓		
Premium freeze ^(v)	38	✓	✓	✓	✓	✓		✓	✓
Recurring disability	38	✓	✓	✓	✓	✓	✓		✓
Right to convert 730 day waiting period to 90 day waiting period	39	✓	✓	✓	✓	✓	✓		
Right to take out an Income Insurance Senior Plan ⁽ⁱ⁾	39	✓	✓	✓	✓	✓			
Upgrade of benefits	42	✓	✓	✓	✓	✓	✓	✓	✓
Waiver of premium	42	✓	✓	✓	✓	✓	✓	✓	✓
24-hour worldwide cover	42	✓	✓	✓	✓	✓	✓	✓	✓
Attempted Return to work during the waiting period	37	✓	✓	✓	✓	✓	✓		✓
Elective or cosmetic surgery ⁽ⁱⁱ⁾	37	✓	✓	✓			✓		✓
Return to work bonus	39	✓	✓	✓			✓		
Rehabilitation expenses	38	✓	✓	✓			✓		
Specific injuries and sicknesses	40	✓	✓	✓			✓		
Unemployment continuation benefit ⁽ⁱⁱⁱ⁾	41	✓	✓	✓			✓		
Death	37	✓	✓				✓		✓
Family carer's income	37	✓	✓				✓		
Family member's accommodation	37	✓	✓				✓		
Home coming costs	37	✓	✓				✓		
Nursing care	38	✓	✓				✓		
Rehabilitation programme	38	✓	✓				✓		
Special care	39	✓	✓				✓		
Unemployment premium waiver	41	✓	✓				✓		
Full benefit where no appropriate work is available ^(iv)	37	✓					✓		

(i) Occupation categories MP, AA and A only.

(ii) Not available for occupation categories BY, CY and DY.

(iii) Not available for occupation category F.

(iv) Not available for C rated mining industry occupations.

(v) Not available for PremierLink IP or the plan that it is linked to.

Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the pages indicated below.

Optional benefits	Page	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	Income Insurance SMSF Plan SMSF	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
Accelerated accident	45	✓	✓	✓	✓	✓		
Cover boost ⁽ⁱ⁾	46	✓	✓	✓	✓	✓		
Increasing claim	46	✓	✓	✓	✓	✓		
Indemnity	46	✓	✓	✓ ⁽ⁱⁱⁱ⁾	Is an indemnity-only plan	Is an indemnity-only plan	Is an indemnity-only plan	Is an indemnity-only plan
Superannuation contributions	47	✓	✓	✓	✓	✓		
Accident lump sum	45	✓	✓	✓				
Occupationally acquired HIV Hepatitis B and C ⁽ⁱⁱ⁾	46	✓	✓					
PremierLink IP ^(iv)	47			∞	∞	∞		
Accelerated accident	45			∞	∞	∞		
Cover boost	46			∞	∞	∞		
Increasing claim	46			∞	∞	∞		
Indemnity	46			∞	∞	∞		
Superannuation contributions	47			∞	∞	∞		
Accident Lump sum	45				∞	∞		
Occupationally acquired HIV Hepatitis B and C ⁽ⁱⁱ⁾	46				∞	∞		

(i) Occupation categories MP, AA and A only.

(ii) Only available to medical occupation categories MP or AA.

(iii) Mandatory for occupation categories F, BY, CY and DY.

(iv) Available for occupation categories MP, AA, A, B and C only.

Included benefits

The included benefits described below are only included with specific plans. Please refer to the table on page 34 to see which plans each included benefit applies to.

Total disability benefit

If you meet the definition of total disability we will pay you/ the Trustee the Total disability benefit.

Total disability – Hours, income and duties based definition

The Income Insurance Premier Plan and PremierLink IP option have a three tiered definition:

You are totally disabled if, because of injury or sickness, you are:

- Not working in any occupation (whether paid or unpaid), and
- Under ‘medical care’, and
 - Unable to do one or more duties that are important and essential in producing income of your occupation, or
 - Unable to do the duties that are important and essential in producing income of your occupation for more than 10 hours per week, or
 - Unable to generate more than 20% of your ‘pre-disability income’.

For C rated mining industry occupations, refer to the Glossary of definitions on page 76 for the Total disability definition.

Total disability – duties based definition

The Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Superannuation Plan, Income Insurance SMSF Plan and the Income Insurance Senior Plan have a duties based definition only:

Occupation categories MP, AA, A, B, C, BY, CY and DY

You are totally disabled if, because of injury or sickness, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Not working in any occupation (whether paid or unpaid), and
- Under ‘medical care’.

Occupation categories D and F

These definitions can be found in the Glossary of definitions on page 76.

How the Total disability benefit amount is calculated

This can be found in the Glossary of definitions on page 76.

Partial disability benefit

If you meet the definition of partial disability we will pay you/the Trustee the Partial disability benefit.

The definition of partial disability varies by plan and occupation category.

Hours and duties based definition

The Income Insurance Premier Plan and the PremierLink IP option have an hours and duties based definition:

You are partially disabled if, immediately after being totally or partially disabled for the entire duration of the waiting period, you have returned to work and, solely because of sickness or injury, you are:

- Not able to do one or more duties that are important and essential in producing income of your occupation
- Earning less than:
 - your ‘pre-disability income’ (if you have an agreed value plan) or
 - 75% of your ‘pre-disability income’ (if you have an indemnity plan), and
- Under ‘medical care’.

If you meet the above definition and are unable to work for more than 10 hours per week, we will pay you a claim amount equal to the ‘Total disability benefit amount’.

For C rated mining industry occupations, refer to the Glossary of definitions on page 73 for the Partial disability definition.

Duties based definition

The Income Insurance Plus Plan, Income Insurance Plan, Income Insurance SMSF Plan and the Income Insurance Superannuation Plan:

Occupation categories MP, AA and A

You are partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days, you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Earning less than:
 - your ‘pre-disability income’ (if you have an agreed value plan) or
 - 75% of your ‘pre-disability income’ (if you have an indemnity plan), and
- Under ‘medical care’.

Occupation categories B and C

You are partially disabled if immediately after being totally disabled for at least 14 days, you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Earning an ‘income’ less than:
 - your ‘pre-disability income’ (if you have an agreed value plan) or
 - 75% of your ‘pre-disability income’ (if you have an indemnity plan), and
- Under ‘medical care’.

Occupation categories D, F, BY, CY and DY

These definitions can be found in the Glossary of definitions on page 74.

How the Partial disability benefit amount is calculated

This can be found in the Glossary of definitions on page 75.

Attempted return to work during the waiting period

Returning to work in a partial capacity

Income Insurance Premier Plan and PremierLink IP option only

If you are totally or partially disabled for the entire duration of the waiting period and are totally disabled at the end of the waiting period, the waiting period will not be extended by the number of days you return to work in a partial capacity.

Returning to work in a full-time capacity

All plans and PremierLink IP option except the Income Insurance Senior Plan

Where 14 or 30 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for five consecutive days or less, we will extend the waiting period by the number of days you return to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than five consecutive days, the waiting period starts again.

Where 60, 90, 180, 365 or 730 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for 10 consecutive days or less, we will extend the waiting period by the number of days you return to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than 10 consecutive days, the waiting period starts again.

Rehabilitation

If you are totally disabled for at least the waiting period, we may require you to undergo, at AMP's expense (up to a maximum amount of six times the 'Total disability benefit amount'), rehabilitation that is designed to assist you in returning to full-time work, provided that a 'medical practitioner' states in writing that you have capacity to participate in the rehabilitation.

Death benefit

In the event of death the plan will pay a lump sum to your estate. The lump sum payable is six times the 'Total disability benefit amount', with a maximum amount payable of \$60,000.

Elective or cosmetic surgery benefit

The Total disability benefit is payable if you are totally disabled due to elective or cosmetic surgery, including where you have surgery to transplant part of your body to someone else.

A six month qualification period applies to this benefit from the commencement date of the plan and for any increases in cover.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option.

Family carer's income benefit

The Family carer's income benefit is payable if you are totally disabled and an immediate family member ceases employment to care for you while you are totally disabled.

For each month the family carer does not work (up to a maximum of six months), we will pay the lesser of:

- The 'Total disability benefit amount'
- The amount the family carer would have earned if you had not been totally disabled, or
- \$2,000 a month.

Any payment of the Family carer's income benefit is paid in addition to the Total disability benefit.

We will commence payments under this benefit after you have been receiving Total disability benefit payments for 30 days.

Family member's accommodation benefit

The Family member's accommodation benefit is payable if you are totally disabled, and an immediate family member travels more than 100 kilometres away from home to be with you, or you are totally disabled and more than 100 kilometres from home.

We will reimburse the immediate family member for accommodation expenses up to \$300 per day to a maximum of \$10,000.

The benefit will be paid as soon as reasonably possible after the expenses are incurred.

Full benefit where no appropriate work is available

Not available for C rated mining industry occupations

If you have been totally or partially disabled for the entire duration of the waiting period, and do not return to work but medical evidence demonstrates an ability to work, and no appropriate work is available, we will not reduce the benefit amount payable.

Home coming costs benefit

The Home coming costs benefit is payable if you become totally disabled away from home, you are totally disabled for more than 30 days and return home while still totally disabled.

We will pay for your actual transportation costs home, reduced by any other amounts that anyone else will reimburse, if you wish to return home to your place of residence.

We will pay the lesser of:

- A single standard economy airfare to the nearest airport in Australia where you reside or, if necessary, a medical facility in Australia by the most direct route, or
- Three times the 'Total disability benefit amount'.

Indexation benefit

To protect your benefit against the effects of inflation, up until age 65, your benefit is automatically increased each year by the greater of 3% or the increase in the Consumer Price Index (CPI).

Each year you will be given the opportunity to decline the increase. If you do not decline the increase, your benefit will be increased, and your premium will increase accordingly.

While we are paying you a Total disability benefit for injury or sickness, we will pay you the benefit amount that applied at the start of the claim for the duration of the claim.

While you are on claim, the monthly benefit on your schedule will continue to be adjusted by 3% or the increase in the CPI, whichever is greater. At the end of your claim period, the monthly benefit on your schedule will increase by the amount of the increases that were applied during the claim period.

The increased monthly benefit on your schedule will only apply for any later and separate claims. The increased benefit will be reflected in your premiums.

If you hold the Income Insurance Superannuation Plan/Income Insurance SMSF Plan and the premiums are paid by your employer, you must get agreement from your employer to allow indexation to be applied to your plan.

The indexation benefit will not be permitted where a loading exceeding 100% is applied. Any 'revised terms' applicable to your policy will also apply to increases exercised under this benefit.

Interim cover

You are provided with interim cover while we are assessing your application. You do not have to pay any extra premium for this cover.

The interim cover certificate on page 79 specifies the terms of cover.

Nursing care benefit

The Nursing care benefit is payable if you are totally disabled and certified by a 'medical practitioner' to require the full-time and continuous care of a registered nurse during the waiting period.

The nurse cannot be you, a family member, business partner, employee or employer of you or the person insured.

We will pay 1/30th of the 'Total disability benefit amount' during the waiting period for each day of such care to a maximum of 90 days.

This benefit is not payable if we have paid a Specific injuries or sicknesses benefit.

Premium freeze

Only available for stepped premiums

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your benefit amount will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your benefit amount current at that time will not reduce anymore and the Indexation benefit will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next 'renewal date' of the policy. Premium freeze is not available on a PremierLink IP option or the income insurance plan it is attached to.

The Indexation benefit will not apply while Premium freeze is exercised.

Recurring disability benefit

If you returned to full-time work for less than 12 months¹ since the date you were last paid to, and subsequently you experience a recurrence of disability from the same cause or a related cause, then we will treat it as a continuation of the same claim provided the plan is still in force.

No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

Rehabilitation expenses benefit

If we are paying you a Total disability benefit, you can ask us to pay for the expenses of rehabilitation.

These expenses include rehabilitation programme fees or buying goods, for example, equipment designed to assist you to re-enter the workforce and enrolling in a rehabilitation programme.

We will only pay an amount for rehabilitation expenses that:

- We have approved in writing before you incur them
- We have received receipts for
- A 'medical practitioner' states in writing you need to spend as part of your rehabilitation, and
- Cannot be reimbursed from any other source.

The maximum payment is six times the 'Total disability benefit amount'.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option.

Rehabilitation programme benefit

The rehabilitation programme benefit is payable if you are totally disabled and we are paying you a Total disability benefit, and you take part in a rehabilitation programme. We will pay you an amount towards the cost of the rehabilitation programme.

We will pay you up to an additional 50% of the 'Total disability benefit amount' for up to 12 months after the waiting period.

We will only do this if all the following conditions are satisfied:

- We must approve the rehabilitation programme in writing before you enter into the programme.
- You must undertake the rehabilitation programme to rehabilitate yourself for the disability you are claiming, and not for any other reason, and
- A 'medical practitioner' must state, in writing, that you need to undertake the programme as part of your rehabilitation.

¹ Where the benefit period is 1 year, 2 years or 5 years, the disability must recur within six months since the date you were last paid to.

Return to work bonus

If you have participated in an occupational rehabilitation programme (approved in writing by us) for at least three months, and have since returned to paid work for at least 30 hours a week, we will pay an additional benefit amount. The additional benefit amount is based on the 'Total disability benefit amount' and will be paid on completion of:

- 1 month of consecutive employment (0.5 x 'Total disability benefit amount')
- 3 months of consecutive employment (1 x 'Total disability benefit amount')
- 6 months of consecutive employment (1.5 x 'Total disability benefit amount').

We will only pay up to a total of 3 x 'Total disability benefit amount', for the life of the policy. Payment of this benefit is not dependent on you being totally disabled.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option.

Right to convert 730 day waiting period to 90 day waiting period

If you are a member of a group income protection plan with a two year benefit period, we will allow the waiting period of this plan and any linked PremierLink IP option to be reduced from 730 days to 90 days upon the cancellation of your group insurance cover.

The reduction in the waiting period will not require medical evidence on the person insured, subject to the following conditions:

- The group insurance cover must have ceased due to the person insured ceasing employment and consequently ceasing to meet the criteria for cover under group income protection plan
- The person insured must not be claiming a benefit, or eligible to claim a benefit, under this plan, any linked PremierLink IP option or the group income protection plan
- The person insured must not have ceased work due to any sickness or injury
- The person insured must not exercise, or have exercised, a continuation option, transfer or conversion from the group income protection plan
- The person insured must apply for the reduction in the waiting period within 60 days of ceasing cover under the group income protection plan
- The person insured must be gainfully employed for more than 30 hours per week at the time they apply for the reduction of the waiting period
- The person insured must not have had their benefit period on this plan previously limited, and
- Any exclusions, loadings or restrictions on this plan that were conditional on a 90 day waiting period will apply from the date the waiting period is reduced to 90 days.

Right to take out an Income Insurance Senior Plan

Occupation categories MP, AA and A only

If we end this plan because you have reached the expiry age of your income insurance plan, you have the right to apply for an Income Insurance Senior Plan.

Under the Income Insurance Senior Plan, you can be covered for income insurance until your 70th birthday.

When applying for cover under the Income Insurance Senior Plan you do not have to give us any medical evidence (smoking details are required) or evidence about your pursuits, pastimes, travel details or place of residence.

The following conditions apply:

- The level of cover available under the Income Insurance Senior Plan may not be more than the level of cover you had under this plan or any other plan you currently hold where Income Insurance Senior Plan is offered at the time you apply.
- You must be gainfully employed for more than 30 hours per week at the time you apply for the Income Insurance Senior Plan.
- You must have had no claims under this plan or any linked PremierLink IP option in the 12 months before the expiry of your income insurance plan or had any loadings, restrictions, exclusions, limited terms apply on the existing cover, and
- You must apply within 60 days before the date the current plan ends.

Special care benefit

The Special care benefit is payable if you are totally disabled and we are paying you a Total disability benefit, and you are confined to bed under the full-time care of a registered nurse or personal care attendant. We will pay you an amount towards the costs of the nurse or personal care attendant.

We will pay a special care benefit during the benefit period where:

- You are totally disabled, and
- Our Chief Medical Officer agrees that, because of your total disability, you are totally dependent on the full-time care of a nurse or personal care attendant.

The nurse or personal care attendant cannot be a family member, business partner, employee or employer of you or the person insured.

For each complete month you are entitled to be paid, we will pay the lesser of the following for up to six months:

- the 'Total disability benefit amount', and
- \$4,500.

We will not pay you this benefit during a claim period if we are paying you, or have paid you the Family member's accommodation benefit or the Family carer's income benefit.

Specific injuries and sicknesses benefit

The Specific injuries and sicknesses benefit is payable if you suffer a specific injury or sickness set out in the following table.

We will pay the 'Total disability benefit amount' for the payment period set out in the table, or for the benefit period, whichever is the lesser.

There is no waiting period for this benefit. We will pay even if you are not totally disabled. We will continue to pay for the payment period even if you have returned to work. We will stop paying you if you die.

If, after the payment period ends, you are totally or partially disabled because of the same specific injury or sickness, we will pay you the Total or Partial disability benefit, from the later of:

- the end of the payment period for the specific injury or sickness, or
- the end of the waiting period.

The payment period for the specific injuries and sicknesses will count towards the waiting period and, where the benefit period is 2 or 5 years, the payment period will also count towards your benefit period.

We will not pay you any other benefit under the plan while we are paying you the Specific injuries or sicknesses benefit.

If you suffer from more than one of the specific injuries or sicknesses at the same time, we will only pay you for one injury or one sickness at a time. We only pay once for each Trauma event. You can make more than one claim under the benefit as long as each claim is for a different Trauma event.

We will pay you the benefit for the injury or sickness with the longest remaining payment period.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option.

Specific injuries and sicknesses

Total and permanent loss of use of:	
Both arms and both legs due to spinal cord injury or disease – quadriplegia (also defined as tetraplegia)	60 months
Both legs due to spinal cord injury or disease – paraplegia	60 months
Both sides of the body due to injury or sickness – diplegia	60 months
One side of the body due to injury or sickness – hemiplegia	60 months
Both hands or both feet	24 months
Entire sight in both eyes	24 months
One hand and one foot	24 months
One hand and the entire sight in one eye	24 months
One foot and entire sight in one eye	24 months
One arm or one leg	18 months
One hand, one foot or entire sight in one eye	12 months
Thumb and index finger from same hand	6 months

Fracture⁽ⁱ⁾
(requiring a pin, traction, a plaster cast, sling or other immobilising structure as recommended by your 'medical practitioner') of your:

Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow or shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

Not available on plans with a waiting period of more than 90 days.

- (i) If you hold a contract with 'revised terms' due to your participation in a pastime and you subsequently suffer a fracture directly or indirectly related to participating in or practising for that pastime, you are not eligible to make a claim under this benefit.

Trauma events	
Cancer	6 months
Chronic kidney failure	6 months
Coronary artery bypass surgery	6 months
Heart attack	6 months
Heart valve surgery	6 months
Major organ transplant	6 months
Severe burns	6 months
Stroke	6 months
Advanced diabetes	3 months
Alzheimer's disease and other dementias	3 months
Aplastic anaemia	3 months
Benign brain tumour	3 months
Blindness	3 months
Cardiac arrest	3 months
Cardiomyopathy	3 months
Chronic liver disease	3 months
Coma	3 months
Deafness	3 months
Encephalitis	3 months
Loss of capacity for independent living	3 months
Loss of speech	3 months
Lung disease	3 months
Major head injury	3 months
Medically acquired HIV infection	3 months
Motor neurone disease	3 months
Multiple sclerosis	3 months
Muscular dystrophy	3 months
Parkinson's disease	3 months
Pneumonectomy	3 months
Primary pulmonary hypertension	3 months
Severe rheumatoid arthritis	3 months
Surgery of the aorta	3 months
Triple vessel angioplasty	3 months

The definitions for the Trauma events listed above can be found in the trauma insurance section of the Glossary of definitions on pages 67 to 72.

Unemployment continuation benefit and Leave without pay continuation benefit

Unemployment continuation benefit

Not available for occupation category F

You can continue your income insurance while unemployed.

To continue the plan/PremierLink IP option and be eligible to submit a claim, you must keep paying your premium, and be able to provide evidence that you are actively seeking employment. If your occupation has been classified as BY, CY or DY, you will not be eligible to submit a claim while unemployed.

While you are unemployed, the definition of total disability and partial disability will change. The definition after the change can be found in the Glossary of definitions under the 'Total and partial disability definition while unemployed or on leave without pay' on page 77.

If both an Income Insurance Superannuation Plan/Income Insurance SMSF Plan and a PremierLink IP option is purchased, the Cessation of employment section on page 43 will continue to apply to the Income Insurance Superannuation Plan/Income Insurance SMSF Plan. But you are eligible to claim on the PremierLink IP option as per the terms and conditions above.

Leave without pay continuation benefit

Not available for occupation category F

You can continue your income insurance while on leave without pay. To continue the plan/PremierLink IP option and be eligible to submit a claim, you must keep paying the premium. If your occupation has been classified as BY, CY or DY, you will not be eligible to submit a claim while on leave without pay.

While you are on leave without pay, the definition of total disability and partial disability will change. The definition after the change can be found in the Glossary of definitions under the 'Total and partial disability definition while unemployed or on leave without pay' on page 77.

Unemployment premium waiver benefit

If you become 'involuntarily unemployed', you do not have to pay the premium for this plan and any linked PremierLink IP option for three months from the date you became 'involuntarily unemployed', or until you recommence employment, whichever occurs first.

To exercise this benefit, you must let us know in writing within three months of the date you became 'involuntarily unemployed'.

Eligibility for this benefit is subject to:

- the plan and any linked PremierLink IP option being in force for six months in a row at the time you become 'involuntarily unemployed',
- you registering with an AMP approved employment agency within 30 days of becoming 'involuntarily unemployed' and
- you demonstrating that you are actively seeking employment.

Upgrade of benefits

If we make future improvements to your plan, and such improvements would not result in an increase in premium rates, we will pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade.

If you are suffering a 'pre-existing condition' at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that 'pre-existing condition'.

If you are on claim at the time of the upgrade, it will not apply until six months after the claim has ended.

Waiver of premium

If we are paying you a benefit under this plan or the PremierLink IP option (except Nursing care benefit and Return to work bonus) you do not have to pay the premium for:

- the income insurance plan and any other plans shown on your schedule, and
- the PremierLink IP and its options.

We will not waive your premium where the plan(s)/options commenced or was restored after you were entitled to be paid a benefit under the plan/option.

You must start paying the premium again as soon as we stop paying you that benefit.

24-hour worldwide cover

Subject to the terms and conditions of the plan, on acceptance of your plan, we will cover you 24 hours a day anywhere in the world. If you are sick or injured outside Australia or New Zealand, we may require additional medical documentation and/or medical examinations by a 'medical practitioner' chosen by us to support the claim.

Additional information

When your benefit is reduced

Occupation categories MP, AA and A

Not applicable to the Income Insurance Senior Plan

In the event of a total disability or partial disability claim, only one offset will apply to your benefit.

We will only offset your benefit by any disability income, sickness or accident plan with another company which you held or had applied for, when you applied for income insurance with us, but did not disclose to us in your application.

Occupation categories B, C, D, F, BY, CY and DY, or you have purchased the Income Insurance Senior Plan

In the event of a total disability or partial disability claim, we will offset your benefit by:

- Undisclosed disability income, sickness or accident plans, as explained in detail above, and
- Any amount paid for disability under law.

Income Insurance Superannuation Plan/ Income Insurance SMSF Plan

When your benefit is reduced

In the event of a total disability or partial disability claim, we will offset the benefit we pay by the following:

- Any amount which is paid or payable for disability:
 - Under law, or
 - By way of any other disability income, sickness or accident plan, or
 - Under common law, or
 - From any employer paid leave (including sick leave, annual leave and long service leave).
- Any amount which is paid or payable as income.

Where your 'pre-disability income' is less than the 'Total disability benefit amount', we will reduce the Total disability benefit payable so that any payments received, when combined with amounts received from this plan, do not exceed:

- 75% of your 'pre-disability income' for Indemnity plans (all occupations except for occupation F).
- 30% of your 'pre-disability income' for Indemnity plans (where the occupation category is F).

It is a requirement under superannuation law that you cannot receive more than 100% of your pre-disability income (excluding any indexation) from all sources. Therefore we may reduce the benefit we pay you accordingly.

When income insurance benefits are payable

When you purchase an income insurance plan or a PremierLink IP option, you will need to select one of a variety of waiting periods (refer to the Waiting periods table on page 32 for available combinations).

The waiting period starts from the date AMP agrees you are totally disabled or partially disabled from in accordance with the terms and conditions of your plan. From the end of the waiting period the income insurance benefits will start to accrue and are payable.

Once we commence paying income insurance benefits, as long as you continue to meet the definition of total disability or partial disability, we will continue to pay the benefit, until the expiry of your 'benefit period'.

Benefit period to age 70

Occupation categories MP, AA and A only

Regardless of your age when you become totally or partially disabled, when you are over the age of 65 the 'Total disability benefit amount' or 'Partial disability benefit amount' will be reduced. Any benefit or options that are calculated using the Total or Partial disability benefit amounts will also be reduced. The percentage of the benefit that you will receive is outlined in the table below.

Age last birthday	% of Total or Partial disability benefits
65	100
66	80
67	60
68	40
69	20

When we will not pay

We will not pay a benefit in the following circumstances:

- If you make a fraudulent claim
- You are no longer under 'medical care'
- Where your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your application and we agreed to cover it, or
- You had a medical condition, injury or sickness before the plan began and you did not tell us about it unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware ofthe medical condition, injury or sickness at the time, or
- Where the disability was caused by:
 - You or the plan owner on purpose
 - Your commission of, or involvement in, an intentional criminal act
 - Uncomplicated pregnancy, miscarriage or childbirth, or
 - War or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan and PremierLink IP option.

Income Insurance Superannuation Plan/ Income Insurance SMSF Plan

Cessation of employment

You will not be eligible to submit a total disability or partial disability claim during any period of unemployment.

However, you will be required to continue to pay your premiums during any period of unemployment in order to maintain the plan.

If you stop paying premiums your plan will cease. If you subsequently re-apply for income insurance by submitting a new application (and providing the necessary financial and medical information as required), we may not offer you a new plan, or only offer you a new plan with special conditions, depending on your circumstances at the time.

By paying your premiums, you will ensure that, once you recommence employment, you will be able to continue your cover on your current plan conditions.

If you are concerned with the ineligibility to submit a total disability or partial disability claim during any period of unemployment, please talk to your financial adviser. They will be able to help you decide whether to:

- Continue with this Income Insurance Superannuation Plan/Income Insurance SMSF Plan, or
- Transfer to an income insurance plan outside of superannuation (subject to certain terms and conditions), or
- Cancel this Income Insurance Superannuation Plan/Income Insurance SMSF Plan.

Where your occupation category is specified as F you will be unemployed while not engaged in 'farming'.

When the plan will end

The plan automatically ends as soon as one of the following happens:

- You permanently retire, or
- You die, or
- The plan reaches the expiry date as specified on the schedule.

We can also end the plan if your premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

Income Insurance Senior Plan

The plan will also automatically end if you are not employed in full-time paid work. You must notify us once you have ceased full-time paid work (for a reason other than disability). However, we will not end the plan if you are not working while you are receiving the benefit.

Where the schedule specifies the occupation category as BY, CY or DY, and following the completion of a claim for sickness or injury

Following the completion of a claim for sickness or injury, we may, from three years after the plan commencement date shown in your schedule, cancel your plan as set out on page 44 under the Continuing your plan section.

Occupation category F

The plan will also automatically end as soon as you cease 'farming' for more than three months in a row. You must notify us once you have ceased 'farming' for more than three months (for a reason other than disability). However, we will not end the plan if you are not working while you are receiving the benefit.

Replacement plan

Occupation category F only

If, within three months of you ceasing 'farming', you commence other full-time work, we will issue a replacement income insurance plan without further health evidence.

We will do this provided we receive your written request for a new plan within three months from the date you stopped 'farming'. We will forward you a new plan document and will notify you when cover begins.

Financial evidence will be required to determine the level of cover under the new plan.

Continuing your plan

Where the schedule specifies the occupation category as AA, A, B, C, D or F

As long as you pay the premiums on time and comply with the terms of your plan we will:

- Pay you benefits when you are entitled to them
- Continue your plan until the plan ends, and
- Not place any further conditions such as exclusions or loadings on your plan.

We will do so no matter how many claims you make, what happens to your health, whether your occupation changes, and what pastimes you have.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed in the Applying for cover section on page 61) to inform us of any changes to your health, occupation or pastimes.

Where the schedule specifies the occupation category as BY, CY or DY and following the completion of a claim for sickness or injury

We may, from three years after the plan commencement date shown in your schedule:

- Continue your plan on the same terms that applied before the sickness or injury claim, or
- Offer to continue your plan by applying exclusions, premium loadings and/or special conditions to your plan subject to your agreement, or
- Cancel your plan.

If we wish to apply exclusions, premium loadings and/or special conditions

If we wish to apply exclusions, premium loadings and/or special conditions following the completion of a claim for sickness or injury, we will send you a written notice prior to the next policy anniversary date. You will have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this policy will automatically cease.

If we cancel your plan

Following the completion of a claim for sickness or injury, if we cancel your plan we will send you a written notice. Your plan will end 30 days after you have received the notice from us.

Working in Australia on a temporary visa

Occupation Categories MP, AA and A only

The Income Insurance Plus Plan and Income Insurance Plan are available to be purchased while working under a temporary visa. The PremierLink IP option is not available as an optional benefit of the Income Insurance Plan in this instance.

However, due to immigration laws and restrictions placed on working visas, limitations apply to these contracts.

Please consult your financial adviser.

Optional benefits

The optional benefits described below can only be purchased with specific plans. Please refer to the table on page 35 for details for which plans each optional benefit can be purchased. The optional benefits may be added to your plan at an additional premium.

Optional benefits – minimum and maximum entry age and minimum and maximum benefit

Option		Minimum entry age	Maximum entry age	Expiry age	Minimum sum insured	Maximum sum insured
Accelerated accident option	  	18 next birthday	60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
Accident lump sum option	 	18 next birthday	60 next birthday ⁽ⁱ⁾	The expiry age of the plan	\$1,000	\$250,000
Cover boost option ⁽ⁱⁱ⁾	  	18 next birthday	52 next birthday	The earlier of: Age 55 and having utilised the maximum number of increase dates	N/A	N/A
Increasing claim option	  	18 next birthday	60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
Occupationally acquired HIV, Hepatitis B and C option ⁽ⁱⁱⁱ⁾	 	18 next birthday	60 next birthday ⁽ⁱ⁾	The expiry age of the plan	\$50,000	The lower of: 60 times the monthly benefit and \$500,000
Superannuation contributions option	  	18 next birthday	60 next birthday ⁽ⁱ⁾	The expiry age of the plan	N/A	N/A
PremierLink IP		Refer to page 31			The monthly benefit must be the same amount as the income insurance plan it is linked to	

(ii) Where the benefit period selected is age 60, the maximum entry age is 55 next birthday.

(iii) Occupation categories MP, AA and A only.

(iv) Only available to medical occupation categories MP or AA.

Accelerated accident option

This option is only available with 14 or 30 day waiting periods.

Benefits

If an injury causes you to be totally disabled for more than three days in a row, we will pay you a daily amount during the waiting period.

We start paying when AMP agrees you are totally disabled, in accordance with the terms and conditions of your plan.

Payment

For each day you are totally disabled, we will pay you 1/30th of the 'Total disability benefit amount'.

We will not pay you if you are receiving the Specific injuries and sicknesses benefit or the Nursing care benefit.

Accident lump sum option

Benefits

If you are involved in an accident which causes death or one of the injuries set out in the table below to happen within one year from the date of the accident, we will pay you the lump sum amount selected for this benefit.

This benefit can be paid in addition to the Total disability benefit and other benefits available under this plan. These benefits will not reduce as a result of a payment under this option.

Accident lump sum conditions

	Percentage of lump sum amount (%)
Accidental death	100
Total and permanent loss of use of:	
Both hands or both feet	100
Entire sight in both eyes	100
One hand and one foot	100
One hand and the entire sight in one eye	100
One foot and entire sight in one eye	100
One arm or one leg	75
One hand, one foot or entire sight in one eye	50
Thumb and index finger from same hand	25
Thumb or index finger	15
Two or more fingers	15
One finger	5

Payment

The amount that we pay you will be the percentage, set out in the table above, of the lump sum amount on your schedule.

If you have more than one of the injuries at the same time, we will only pay for the one with the highest percentage.

If we pay you an amount under this option, then the lump sum amount is reduced by that amount paid. We will not pay more than 100% of the lump sum amount in total for all claims.

We will not pay under this option if the injury was caused or contributed by either alcohol/non-prescribed drugs or any flying activities, other than as a fare-paying passenger in an aircraft.

Cover boost option

Benefits

You can increase the 'Total disability benefit amount' by up to 20% at specified increase dates without having to provide medical evidence or evidence about your occupations, pursuits, pastimes or place of residence.

The increase dates are every third 'renewal date' up until your 55th birthday. However, you can bring forward an increase date up to four times by letting us know in writing.

The increase to your 'Total disability benefit amount' takes effect from the increase date. Any 'revised terms' applicable to your policy will also apply to increases exercised under this benefit.

However, the increased benefit amount will not apply where:

- An injury or sickness occurred before the increase date
- You are on claim at the time of the increase
- The new 'Total disability benefit amount' is more than 75% of your 'pre-disability income' at the increase date
- You have exceeded the maximum number of increases allowable under this option, or
- After the increase, the 'Total disability benefit amount' will be more than our limit for new plans at that date.

The maximum number of increase dates is calculated as follows:

$$\frac{55 - A}{3} \quad (A = \text{your age when this option began}).$$

Increasing claim option

This option is not available to occupations BY, CY or DY

If we are paying you for a claim, we will increase your benefit by the increase in the CPI (indexation benefit) on each 'renewal date' while you are on claim.

If we are paying you for a claim because you are:

- Totally disabled, we will increase the 'Total disability benefit amount' by the increase in the CPI (indexation benefit)
- Partially disabled, we will increase the 'Total disability benefit amount' and 'pre-disability income' by the increase in the CPI (indexation benefit).

It is a requirement under superannuation law that you cannot receive more than 100% of your pre-disability income (excluding any indexation) from all sources. Therefore, we may reduce the benefit we pay you accordingly. Your benefit under this option will increase by the increase in the CPI on each 'renewal date' up to 100% of your pre-disability income (excluding any indexation).

Indemnity option

If you purchase an indemnity option, in the event of a claim we will calculate your benefit by taking into account your 'pre-disability income'.

Occupationally acquired HIV, Hepatitis B and Hepatitis C option

This option is available to medical occupations classified as MP or AA only

Benefits

If you become infected with HIV, Hepatitis B or Hepatitis C as a result of an occupational incident, we will pay you the lump-sum amount on your schedule.

We will pay you the lump sum amount if all of the following conditions are satisfied:

- You provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of the witnesses to the occupational incident
- You provide us with proof that the occupational incident involved a definite source of the relevant infection, and
- You provide us with proof that a new infection with HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive, or
 - Hepatitis C antibody negative to Hepatitis C antibody positive, or
 - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Government-approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

Payment

We will only pay you once under this benefit. The benefit we pay is the lump sum amount specified in your schedule.

We will not pay if:

- You become positive to Hepatitis B surface antigen within 180 days from the start of the plan or option, or the date the plan or option is reinstated
- A cure is available for the infection you are claiming for. Cure means any treatment that renders the HIV inactive or non-infectious, or
- You are first diagnosed to be infected with HIV, Hepatitis B or Hepatitis C after you die.

This benefit can be paid in addition to the Total disability benefit and other benefits available under this plan. These benefits will not reduce as a result of a payment under this option.

PremierLink IP option

The PremierLink IP option allows you to enhance your benefits to be equivalent to the Income Insurance Premier Plan. The enhanced definitions and additional benefits are linked to your income insurance plan and are held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under the Total disability or Partial disability definition on your income insurance plan inside superannuation. If that definition is met, the benefit will be paid directly to the Trustee. At the same time, you will also be assessed under the Total disability or Partial disability definition on your PremierLink IP option outside of superannuation. If that definition is met, a benefit will be paid on your PremierLink IP option. The amount paid is a top-up amount that will bring the total amount paid inside and outside superannuation equal to the 'Total disability or Partial disability (whichever is applicable) benefit amount' on the PremierLink IP. This top-up amount can be zero when the full value of the 'Total disability or Partial disability benefit amount' on the PremierLink IP is already paid out on the income insurance plan inside superannuation. The top-up amount will be paid directly to you. Refer to Scenario 3 of Figure 1.2 on page 7 for an example.

- Under the PremierLink IP option you are eligible for the included benefits as per the table on page 34.
- If you purchased the Income Insurance Plan and are paid an Elective or cosmetic surgery benefit, a Return to work bonus, a Rehabilitation expenses benefit or a Specific injuries and sickness benefit, these benefits will be paid to you directly under the PremierLink IP option.
- If you cancel your income insurance plan, the PremierLink IP option will automatically be cancelled. However, if you cancel the PremierLink IP option, the income insurance plan can remain.
- If the Accelerated accident option, Cover boost option, Increasing claim option and/or Superannuation contributions option are purchased, they will be applied to both your income insurance plan and the PremierLink IP option. If they are cancelled, they will be cancelled from both.
- If the Accident Lump Sum or Occupationally Acquired HIV, Hepatitis B and Hepatitis C option are purchased, they will be applied to the policy with the PremierLink IP option. If you cancel your PremierLink IP option, these options will automatically be cancelled.

The definitions for total or partial disability can be found on pages 36 and in the Glossary of definitions on page 73.

For further information on the PremierLink IP option refer to the Plan structure section on page 6.

Superannuation contributions option

You can insure up to 100% of your superannuation contributions in addition to your monthly benefit amount. We allow you to select a superannuation contribution rate ranging from the legislated 'Superannuation Guarantee Rate' (currently 9.25%) to 15%. Please note that the legislated 'Superannuation Guarantee Rate' is gradually increasing from 9.25% to 12%. Refer to 'Superannuation Guarantee Rate' on page 75 for details on the legislated increase.

The superannuation contribution rate that you choose will remain the same for the life of the policy and will not increase together with the 'Superannuation Guarantee Rate' legislated increases.

In the event of a claim, we will pay an amount based on the Superannuation contributions monthly benefit on your schedule to your nominated complying superannuation fund for the duration of your claim. The amount payable is calculated in the same way as the benefits payable on your income insurance plan/PremierLink IP option, but it is based on the Superannuation contributions monthly benefit on your schedule. For example, if the monthly benefit on your income insurance plan/PremierLink IP option and Superannuation contributions option is \$6,250 and \$750, and we pay you a Partial disability benefit on the income insurance plan/PremierLink IP option of \$3,000 (48% of \$6,250) per month, we will pay a Partial disability benefit on the Superannuation contributions option of \$360 (48% of \$750) per month to your nominated complying superannuation fund.

If you purchase the Superannuation contributions option, your superannuation contributions cannot be included as income when determining the monthly benefit. Any contributions exceeding the selected superannuation contributions rate can be included as income for the purpose of calculating the monthly benefit. See page 73 for the definition of 'income'.

The Superannuation contributions option applies if we are paying you under one of the following:

- Total disability benefit
- Partial disability benefit
- Specific injuries and sicknesses benefit
- Nursing care benefit
- Accelerated accident option.

In the event of a claim, you need to provide details of your complying superannuation fund to enable payment of the benefit. The superannuation provider must be either a regulated superannuation fund or retirement savings account as defined in the relevant superannuation and taxation laws. If you do not provide these details, we may not be able to pay the Superannuation contributions benefit.

SMSF

For SMSF plans, the amount we pay to your superannuation fund needs to be included in your income tax return in the financial year it is received. The income tax payable on the amount paid will need to be paid from another source, as the amount paid to the complying superannuation fund or retirement savings account cannot be used to pay income tax because it is required to be preserved in accordance with legislation.

For Income Insurance Superannuation Plans, the amount we pay to your superannuation fund needs to be included in your income tax return in the financial year it is received. The amount will be paid net of tax.

Please refer to the Income Insurance Superannuation Plan taxation information on page 50 for more information.

For more information please contact your financial adviser.

Business Expenses Insurance Plan

The benefit insured

You can insure up to 100% of average insurable expenses that the business will continue to incur if you become totally disabled.

Insurable expenses are those that are:

- Regular in nature, and
- Existed at the time the claim commenced.
- Typical expenses include:
 - Rent
 - Electricity
 - Water
 - Gas
 - Salaries of employees who do not contribute directly to your earnings or the earnings of your business
 - Regular business loan repayments.

In addition to the examples listed above, if you are a 'medical practitioner' or dentist, the net cost of a medical locum is an allowable business expense. (The net cost of a medical locum is where the fees incurred for the locum exceed the income generated by the locum.)

Some examples of expenses that are not insurable are:

- Capital purchases
- Stock
- Maintenance and repairs
- New loans or contracts taken out after the claim commenced.

Insurable expenses do not include salaries or wages of employees who contribute directly to your earnings or the earnings of your business (unless it is for the net cost of a locum).

Joint business

If you are a co-owner of the business, at our discretion we will calculate the share of the business expenses in the same proportion as the profits and losses are allocated between you and the other co-owners.

Total disability benefit

If you meet the definition of total disability we will pay you up to the Total disability benefit amount.

We will only pay the Total disability benefit if you own a business. Ownership of the business must have been in place immediately before and during your total disability, and you must have been actively managing that business immediately before your total disability.

We will pay the actual costs of the allowable expense up to the Total disability benefit amount.

The maximum we will pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we will extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount.

Total disability definition

You are totally disabled if, because of injury or sickness, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Not working in any occupation (whether paid or unpaid), and
- Under 'medical care'.

How the Total disability benefit amount is calculated

The amount we pay you is the lesser of:

- The monthly benefit specified on your schedule, and
- Your share of the business expenses actually incurred while on claim in the operation of your business.

Partial disability benefit

If you are partially disabled, we may pay you a reduced benefit.

Partial disability definition

Occupation categories MP, AA and A

You are partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of the sickness or injury, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation, and
- Under 'medical care'.

Occupation categories B, C and D

You are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of the sickness or injury, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation, and
- Under 'medical care'.

How the Partial disability benefit amount is calculated

The amount we pay for each month that you are partially disabled is the lesser of:

- The monthly benefit specified on your schedule, and
- Your share of the business expenses actually incurred that relate to the period of partial disability less:
 - Any amounts that are reimbursed from elsewhere, and
 - Your share of the business turnover for that period.

Business turnover for a period will be the gross income of the business for the period of partial disability.

Your share of business expenses actually incurred, or of business turnover, will be determined in line with the usual manner of apportioning profits and/or losses of the business between you and any co-owners of the business. When you are partially disabled and not working but are capable of returning to work, business turnover will be determined by us based on your capacity to return to work based on medical evidence.

When your benefit is reduced

Occupation categories MP, AA and A

In the event of a total disability or partial disability claim, only one offset will apply to your benefit.

We will only offset your benefit by any business expenses policies with another company that you held or had applied for, when you applied for your Business Expenses Insurance Plan with us, but did not disclose to us in your application.

Occupation categories B, C and D

In the event of a total disability or partial disability claim, we will offset your benefit by:

- Undisclosed business expenses policies, as explained in detail above, and
- Any amount paid for disability under law.

If you have a claim under the plan, your benefit may be reduced to nil because of these offset amounts. In this case, we will be deemed to be paying you a benefit, even though you receive no money from us.

Earnings received while on claim

If you are earning money from the business or if you are a co-owner and your share of the business earns money while you are on claim, the amount you earn in any month (less costs incurred to generate those earnings) may be deducted from the Total disability benefit amount that we pay.

When benefits are payable

When you purchase a Business Expenses Insurance Plan, you will need to select one of a variety of waiting periods.

The waiting period starts from the date AMP agrees you are totally disabled or partially disabled from in accordance with the terms and conditions of your plan. The benefits under the Business Expenses Insurance Plan are payable from the end of the waiting period.

Once we commence paying such benefits, as long as you continue to meet the definition of total disability or partial disability, we will continue to pay the benefit, until the expiry of your 'benefit period'.

Attempted return to work during the waiting period

Where 14 or 30 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for five consecutive days or less, we will extend the waiting period by the number of days you returned to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than five consecutive days, the waiting period starts again.

Where 60 or 90 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for 10 consecutive days or less, we will extend the waiting period by the number of days you returned to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than 10 consecutive days, the waiting period starts again.

When the plan will end

The plan automatically ends as soon as one of the following happens:

- You cease paid work for more than three months other than by reason of death or total disability. You must notify us once you have ceased paid work for more than three months (for a reason other than disability). However, we will not end the plan if you are not working while you are receiving a benefit under the Business Expenses Insurance Plan, or
- You permanently retire, or
- You die, or
- The plan reaches the expiry date as specified on the schedule.

We can also end the plan if your premium is not paid when it becomes due. However, we will give you 28 days written notice before we end it for this reason.

When we will not pay

The Business Expenses Insurance Plan will not pay a benefit in the following circumstances:

- If you make a fraudulent claim, or
- You are no longer under 'medical care'
- Where your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your application and we agreed to cover it, or
- You had a medical condition, injury or sickness before the plan began and you did not tell us about it unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of
- Where the disability was caused by:
 - You or the plan owner on purpose
 - Your commission of, or involvement in, an intentional criminal act
 - Uncomplicated pregnancy, miscarriage or childbirth, or
 - War or war-like activities.

Complications arising from pregnancy that result in disablement are covered under the plan.

5 Holding your policy in superannuation

Plan membership

The plan

The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited. These plans provide insurance for members within the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund (the Fund(s)).

These plans are only available where the Trustee is N.M. Superannuation Proprietary Limited and relates to membership in the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund.

If the plan owner is to be anyone other than N.M. Superannuation Proprietary Limited (for example, a trustee of a self managed superannuation fund), the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan is not available. Only a non-superannuation or SMSF life/income insurance plan is available in that instance.

Ownership of the plan

The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are held by N.M. Superannuation Proprietary Limited as Trustee of the Super Directions Fund ABN 78 421 957 449 and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598.

Upon acceptance of your application, N.M. Superannuation Proprietary Limited will purchase a Life Insurance Superannuation Plan/Income Insurance Superannuation Plan from NMLA to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. The Trustee owns the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan and holds it on your behalf, as a member of the Fund. The Trustee is a licensed trustee under the Superannuation Industry (Supervision) Act 1993 (SIS) and has an appropriate level of indemnity insurance.

If you purchase a life insurance plan or income insurance plan to be owned by the trustees of an SMSF, the trustees are responsible for meeting the requirements under superannuation law, including ensuring that the member satisfies the appropriate condition of release before releasing any insurance benefits.

Membership of the Fund

To be an insured person under the plan you must be a member of the Fund. The Funds are registered as superannuation entities under SIS. Your membership will be governed by the terms and conditions of the Trust Deeds of the Funds (as amended from time to time) and superannuation law.

The premium you pay for the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan, the stamp duty and the plan fee are the only cost to you; you pay no other fee or charge for having insurance in the Fund.

The benefits to which you are entitled are limited to those specified under the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan.

Insurance cover will cease when:

- You are no longer a member of the Fund, or
- There are insufficient funds in your superannuation account to pay your premiums, or
- You cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions and there are insufficient funds in your superannuation account to pay your premiums.

Payment of any benefit to you by the Trustee is subject to acceptance of a claim by AMP. Payment of premiums beyond age 65 is subject to you remaining eligible to contribute to superannuation.

Taxation information

The tax information contained in this PDS is based on the Trustee's understanding of the current law and of current Australian Taxation Office (ATO) practice at the date of publication. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances.

You should seek professional advice concerning your own taxation position. Further taxation information can be found at ato.gov.au.

Contributions tax

All employer contributions paid to the Fund (including voluntary salary sacrifice contributions) and any contributions for which you claim a tax deduction are called concessional contributions and are currently taxed in the Fund at a maximum rate of 15%. The Fund will charge this tax when the contributions are received by the Fund or on receipt of a valid notice of your intention to claim a tax deduction.

This 15% contributions tax may be reduced by deductions (available to the Fund) for items such as insurance premiums. So, where a contribution is wholly applied to pay for insurance premiums, the contributions tax becomes zero. A separate additional 15% tax can apply to individuals who are deemed to be high income earners (above \$300,000 per annum). Please refer to your financial adviser/tax adviser on how the \$300,000 is calculated.

This tax is not reduced by insurance premium deductions. It is levied direct to the individual.

Concessional contributions cap

An annual contribution limit (also known as a contributions cap) of \$25,000¹ per person per year applies to concessional contributions. A transitional cap of \$35,000 applies to individuals who are 60 years old and over from 1 July 2013 and for individuals who are 50 years old and over from 1 July 2014.

Contributions in excess of the annual cap (referred to as excess concessional contributions) are included in the individual's taxable income and taxed at their marginal rate. This is in addition to the contributions tax (15%). The tax on excess concessional contributions is imposed on the individual. Furthermore, excess concessional contributions are included in the non-concessional contributions cap (see below).

Non-concessional contributions cap

Non-concessional contributions are:

- Personal contributions for which you do not claim a tax deduction, and
- Spouse contributions.

A cap of \$150,000² per person per year applies to non-concessional contributions from 1 July 2007. Members under age 65 on 1 July of the relevant financial year can make non-concessional contributions up to \$450,000³ averaged over three years. Members aged 65 or over on 1 July can only make non-concessional contributions of up to \$150,000² in that year and each subsequent year to age 75, subject to being gainfully employed on at least a part-time basis. For more information refer to the Eligibility to make contributions section on page 52 of the PDS. Non-concessional contributions in excess of this cap will be taxed at 45% plus Medicare levy.

The Trustee is prevented by law from accepting a non-concessional contribution that is greater than \$450,000³ in one transaction for individuals who are under age 65 and \$150,000² in one transaction for individuals age 65 and over on 1 July of the relevant financial year. The Trustee is required by law to refund the excess contribution and is entitled to deduct an administration fee and any transaction costs and premiums that have been paid in relation to cover for a specific period.

If you are a member of the Super Directions Fund, any insurance premiums you pay are considered to be superannuation contributions and will count towards your contributions cap.

Your Super Directions membership does not have an investment component and cannot accept spouse contributions, co-contribution amounts from the ATO or rollovers from other superannuation funds to pay for insurance premiums. However, the Wealth Personal Superannuation and Pension Fund can accept payment from these sources where you are a member of the Fund and hold insurance through North, Summit, Generations or iAccess.

There are some exceptions to the contribution rules. For more information please contact your financial adviser.

Deductions and offsets

Depending on your circumstances, tax deductions or offsets for contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers, employees who receive no employer support and the self-employed or substantially self-employed. For more information please contact your financial adviser/tax adviser.

Life Insurance Superannuation Plan

Death benefit lump sums paid to dependants, as defined for tax purposes (eg spouse, de facto spouse, your child under age 18, or people financially dependent on a person at the time of death or in an interdependent relationship) are generally tax free.

Where Death benefit lump sums are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy.

Income Insurance Superannuation Plan

Benefits (including Superannuation contributions option benefits) under the plan will need to be included in your assessable income and will be paid to you net of tax.

At the end of each financial year we will issue you with a PAYG summary showing your benefits paid and tax deducted. This will need to be included in your tax return. Please speak to your accountant for further information.

Providing a tax file number (TFN)

Your tax file number is confidential. Before you provide your tax file number we are required to tell you the following:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation provider, unless you request the Trustee in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to the Trustee will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you do not provide your tax file number, the Trustee will not be able to accept any payment for premiums and your application for insurance will not be accepted.

1 \$30,000 indexed from 1 July 2014.

2 \$180,000 indexed from 1 July 2014.

3 \$540,000 indexed from 1 July 2014.

Eligibility to make contributions

Anyone under the age of 65 can contribute to superannuation at any time on their own behalf or for someone else who is under 65.

If aged between 65 and 74

Between the ages of 65 and 74, eligibility to contribute is subject to satisfying the work test. To satisfy this test a member must have worked at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contribution is made.

Employer/member supported plans

Life insurance and income insurance superannuation plans can be:

- Employer supported—the employer pays the premium on behalf of the employee, and
- Member supported—the member pays the premiums.

Cancelling your plan

If you are a member of the Super Directions Fund and you cancel your insurance, you will automatically cancel your membership of the Fund.

If you are a member of the Wealth Personal Superannuation and Pension Fund and you cancel your insurance, you will remain a member of the Fund with no insurance cover.

You must be a member of either Fund to hold insurance under superannuation.

If you cancel your insurance, any premiums paid must be subject to preservation rules, governed by superannuation rules applicable at the time.

Nomination of dependant

If applying for a Life Insurance Superannuation Plan held through Super Directions, you should complete the non-binding or binding nomination form in the Application form attached to this PDS.

If applying for a Life Insurance Superannuation Plan via membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits (which includes your accumulation amount and your insurance proceeds) requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. You cannot make a separate binding nomination for your insurance benefits only.

Completion of the superannuation nomination of dependants form accompanying AMP Elevate insurance Application form will be void if your policy is under the North, Summit, Generations or iAccess Superannuation or Pension Plan.

The recipient of death benefits from a superannuation fund in the event of the death of a member is generally determined by the Trustee, at its discretion. For some members that means little certainty. That's why the Trustee offers binding nominations for people who hold the Life Insurance Superannuation Plan offered through the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund.

Binding nominations give you greater control over who receives your life insurance benefit under your Life Insurance Superannuation Plan.

Alternatively, you may still make a non-binding nomination; however, this nomination gives the trustee of the Fund discretion on how to pay your benefit.

Non-binding nomination or no nomination made

With a non-binding nomination, the Trustee will consider the nomination provided by you. However, regardless of whether you make a non-binding nomination or no nomination, the Trustee has the discretion to pay your benefit to one or more of your dependants and/or your legal personal representative in any proportions it determines.

To make a non-binding death benefit nomination, Super Directions members should complete the Nomination of dependants section of the Application form. For North, Summit, Generations and iAccess, please complete the death benefit nomination form available under North, Summit, Generations or iAccess.

You should be aware that any directions that you may have included in your last will for the payment of your life insurance benefit under the Fund cannot legally bind the Trustee. However, the Trustee will take your expressed wishes into account. It is therefore advisable to update your will and your non-binding nomination whenever your circumstances change.

You may provide the Trustee with a written indication of your preference for the disbursement of the benefit from the Fund in the event of death.

It is essential that you keep the Trustee fully informed of your current preferences for the payment of your benefits in the event of your death.

Binding nominations

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death. When you have nominated a beneficiary and the nomination is valid under superannuation law, the trustee will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on how a beneficiary must be nominated.

A beneficiary must be a spouse (including de facto spouse or same sex partner), a child (including an adopted child, step child or ex-nuptial child) or the child of the insured's spouse or any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the insured, (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care), a legal personal representative or any person who, in the opinion of the Trustee, is, or was at the relevant time, dependent in whole or part upon the insured. If any beneficiary nominated is not a dependant according to superannuation law at the date of your death, this notice will be invalid.

With binding nominations, you may nominate specific individuals and the portion of the death benefit they will receive under the plan. You will only be able to nominate individuals who are eligible under superannuation law.

If you are purchasing insurance through the Super Directions Fund and you wish to make a binding nomination, please complete the binding death benefit nomination section of the Application form.

If you are purchasing insurance through North, Summit, Generations or iAccess as a member of the Wealth Personal Superannuation and Pension Fund, you may have completed a Binding nomination form at the time of becoming a member. In such instances the binding nomination also applies to your life insurance.

If a binding nomination was not completed when applying for membership of the Wealth Personal Superannuation and Pension Fund, and you would like a binding nomination to apply to your North, Summit, Generations or iAccess superannuation benefits and your insurance, a North, Summit, Generations or iAccess nomination form may be obtained from your financial adviser.

How a binding nomination works

To make a binding nomination you will need to provide the personal details of your dependants to whom your death benefit is to be paid. You will need to provide their full name, address details, date of birth, sex, and their relationship to you.

If you choose to make a binding nomination, the Trustee will pay your benefit to the person(s) you have nominated as long as your nomination:

- Is valid
- Has been made in the prescribed manner
- Is received by the Trustee before your death
- Has not expired, and the nominated person(s) is a dependant (as defined in the governing rules of the Fund and by superannuation law) or your legal personal representative.

To be valid, a nomination must:

- Nominate one or more dependants and/or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%.
- Be fully completed by you and signed in the presence of your witnesses.
- Be witnessed by two people who are aged 18 years or over and neither of whom is nominated on the form. Each witness must also sign and date the Witness Declaration section, and
- Date the form as at the date of completion.

However, the Trustee is not required to pay the Death benefit in accordance with the binding nomination if:

- The Trustee is subject to a court order and doing so would breach the court order, or
- The Trustee is aware that the giving of, or failure to amend or revoke a nomination was a breach of a court order.

Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update your nomination as your personal circumstances change, eg divorce, birth of children, death of a partner or nominee. It is your responsibility to keep your nomination up to date and review it every three years. You may update your binding nomination by completing a new binding Death benefit beneficiary nomination form at any time.

The binding nomination will normally become invalid when one of the following happens:

- Three years have lapsed from the date the Binding nomination form was signed and you have not reconfirmed the nomination prior to the expiry date.
- Any nominated beneficiary dies before you die.
- Any nominated beneficiary (other than the legal personal representative) is not a dependant at the time of death.
- If your spouse is nominated and you get divorced or your de facto relationship ends after signing the Binding nomination form.

If the binding nomination is no longer valid, then the Trustee will automatically treat the binding nomination as a non-binding nomination.

If you wish to revoke a binding death benefit nomination, you must complete, sign and date the revocation in the presence of two witnesses who are aged 18 years or over and neither of whom were nominated on the form. Each witness must also sign and date the witness declaration section.

If you nominate your legal personal representative as your beneficiary, please make sure that you have a valid and up-to-date will. If you die without a will, the Trustee may have to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula that varies from state to state.

Payment to a legal personal representative may also take longer to effect as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid.

You should note that by directing payment to your legal personal representative you may be exposing the benefit to claims by creditors of your estate.

Your financial adviser can assist you in assessing your estate planning.

In the event that your nomination is not valid or has expired, your death benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or legal personal representative.

Who qualifies as my dependant?

The Trustee must ensure that the benefits are paid to your legal personal representative or dependants as defined in the Trust Deed and applicable law. A dependant is defined as:

- The spouse
- Each child (including an adopted child, step-child or an ex-nuptial child) of a member, or the child of a member's spouse,
- Any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care),
- Any person who in the opinion of the Trustee is, or was at the relevant time, dependent in whole or in part upon the member, and
- Any other person treated for the purposes of superannuation law as a dependant.

The beneficiary of your death benefit can ask to receive the payment as a lump sum.

Who is a spouse?

A spouse is a person who is legally married to the member, or a person who, although not legally married to the member, lives (or lived at the time of the member's death) with the member on a genuine domestic basis in a relationship as a couple and includes a same-sex partner.

Where a Life Insurance Superannuation Plan is held through membership of the Wealth Personal Superannuation and Pension Fund, any insurance benefit payable under the Life Insurance Superannuation Plan will be credited to your super account. In the event of your death, any insurance benefit will form part of the death benefit available within the Fund, and will be distributed by the Trustee in accordance with any death benefit nomination you have provided in respect of your account and/or the Trustee's discretion if there is no valid binding death benefit nomination. You cannot make a separate death benefit nomination in respect of your Life Insurance Superannuation Plan.

General terms and conditions

How your premium is determined

Your premium depends on the benefits, the benefit amounts you have chosen and a range of factors including your age, sex, smoking status, medical history, occupation, general health, etc. For income insurance plans and the Business Expenses Insurance Plan, your premium also depends on the waiting period and benefit period you choose.

Your individual occupation may be classified into another occupation category based on the number of claims we have experienced. If we do this, it will apply to all persons insured of the same individual occupation. A change to your occupation category may result in a different premium being applied. Premiums may also change in other circumstances due to premium rates based on age, sex, occupation or smoking status.

Copies of our standard premium rate tables are available on request by contacting your financial adviser or our Customer Service Centre on 132 987.

All of the charges that apply to our plans are fully described in this section. We will notify you prior to applying any new charges, other than government taxes and charges.

Premium structure

Depending on the plan you purchase, there are up to three premium structures available to you:

Stepped premiums

Premiums are adjusted each year at the 'renewal date' according to your age.

Level premiums

Premiums remain the same for each layer of cover¹ throughout the term of the plan, or until they switch to stepped rates.

The level premium period is specifically defined at commencement and may be less than the expiry age.

For our life, trauma and TPD plans, level premiums will only change if:

- You request a change in your benefit amount (including by exercising an option)
- You choose to have your benefit amount increased to keep pace with increases in the CPI, or
- We review the premium rates for all plans of this type.

For our income insurance and business expenses plans, level premiums will only change if:

- You request a change in your Total disability benefit
- You choose to have your Total disability benefit increased to keep pace with increases in the CPI
- We review the premium rates for all plans of this type, or
- We review your occupation category.

Altering level premium cease age

If you purchase a level premium structure, you will be able to nominate both when the premiums switch from level to stepped and the cover cease age. Your premiums will switch automatically from level premiums to stepped at the switch age you have chosen.

The policy will remain in force without you needing to complete a new application for the change to occur.

Your schedule will also show the age you have requested the change in the premium structure as well as the overall policy cease age.

Blended premiums

For each layer of cover¹, premiums are adjusted each year for the first 10 years according to your age. After that, your premium will remain constant and will be the premium you were paying in the 10th year. After you turn 60, the premiums for all layers of cover will then switch to stepped premiums, regardless of when the layer of cover commenced.

Blended premiums are only available on our life, trauma and TPD insurance plans and most of their attached options.

During the period that the premium remains constant, blended premiums will only change if:

- You request a change in your benefit amount (including by exercising an option)
- You choose to have your benefit amount increased to keep pace with increases in the CPI, or
- We review the premium rates for all plans of this type.

Premium freeze is not available on blended premiums.

Split premiums

If you select a life insurance plan, you are able to nominate a different premium style across the plan and certain options attached. These options include Trauma, Trauma Plus, Double trauma, Double Trauma Plus, TPD, Double TPD, ADL TPD, FlexiLink trauma, FlexiLink Trauma Plus and FlexiLink TPD.

Only stepped and level premium styles can be selected.

¹ The initial sum insured, any endorsed increases or any CPI increases make up separate layers of cover.

Paying your premiums

Minimum premium

The minimum annual premium is \$250. This includes the plan fee and other charges.

Payment of premiums

You must pay your premiums, including any charges, when they are due for the plan to remain current.

If your premium is not paid when it becomes due, we may end your plan. However, we will give you 28 days written notice before we end it for this reason.

You can pay yearly, half-yearly, quarterly, monthly or fortnightly deductions.

Plans owned by individuals, companies, SMSFs or under the Super Directions Fund

Your premium may be deducted from your bank account¹ or credit card² via yearly, half-yearly, quarterly, monthly or fortnightly deductions.

If you elect to receive a payment due notice, you will receive a notice when your premiums are due and you can pay by cash, BPAY, cheque (made payable to AMP) or credit card (Visa and MasterCard only). The payment due notices can be issued yearly, half-yearly or quarterly.

Plans owned under North, Summit, Generations or iAccess

Your premium, including the applicable plan fee and instalment loading, will be deducted from your cash account.

How to pay via BPAY®

For telephone and internet payment via BPAY, call your bank, credit union or building society to make this payment from your cheque or savings account.

For further information visit bpay.com.au.

Visa and MasterCard payments over the phone

Payment can be made by calling the number on the payment notice issued and following the prompts. We accept Visa and MasterCard.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We will only deduct premiums from your chosen account. Your plan schedule shows the premium amount and how often we have agreed to deduct it.

¹ Please refer to the direct debit service request information for full details of the Direct Debit Request Service Agreement.

² The bank, financial institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

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- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due.
- Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a fee for the direct debit arrangement. This will be reflected in your account statement.

Can we help?

Contact your financial adviser or our Customer Service Centre on 132 987 if:

- You need to change your payment details, cancel or alter direct debit deductions at any time, or
- You have any queries about your direct debit agreement.

We respond to queries concerning disputed transactions within five working days of notification.

Fees, charges and discounts

Plan fee

The plan fee pays for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

Plan fee payments

Payment frequency	Plan fee per payment (\$)
Fortnightly	2.76
Monthly	5.61
Quarterly	16.83
Half-yearly	33.66
Yearly	64.32

On the 'renewal date' following 1 January each year, the plan fee will rise by any increase in the CPI as described below.

For the purpose of calculating increases in CPI, we use the last published Index for the 12 months ending 30 September each year. However, we may use the Index published for a more recent 12 month period and/or another index or rate which we believe more fairly and accurately reflects changes in the cost of living.

Instalment loading

An instalment loading applies if you pay more frequently than yearly; this is in addition to the plan fee payments described above. The loading is 3.5% of the annual premium for half-yearly payments and 7% for all other premium frequencies.

Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state in which the person insured lives. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate item on the plan schedule.

State governments may change the rate of stamp duty from time to time, and any change may affect the amount you pay.

Workplace Rewards and Family programme

Plans that are set up under this programme are allowed a discount. This discount is only available when new business is submitted, and where an existing programme has been established and you are eligible to belong to that programme. If you are replacing an existing AMP insurance policy, this discount is not available. To see whether you qualify for the discount please contact your financial adviser.

Business Rewards discount

This discount is available where two or more clients are in a business relationship and submit new business to AMP. A 5% discount is available on life, TPD and trauma plans/options and the plan fee. If you are replacing an existing AMP insurance policy, this discount is not available. To see whether you qualify for the discount please contact your financial adviser.

Trauma overlap discount

Where TPD (including ADL TPD) is purchased as an option on a plan that includes Trauma cover, a 7.5% discount is applied to the premium of the TPD insurance option.

Plan fee waiver on additional plans

Subject to an agreement with us, if you have other plan(s) from this PDS or from another insurance product series these may be considered as linked plans. We may waive the plan fee on these linked plans. We may also waive the plan fee in instances where your spouse or other family member, or your business partner, has a plan with us.

If you do not nominate a plan, we will determine which plan the plan fee waiver will apply to.

The plan fee waiver provides you with only one plan fee and reduced minimum premiums for linked plans. The plan fee waiver is available for a maximum of 19 plans.

Variations

We reserve the right to vary charges as described below:

- We can revise the premium rates for cover; however, any such changes to premium rates will be part of a general review that will apply to all plans of that type and will only apply to you from your next policy anniversary.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you before the change occurs as required by law at the time. All other changes, including those resulting from indexation or market variations, will be advised in writing following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Taxation

Please refer to the Holding your policy in superannuation section on page 50 for information on taxation for the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan.

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation. Further taxation information can be found at ato.gov.au.

Life, trauma and TPD insurance plans

Premiums are generally not tax deductible. Lump sum payments made in the event of your death, disability or major trauma are generally free of income tax in the hands of the plan owner.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, repaying a debt if a key person dies), then the premium is not tax deductible and the proceeds will not be subject to income tax. However, CGT may apply depending on who receives the proceeds.

In the case of TPD and trauma proceeds, as long as the life insured or a defined relative of the life insured receives the insurance proceeds, there will not be any CGT implications. For more information please consult your accountant.

CGT will not apply to life insurance proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Income insurance and business expenses plans

Generally, your premium is tax deductible and any amounts (including PremierLink IP and Superannuation contributions option) we pay to you are assessable income.

However, premiums paid for the accident lump sum option or the occupationally acquired HIV, Hepatitis B and Hepatitis C option are not tax deductible and benefits received are not assessable for income tax.

Please consult your accountant regarding your personal situation. They will be able to provide you with more detailed information.

Goods and services tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Financial adviser remuneration

If you purchase an individual insurance policy from AMP through a financial adviser, we will pay your financial adviser remuneration. The payment is already incorporated in your policy premium. Your financial adviser has the option to reduce their commission, which in turn will decrease your premium.

From time to time, we may decide to provide financial advisers with non-monetary benefits (such as training or entertainment). This is in addition to the commission your financial adviser may receive.

AMP maintains a register of the non-monetary benefits that we pay to financial advisers from time to time, also known as AMP's gifts and entertainment register. A copy of the register may be requested by calling 1800 780 085.

Your financial adviser is required to provide details of the remuneration they receive in the Statement of Advice they must provide to you.

Enquiries and privacy

Enquiries

For all plans, if you have an enquiry please contact your financial adviser or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

Complaint resolution

SMSF and Non-superannuation plans

If you have a complaint please advise our Customer Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan.

The Service Centre address is:

AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001

If you are not satisfied with our handling of your complaint, the Financial Ombudsman Service is available to you. The Financial Ombudsman Service is governed by an independent council that reports directly to the Federal Minister for Consumer Affairs.

The Complaints Service can be contacted on 1300 780 808. Alternatively, you can write to:

Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Superannuation plans

If you have a complaint, please advise the Trustee in writing, stating the precise nature of your complaint and the name and number of the plan.

The address is:

AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001

The Trustee has formal procedures in place to deal with any enquiries and complaints. If you are not satisfied with the Trustee's resolution or handling of your complaint, you may then contact the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 1300 884 114 for the cost of a local call. The SCT is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

The SCT may be able to help you to resolve your complaint, but only after you have made use of the Fund's own complaint handling process. Once the SCT accepts your complaint it will attempt to resolve the matter through conciliation, which involves helping the parties come to a mutual agreement. If conciliation is unsuccessful, the complaint is formally referred to the SCT for a determination. Time limits apply to certain complaints to the SCT. If you have a complaint, you should contact the SCT immediately to find out if a time limit applies. The SCT's address is:

Superannuation Complaints Tribunal
Locked Bag 3060
MELBOURNE VIC 3001

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to us. We may collect personal information directly from you or your financial adviser. We may also collect personal information if it is required or authorised by law, including the Superannuation Industry (Supervision) Act 1993, the Corporations Act 2001 and the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act 2006.

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it. We may also use this information for related purposes—for example,

enhancing customer service and product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP group, or by your financial adviser.

If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 132 987 and quoting your plan number.

If you are applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death.

We usually disclose information of this kind to:

- other members of the AMP group
- your financial adviser or broker (if any)
- the owner of the plan
- your parent or guardian, if you are under age 18
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the AMP group in providing you with services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation
- anyone you have authorised or if required by law.

If sensitive information, such as health information is collected in relation to this financial product, then additional restrictions apply. NMLA may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, NMLA, to assess your application for new or additional insurance. NMLA may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims. NMLA may disclose your health information to:

- the financial adviser or broker responsible for the plan
- your parent or guardian, if you are under age 18
- the trustee
- the owner of your personal insurance plan (if applicable)
- NMLA's reinsurers
- 'medical practitioners'
- any person NMLA considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an insured person, aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an insured person, NMLA and/or its health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial planner or other relevant party.

Under the current AMP Privacy Policy you may access personal information about you held by the AMP group. The AMP Privacy Policy sets out the AMP group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how we deal with such complaints. The AMP Privacy Policy can be obtained online at amp.com.au or by calling our Customer Service Centre on 132 987.

Adding a benefit from this PDS to an existing policy

If you wish to add a benefit from the latest PDS to your existing AMP individual insurance plan, you may be required to convert your existing plan to the corresponding plan identified in the latest PDS.

Statutory Fund

Life insurance plans and all income insurance plans are written in a sub-fund of our No. 1 Statutory Fund.

The Life Insurance Superannuation Plan is written in a sub-fund of our No. 4 Statutory Fund.

Continuing your plan

Where the schedule specifies your occupation category as MP, AA, A, B, C, D or F

If you purchase any life insurance, TPD insurance, trauma insurance or any income insurance products, as long as you pay the premiums on time and comply with the terms of your plan we will:

- Pay you benefits in Australian dollars when you are entitled to them
- Continue your plan until the plan ends, and
- Not place any further conditions such as exclusions or loadings on your plan.

We will do so no matter how many claims you make, what happens to your health, whether your occupation changes, and what pastimes you have.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed in the Applying for cover section) to inform us of any changes to your health, occupation or pastimes.

Where the schedule specifies the occupation category as BY, CY or DY

If you purchase an income insurance plan and following the completion of a claim for sickness or injury, we may, from three years after the plan commencement date shown in your schedule:

- Continue your plan on the same terms that applied before the sickness or injury claim, or
- Offer to continue your plan by applying exclusions, premium loadings and/or special conditions to your plan subject to your agreement, or
- Cancel your plan.

If we wish to apply exclusions, premium loadings and/or special conditions following the completion of a claim for sickness and injury, we will send you a written notice prior to the next policy anniversary date. You will have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this policy will automatically cease.

Following the completion of a claim for sickness or injury, if we cancel your plan we will send you a written notice. Your plan will end 30 days after you have received the notice from us.

When you can end your plan

You can end the plan at any time. The plan ends on the date we receive your notice requesting plan termination.

When the plan ends, you can no longer make a claim under the plan and we do not have to pay you or any Trustee any benefit.

Applying for cover

To apply for any of the products contained in this PDS, you will need to complete an application form.

To assess your application we need to obtain medical and financial information relevant to the type of cover you have selected. This helps us determine:

- That you are eligible for cover
- That the premium is appropriate to your application, and
- Whether any special conditions or exclusions should apply.

Our use and disclosure of the personal information you provide to us is outlined in the Enquiries and privacy section on page 58.

When we assess your application we will take into account such things as your health, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes.

In some instances it may not be possible to provide you with the cover you originally applied for, but it may be possible for us to offer you 'revised terms'. In this situation we will send you a letter advising the terms we are able to offer you. You may be required to pay an additional premium or we may apply an exclusion to your plan.

Application forms that are incomplete or have missing or inaccurate information may result in you not being eligible to claim for benefits, or for your plan to be altered, made void or cancelled. It is important that you read and understand your duty of disclosure and the implications of non-disclosure or misrepresentation when completing your application.

Completing an application

To ensure your application is processed efficiently, please ensure that all information and details have been completed where requested. Your financial adviser will be able to help you with this process.

The following checklist will also help us quickly process your application:

- All relevant application form questions have been answered on the Personal Statement and (where applicable) the Supplementary Personal Statement.
- The Medical and Financial authority forms have been completed.
- Any alterations have been initialled.
- The application has been signed and dated by you and the plan owner, (unless submitted online).
- A deposit premium is required and can be paid by cheque. If a deposit premium is not received and bank or credit card details are provided, the premium will be deducted on acceptance and completion of the application.

If a deposit premium is not received and the premium frequency is fortnightly we will automatically deduct the monthly premium amount.

If a paper-based application form is completed, please send the completed Application form to:

AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001

As part of the application process it is necessary to collect personal medical and financial information.

Requests for additional information

To finalise your application, we may need to obtain further medical or financial information from you.

We may telephone you directly to clarify information or obtain additional information to support your application. If you prefer not to be contacted by telephone we will forward any requests for additional information in writing.

If there is insufficient space when completing any section(s) of the application form, you can attach a page(s) containing further information to the application. Please sign and date any attached forms.

Information about your plan

Once your application and first premium have been processed you will receive:

- A plan document, setting out the terms and conditions, and
- A plan schedule, outlining the premiums and the cover selected.

You should read these documents carefully and contact your financial adviser or us if you have any concerns.

Your duty of disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

We have the same rights if you make a misrepresentation to us.

Treatment of policies in exercising our rights

In exercising our rights we have to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply our rights to each of them separately. A policy must be treated as if it comprises 2 or more contracts of life insurance if any of the following apply:

- it includes 2 or more different groups of provisions
- there are 2 or more life insureds
- underwritten cover together with cover which is not underwritten, or is underwritten on different terms, applying to a life insured.

Additional rights from 28 June 2014

For policies issued from 28 June, 2014, we will have the following additional rights if you fail to comply with your duty of disclosure or you make a misrepresentation to us:

- if the non-disclosure or misrepresentation was not fraudulent, we can avoid the contract of life insurance within 3 years of entering into it if we would not have entered into the same contract. We no longer have to show that we would not have entered into the contract on any terms.
- for contracts of life insurance which do not have a surrender value or death cover:
 - we can elect to reduce the sum insured according to the formula referred to above at any time not just within the first 3 years of entering into the contract.
 - if we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the non-disclosure or misrepresentation had not occurred.

We also have these additional rights for policies issued before 28 June, 2014 if we agree to:

- increase the sum insured; or
 - provide additional kinds of insurance cover,
- but only to the extent of the variation.

If we allow you to replace an existing contract of insurance¹ held with AMP with the same type of cover for the same or lower amount of insurance, and you were previously underwritten by us, then you will not be required to disclose

any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach of your duty of disclosure (or misrepresentation made) in relation to the existing contract will be applied to the replacement contract.

Declarations and consent

By proceeding with your application you are deemed to have acknowledged and agreed with the following:

Product Disclosure Statement Your financial adviser has provided you with, and you have read, the current insurance PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.

Duty of disclosure You have read the PDS, and your financial adviser has drawn to your attention the Duty of Disclosure Statement set out in the Applying for cover section. You are required to fulfil your obligations in accordance with your duties as explained in this PDS. (Important: You have a duty to disclose on your application form all information relevant to the insurer's decision to accept your application.)

Truth and accuracy You are required to check the truth, accuracy and completeness of the information contained in your application—whether this is a paper-based application or one submitted online by your financial adviser.

If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact AMP on 132 987 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days, you are required to contact your financial adviser and ask for a copy to be provided immediately.

Online application Your financial adviser may submit your insurance application to AMP online.

Changes in material circumstances Any change in material circumstances between the time you provide personal information to your financial adviser and the issue of your plan documents must be disclosed to the insurer. Failure to do so may result in the insurer avoiding the contract of insurance.

Replacement of existing insurance Where you have indicated that the insurance you are applying for is to replace existing insurance, you will be required to cancel this existing insurance at the time that your application is accepted by us.

However, if the existing insurance is held with us or another company within the AMP group of companies, you authorise:

- us to cancel, or to instruct the other insurer to cancel, that insurance effective the date that the new insurance commences, and
- the other insurer (if any) to cancel that insurance at our request on the basis of this authority.

¹ All Life Insurance (including Life Insurance Superannuation and Life Insurance SMSF), Trauma Insurance and TPD Insurance Plans.

Medical and other information You are authorising

- any ‘medical practitioner’, doctor, health professional, hospital, clinic, other insurers (including related companies of AMP) or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy or in any other format, to AMP, and
- AMP to collect any information they have on your health, medical history, pastimes, work history or anything else that AMP considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Where you hold a policy with AMP Life Limited, you also authorise NMLA making any information obtained under this authority available to AMP Life for their use in connection with that policy.

Privacy – use and disclosure of personal information

By proceeding with your application, you are authorising us to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information, such as medical details, where it is necessary to do so to properly assess your application. You are deemed to have agreed that personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting us in making a decision in relation to your application for insurance, or in relation to a claim made under the policy of insurance.

In addition, you give our health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or adviser. Neither NMLA nor any service provider will disclose any information that is of a sensitive nature to this third party. You give the insurer permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.

Privacy You are required to read and understand the Privacy – use and disclosure of personal information section on page 58. You consent to your personal information being collected and used in accordance with this PDS and our policy on privacy. You can opt out from the use of that information for the purpose of direct marketing by contacting us.

Acceptance of your application is subject to the insurer searching its records for any other business with the person to be insured. The insurer may vary the terms of the policy of insurance to be issued on the basis of any information contained in its records.

Your application NS SMSF

Application By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in this PDS—including any modifications to the plan that the insurer considers appropriate given the information submitted for your application.

Nomination of beneficiary The payment of benefits from the Life Insurance Plan will be made on the basis of the latest nomination received in writing to AMP.

For the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan S

Prospective members of the Super Directions Fund

Application By submitting your application you are applying to N.M. Superannuation Proprietary Limited for membership of the Super Directions Fund. You are asking the Trustee to propose to the insurer to provide insurance on the usual conditions set out in this PDS—including any modifications to the plan that the insurer considers appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify the Trustee of the Fund in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the Fund. You should review your binding nomination every three years, or as your circumstances change.

Fund Membership You are submitting your application for the Life Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of the Super Directions Fund.

Prospective members of the Wealth Personal Superannuation and Pension Fund

Application By submitting your application you are confirming you are already a member, or have applied to become a member, of the Wealth Personal Superannuation and Pension Fund.

Fund Membership In applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan you are doing so as a plan holder or prospective plan holder of North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

Nomination of beneficiary Please refer to the Nomination of dependant section on page 52 for further details.

Commencement of your plan

When your plan commences, we will send you a document known as a schedule that is a part of the plan document. It contains specific and basic details about your plan eg commencement date, benefits covered, exclusions etc. AMP sends out premium notifications for those plans that are not paid by direct debit. These notices are produced and sent in line with the commencement date, otherwise known as billing date or ‘renewal date’. In most instances the ‘renewal date’ and the anniversary of the commencement date are the same.

Each year at the ‘renewal date’ AMP issues updated schedules confirming your premium and plan details.

Cooling-off period

After you receive your plan document, you have 28 days to check that your plan meets your needs. This is known as the cooling-off period.

Within this period you may cancel the plan and we will refund you any premiums paid. Your request must be submitted in writing to:

AMP Customer Service
PO Box 14330
MELBOURNE VIC 8001

Claiming a benefit

How to claim

We aim to be proactive in our claims management. Our claim requirements vary depending on the type of, and reason for, the claim you are making. We pride ourselves on providing a supportive claims service, through a specially trained and empathetic claims team, who are committed to paying genuine claims. We adopt a collaborative and consistent multi-disciplinary approach when assessing your claim.

The four steps of the claims process:

Step 1 – You notify AMP of your intention to claim.

Step 2 – You complete and return the claim paperwork.

Step 3 – AMP assesses your claim.

Step 4 – We assist you with your claim payment and, where applicable, your return to work.

Notifying us of a claim

To notify us of your intention to claim a benefit, you can contact your **Financial Adviser** or our **Customer Service Centre** on **132 987**.

When contacting us, you will be asked to provide the:

- Plan number(s)
- Full name of plan owner
- Full name of person insured
- Nature of claim, and
- Name and address for correspondence.

You must tell us you are going to claim a benefit as soon as practicable. If you delay in making a claim or providing information:

- this may delay the payment of any benefits you receive from us, and
- we may reduce the amount we pay (which may be to nil) to the extent that we have been prejudiced by the delay.

Completing the Claim Form

Upon notification of your claim, we will send claim forms for you to complete and return to us. These forms will be specific to the plan and benefit type under which you are claiming. Our initial claims requirements will be outlined in our letter to you which may include, but are not limited to:

- Initial Claim Form.
- Certified copy of the death certificate (if applicable).
- Initial Medical Report, completed by the insured person's treating doctor.
- Medical evidence, including proof of diagnosis of the medical condition or occurrence of the medical procedure for which the claim is being made.
- Copies of any medical reports from relevant specialists, scans or test results (eg clinical, histological and radiological evidence) which will assist in the assessment of your claim.
- Any other evidence and history of the insured person's health.
- Employer's statement (if applicable).
- Certified copy of your and the insured person's (if different) proof of identity.

You must also provide us with any other documents and information we reasonably require to consider your claim.

For example, you must provide us any information which we reasonably require about:

- the insured person's income and expenses. For example, we will usually ask for the insured person's income tax returns, income tax assessment notices and any relevant books of account. We may ask you what the insured person's income and expenses:
 - were when the plan started, or you last changed it, and
 - were just before he or she became eligible for a benefit, and
 - are while we are paying a benefit, and
- any other information we believe is relevant in assessing your claim.

For assistance completing the claim form please contact your Financial Adviser or our Customer Service Centre on **132 987**.

Assessing your claim

When assessing your claim, we will review the circumstances surrounding your claim, in conjunction with the terms and conditions of your plan.

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the plan documentation you received at the time your cover commenced.

Depending on the type of plan you have selected, and the information you provided at the time you applied for cover, it may be necessary for us to obtain further information to assess your claim. This information may include details about the insured person's health, financial and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review previous medical history and financial information about the type of cover you have. It is important that you complete the Application form and Personal Statement accurately as this may impact your eligibility for benefits.

In accordance with the conditions of the type of cover you have selected, it will be your responsibility to provide satisfactory documentation when requested.

We may also require the insured person to attend, and co-operate at, any assessments we consider necessary. These assessments will be by 'medical practitioners' or rehabilitation practitioners we choose. These assessments may include medical/psychological or rehabilitation tests.

We will pay the costs of obtaining information from 'medical practitioners' we choose. In all other cases, you must pay the costs of providing information in support of your claim.

We will notify you of any outstanding requirements to avoid delays in the consideration of your claim. Additionally, we may access our network of qualified medical and financial specialists and consultants to help you through the claims process. This may include arranging for one of our trained staff to visit the insured person by appointment or for the insured person to attend a specialist facility relevant to your claim for benefits.

For ongoing disability claims, we will help you where possible to facilitate the insured person's claim, recovery and return to work.

Benefit payments

We will pay as soon as we are satisfied that your circumstances meet the rules of the plan.

For policies within superannuation, where a death claim has been admitted, the Insurer will pay the sum insured to the Trustee.

- If this is NM Super, the proceeds of the plan will be provided to one or more of your dependents or to your legal personal representative.
- If this is a trustee of a self managed superannuation fund, this will be managed as per the trust deed. As such, nominations of preferred dependents are unavailable.

Where a claim has been admitted for terminal illness, total and permanent disability, or for temporary disability, the Trustee will need to be satisfied that a condition of release, eg permanent or temporary incapacity or a terminal illness medical condition, as defined under SIS, has been met before making any payment to you.

Glossary of definitions

Life insurance

13 month suicide exclusion	How the 13 month suicide exclusion applies – If the 13 month suicide exclusion of the life insurance plan being replaced has not expired, any remaining days of the exclusion will apply to this plan. – If the life insurance plan being replaced has been reinstated or increased within 13 months of the replacement, and the 13 month suicide exclusion period of the life insurance plan being replaced has not expired, any remaining time will apply to this plan, to a maximum of 13 months. – Where the life benefit under this plan exceeds the life benefit being replaced, the 13 month suicide exclusion applies to the excess amount. – Where the life insurance plan being replaced is not subject to a suicide exclusion, the 13 month suicide exclusion will apply to this plan.
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Total and permanent disability insurance

Activities of daily living	Activities of daily living are the following: – Bathing/showering – Dressing/undressing – Eating/drinking – Using the toilet to maintain personal hygiene – Getting in and out of bed, chair or wheelchair, or moving from place to place by walking, or a wheelchair or with a walking aid.
Permanent incapacity	– You are permanently incapacitated if AMP is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably fitted by education, training or experience.

Total and permanent disability	A. Unlikely to work The definition of unlikely to work depends on which version of the plan you hold: i. If you hold the own occupation version, the following applies: You are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation. ii. If you hold the any occupation version (not owned by NM Super), the following applies: You have been unable to follow your own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, you are unlikely ever to be able to follow your occupation or any other occupation for which you are reasonably fitted by education, training or experience, which would pay remuneration at a rate greater than 25% of your 'income' during your last 12 months of work.
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- iii. You have been unable to follow your own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, you are unlikely ever to be able to follow your occupation or any other occupation for which you are reasonably fitted by education, training or experience.

or

B. Specific loss refers to the total and permanent loss of the use of:

- Both hands
- Both feet
- One hand and one foot
- The entire sight in both eyes
- One hand and the entire sight in one eye, or
- One foot and the entire sight in one eye.

or

Total and permanent disability
continued

C. Requires future care:

- Because of an injury or sickness, you are totally and permanently unable to perform at least two of the five activities of daily living listed below, without assistance:
 - Bathing/showering
 - Dressing/undressing
 - Eating/drinking
 - Using the toilet to maintain personal hygiene
 - Getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

or

D. Is unlikely to perform domestic work (only applicable where TPD is purchased outside superannuation):

- You are totally unable to perform your usual unpaid domestic work for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:
 - Unlikely ever to be able to perform all of your usual unpaid domestic work
 - Diagnosed by a 'medical practitioner' as having a permanent disability and AMP agrees
 - Unlikely ever to be able to engage in any occupation, and
 - Receiving regular medical attention from a registered 'medical practitioner'.

Domestic Work

The insured person is engaged in domestic work if they are performing the following duties related to running the family home:

- Cleaning the family home—to use domestic appliances and equipment such as a vacuum and mop to clean and maintain the family home,
- Shopping for food and household items—to shop for everyday household provisions,
- Meal preparation—to use kitchen and cooking utensils, appliances and equipment to prepare more than the most basic meals for oneself and/or others,
- Laundry services—means the ability to do household laundry to a basic standard, and
- Caring for a child or dependent including driving or transporting family to and from school, sport, work or social events (if applicable).

or

E. Suffer significant cognitive impairment

Significant cognitive impairment means a permanent deterioration of cognitive functioning as observed clinically and confirmed by standardised testing, that requires you to be under continuous supervision and care by another person.

Trauma insurance

25% impairment	Where the trauma event definition refers to a 25% impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a 'medical practitioner' accredited in the evaluation of permanent impairment.
Activities of daily living	Activities of daily living are the following: – Bathing/showering – Dressing/undressing – Eating/drinking – Using the toilet to maintain personal hygiene – Getting in and out of bed, chair or wheelchair, or moving from place to place by walking, or a wheelchair or with a walking aid.
Adult insulin dependent diabetes – Partial payment only – Subject to a 90 day qualifying period – Not available for Children's trauma option	Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate consultant specialist after the age of 30. We will pay you the lowest of: – 10% of the trauma benefit, or – \$25,000.
Advanced diabetes – Not available for Children's trauma option	Advanced diabetes means severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following: – Severe diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes – Severe diabetic neuropathy causing motor and/or autonomic impairment – Diabetic gangrene leading to surgical intervention, or – Severe diabetic nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory's measured normal range).

Alzheimer's disease and other dementias	Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) resulting in significant cognitive impairment. Significant cognitive impairment means a deterioration in the Life Insured's Mini-Mental State Examination scores to 24 or less.
Angioplasty – Partial payment only – Not available for Children's trauma option	The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met: – The obstruction is giving rise to impairment of ventricular function – The obstruction is giving rise to disabling symptoms, or – The obstruction is associated with unstable angina pectoris or myocardial infarction. In the case of angioplasty, we will only pay 25% of the lump sum you are insured for, up to a maximum of \$100,000. We will pay you a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart.
Aplastic anaemia – Subject to a 90 day qualifying period for Children's trauma option	Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopaenia requiring treatment, with at least one of the following: – Blood product transfusions – Marrow stimulating agents – Bone marrow transplantation, or – Immunosuppressive agents.
Benign brain tumour	A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, where: – There is at least 25% permanent impairment of whole body function, or – Cranial surgery is required for its treatment. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. The following are excluded: – Cysts – Granulomas – Malformations in or of the arteries or veins of the brain – Haematomas, and – Tumours in the pituitary gland or spine.
Blindness – Partial payment not available for Children's trauma option	Full payment Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity. Partial payment We will make a partial payment, once only, if sight is permanently lost in one eye as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in one eye, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity. In the case of the blindness partial payment, we will pay you the lowest of: – 10% of the benefit, or – \$25,000.
Cancer – Subject to a 90 day qualifying period	Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, malignant tumours of the body and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.0 mm depth of invasion or where the melanoma is showing signs of ulceration, unless excluded below: – Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis unless requiring surgery that results in the removal of the entire breast – All other tumours classified as carcinoma in situ – Melanomas that are both less than Clark Level 3 and less than 1.0 mm in thickness (unless there is histological evidence of ulceration) – Other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body – Prostate tumours classified as T1 (all categories) under the TNM (or equivalent) classification system unless prostatectomy is performed – Lymphocytic leukaemia less than Rai stage I – Tumours that occur within the 90 day qualifying period, and – Tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.

Cancer early payment – Subject to a 90 day qualifying period – For Trauma Insurance Plus only – Not available for Children's trauma option	Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. Carcinoma in situ means new growth of malignant cells in a specific location that have not yet invaded normal tissues and have been diagnosed by biopsy. The conditions defined below are not eligible for a full benefit payment but we will make an early payment of the greater of 20% of the benefit or \$10,000, up to a maximum of \$100,000: – Melanomas that are both less than Clark Level 3 and less than 1.0 mm in thickness – Prostate tumours classified as T1a or T1b under the TNM (or equivalent) classification system with either a Gleason score less than 6, or where major interventionist therapy is not required – Carcinoma in situ of the penis classified as TNM stage Tis where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissues and the tumour requires surgical excision – Carcinoma in situ of one or both testes where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissue and the tumour is classified as TNM stage Tis – Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM (or equivalent) classification system – Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis – Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM (or equivalent) classification system – Carcinoma in situ of the cervix that is classified as TNM stage Tis or CIN 3 grading – Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM (or equivalent) classification system – Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM (or equivalent) classification system. We will make a payment of 100% of the benefit in the following circumstances: – If a prostate tumour is classified under the TNM (or equivalent) classification system as: – T1c or above, or – T1a or T1b with a Gleason Score of 6 or above, or – T1a or T1b and is considered untreatable or if the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment. – Carcinoma in situ of the testicle, where one or both testes are removed by radical orchidectomy. Where a partial payment is made for a cancer early payment condition, the trauma benefit is reduced by the amount paid. We will pay a partial benefit once only for each cancer early payment condition. We will, however, make subsequent partial payments for cancer early payment conditions, as long as we have not already made a payment for the same condition. The total of all claim payments must not exceed the trauma benefit insured. The following are excluded: – Tumours that occur within the 90 day qualifying period, and – Tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.
Cardiac arrest	Cardiac arrest that is the sudden breakdown of the heart's pumping function where it: – Is due to asystole or ventricular fibrillation, and – Is not associated with any clinical procedure, and – Is documented by electrocardiographic (ECG) changes, and – Occurs outside a hospital or other medical facility.
Cardiomyopathy	Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Chronic kidney failure	Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
Chronic liver disease	Chronic liver disease means end stage liver failure resulting in: – Permanent jaundice, and – Ascites or encephalopathy.
Coma	Coma means the failure of cerebral function as shown by total unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days.
Coronary artery bypass surgery – Subject to a 90 day qualifying period	Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include: – Angioplasty – Intra-arterial procedures – Laser techniques, or – Other non-surgical techniques.

Deafness – Partial payment not available for Children's trauma option	Full payment The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury. Partial payment We will make a partial payment, once only, if total irreversible and irreparable loss of hearing, both naturally and assisted, occurs in one ear as a result of disease, illness or injury. In the case of deafness partial payment, we will pay you the lowest of: – 10% of the benefit, or – \$25,000.
Diplegia	The total and permanent loss of the use of both sides of the body due to injury or sickness.
Encephalitis	Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae: – With at least '25% impairment' of whole body function, or – The person insured being totally and permanently unable to perform at least one of the 'activities of daily living'. Encephalitis as a result of HIV infection is excluded.
Heart attack – Subject to a 90 day qualifying period	Heart attack means the death of an area of heart muscle due to lack of adequate blood supply where: – There are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack, and – There are typical new ischaemic changes in the electrocardiograph (ECG): new ST-T changes or new left bundle branch block (LBBB). If the above criteria are not met, we will pay a claim based on satisfactory evidence that the person insured has unequivocally been diagnosed as having suffered a heart attack resulting in: – A permanent reduction in the left ventricular ejection fraction to less than 50% measured in the three months or more after the event, or – New pathological Q waves. Other acute coronary syndromes including, but not limited to, angina pectoris are excluded.
Heart attack (Other) – Partial payment only – Subject to a 90 day qualifying period – Not available for Children's trauma option	Heart attack (Other) means the death of an area of heart muscle due to a lack of adequate blood supply where, together with symptoms of ischaemia, there are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack. The heart attack (Other) must be confirmed by diagnostic changes in relevant cardiac enzymes or biomarkers and there will be no need for typical new ischaemic changes (new ST-T) or new left bundle branch block (LBBB) in the electrocardiograph (ECG). Excluded: – Non-heart attack related causes of elevated cardiac enzymes or biomarkers, and – Other acute coronary syndromes including, but not limited to, angina pectoris. In the case of a Heart attack (Other), we will pay you the lowest of: – 20% of the benefit, or – \$100,000.
Heart valve surgery	The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
Hemiplegia	The total and permanent loss of the use of one side of the body due to injury or sickness.
Loss of capacity for independent living – Not available for Children's trauma option	Loss of capacity for independent living means that as a result of an injury or sickness, you are permanently unable to perform at least two of the 'activities of daily living' without assistance. Please refer to the 'activities of daily living' definition.
Loss of a limb – Partial payment only – For Trauma Insurance Plus only – Not available for Children's trauma option	In the case of the total and permanent loss of the use of one hand or one foot we will pay the lowest of: – 25% of the benefit, or – \$100,000. We will only pay the higher of: – Partial TPD under a TPD insurance option, or – Loss of a limb under trauma insurance plus, in the event you are eligible to claim under both benefits and they are linked/attached to the same plan.
Loss of limbs	The total and permanent loss of: – The use of both hands – The use of both feet, or – The use of one hand and one foot.
Loss of limbs and sight	The total and permanent loss of: – The use of one hand and the sight of one eye, or – The use of one foot and the sight of one eye.

Loss of speech	Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.
Lung disease	Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmHg or less, while breathing room air.
Major head injury	Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit: – with at least ‘25% impairment’ of whole body function, or – with you becoming totally and permanently unable to perform at least one of the ‘activities of daily living’.
Major organ transplant – Subject to a 90 day qualifying period for Children’s trauma option	Major organ transplant means: – The receipt of a transplant of human bone marrow or whole human organs, or – Upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list, approved by us, to undergo necessary organ transplant, or – Undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.
Medical condition requiring life support – Partial payment only – Not available for Children’s trauma option	The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital. Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded. In the case of a medical condition requiring life support, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000.
Medically acquired HIV infection	Medically acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional: – A blood transfusion – Transfusion with blood products – Organ transplant to you – Assisted reproductive techniques, or – A medical procedure or operation performed by a ‘medical practitioner’. Notification and proof of the incident will be required via a statement from the appropriate statutory health authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious. All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.
Motor neurone disease	Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
Multiple sclerosis	Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist where there has been more than one episode of well defined neurological deficit with persisting neurological abnormalities. The neurological deficit must involve motor and sensory function.
Muscular dystrophy	Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.
Occupationally acquired HIV infection	Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while you were carrying out the normal duties of your usual occupation. No payment will be made unless all the following are proven to our satisfaction: – Proof of the accident giving rise to the infection – Proof that the accident involved a definite source of the HIV infection, and – Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non-infectious.
Paraplegia	The total and permanent loss of use of the lower limbs due to spinal cord injury or disease.

Parkinson's disease	Parkinson's disease means an unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by a consultant neurologist, as characterised by the clinical manifestation of one or more of the following: – Rigidity – Tremor, and – Akinesia resulting in the degeneration of the nigrostriatal system. All other types of Parkinsonism are excluded (for example, secondary to medication).
Pneumonectomy	The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.
Primary pulmonary hypertension	Primary pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
Quadriplegia (also defined as tetraplegia)	The total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.
Severe burns	Severe burns means third degree burns to: – 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification), or – 50% or more of the face requiring surgical debridement and/or grafting, or – 50% of both hands or both feet requiring surgical debridement and/or grafting.
Severe rheumatoid arthritis	Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis confirmed by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria: – At least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: – Proximal interphalangeal joints in the hands – Metacarpophalangeal joints in the hands – Metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle. – Simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) – Typical rheumatoid joint deformity, and – At least two of the following criteria: – Morning stiffness – Rheumatoid nodules – Erosions seen on x-ray imaging – The presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. Degenerative osteoarthritis and all other arthritides are excluded.
Stroke – Subject to a 90 day qualifying period	Stroke means the damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques approved by us. Excluded: – Transient ischaemic attack – Cerebral symptoms associated with reversible neurological deficit – Cerebrovascular disorder of the eye or optic nerve – Symptoms due to migraine or headache, and – Brain tissue damage caused by head injury.
Subacute sclerosing panencephalitis – Subject to a 90 day qualifying period – For Children's trauma option only	The certain diagnosis of subacute sclerosing panencephalitis.
Surgery of the aorta	Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.
Triple vessel angioplasty	Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.
Viral encephalitis – Subject to a 90 day qualifying period – For Children's trauma option only	Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least '25% impairment' of whole body function. Viral encephalitis as a result of HIV infection is excluded.

Income insurance

Benefit period	Benefit period means the maximum period of time that we will pay a benefit for any one injury or sickness for which we assess you as totally or partially disabled. Unless otherwise specified, the benefit period commences at the end of the waiting period. The schedule specifies the benefit period that has been selected.
Farming	Farming means being actively engaged in raising crops or animals for commercial purposes.
Important duties	Important duties means one or more duties that are important and essential in producing income.
Income	Occupation category MP, AA, A, B, C, D, BY, CY and DY Income means: – If you own part or all of a business or practice, income is money generated by the business or practice due to your own activity, after all expenses in earning that income have been deducted, or – If you are employed, your income is the total package, including commissions, regular bonuses, superannuation and fringe benefits. Income does not include investment or interest income. If you purchase the Superannuation contributions option, your superannuation contributions cannot be included as income when determining the monthly benefit. Any contributions exceeding the selected superannuation contributions rate can be included as income for the purpose of calculating the monthly benefit. Occupation category F Income means the gross farm income attributable to you. Income does not include investment or interest income.
Medical care	Medical care means you: – Have sought and are following advice, care and associated treatment that is reasonably necessary and appropriate, from an appropriate 'medical practitioner' who has personally assessed you and been provided with full clinical details in relation to your illness or injury, and are continuing to do so at reasonable intervals in the circumstances, and – Are taking all other reasonable measures to minimise or avoid further illness or injury.
Pre-disability income	Agreed value Pre-disability income means your highest average monthly income in any consecutive 12 month period between the date two years before the commencement date of the plan and the start of the waiting period. Pre-disability income is indexed while on claim. Indemnity option, the Income Insurance Superannuation Plan, Income Insurance SMSF Plan and the Income Insurance Senior Plan Pre-disability income means your highest average monthly income for any consecutive 12 months over the 3 years before your disability. If you are on maternity, paternity or sabbatical leave and you become disabled, the 3 year period will be up to immediately before the leave commenced. Pre-disability income is indexed while on claim. Income Insurance Superannuation Plan/Income Insurance SMSF Plan: Regardless of the indexation of the pre-disability income, the monthly benefit specified on your schedule and the accuracy of the information provided at application, you cannot receive more than 100% of your pre-disability income (excluding any indexation). This is a requirement under superannuation law.
Partial disability For: Income Insurance Premier Plan and PremierLink IP option – if you have a C rated mining industry occupation	Hours and duties based definition You are partially disabled if, immediately after being totally or partially disabled for the entire duration of the waiting period, you have returned to work or are capable of returning to work as determined by us based on medical evidence and, solely because of sickness or injury, you are: – Not capable of doing one or more duties that are important and essential in producing income of your occupation – Earning less than: – your 'pre-disability income' (if you have an agreed value plan) or – 75% of your 'pre-disability income' (if you have an indemnity plan), and – Under 'medical care'. If you meet the above definition and are not capable of working more than 10 hours per week, we will pay you a claim amount equal to the 'Total disability benefit amount'.

Partial disability	Occupation category D
For: Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan	For the first two years of a claim, you are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are: – Not capable of doing one or more duties that are important and essential in producing income of your occupation, – Earning an ‘income’ less than: – your ‘pre-disability income’ (if you have an agreed value plan) or – 75% of your ‘pre-disability income’ (if you have an indemnity plan), and – Under ‘medical care’. After the first two years of a claim you are partially disabled if, because of the disability you are: – Not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which you are reasonably fitted by education, training or experience, – Earning an ‘income’ less than: – your ‘pre-disability income’ (if you have an agreed value plan) or – 75% of your ‘pre-disability income’ (if you have an indemnity plan), and – Under ‘medical care’.
	Occupation category F
	You are partially disabled if immediately after being totally disabled for at least the waiting period you have returned to work and solely because of the disability you are: – Unable to perform at least 25% of your normal ‘farming’ duties, or – Working in an occupation other than ‘farming’ and earning an ‘income’ less than 75% of your ‘pre-disability income’ – You must be under ‘medical care’.
	Occupation categories BY, CY and DY
	You are partially disabled if: Immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are: – Not capable of doing one or more duties that are important and essential in producing income of your occupation – Earning less than 75% of your ‘pre-disability income’, and – Under ‘medical care’.
Partial disability benefit amount	This is the amount calculated in the ‘Partial disability – How the benefit is calculated’ section on page 75 of the Glossary of definitions. If you purchase a Benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of benefit that you will receive is outlined in the Benefit period to age 70 section on page 43.

Partial disability – How the benefit is calculated

For:

Income Insurance Premier Plan

Income Insurance Plus Plan

Income Insurance Plan

Income Insurance Superannuation Plan

Income Insurance SMSF Plan

PremierLink IP option

Agreed value

The 'Partial disability benefit amount' we pay is worked out by applying the formula:

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

Where:

A equals your 'pre-disability income'.

B equals your average monthly 'income' during the period for which you are partially disabled. B will equal zero if income is a loss.

C is the monthly benefit specified on your schedule.

Indemnity

Occupation categories MP, AA, A, B, C, D, BY, CY and DY

The 'Partial disability benefit amount' we pay for each month that you are partially disabled is the lesser of:

A – B, and C – B. Where:

A equals 75% of your 'pre-disability income'.

B equals your average monthly 'income' during the period for which you are partially disabled. B will equal zero if your income is a loss.

C is the monthly benefit specified on your schedule.

For the purpose of B (both Agreed value and Indemnity)

Income Insurance Premier Plan and PremierLink IP option

For all occupations except C rated mining industry occupations

- If you satisfy the Partial disability definition and you are unable to work more than 10 hours per week B will equal zero.
- If you satisfy the Partial disability definition and you have not returned to work but medical evidence shows you are capable of returning to work, and no appropriate work is available, B will continue to equal zero.

For C rated mining industry occupations

- If you satisfy the Partial disability definition and you are not capable of working more than 10 hours per week B will equal zero.
- If you satisfy the Partial disability definition and you have not returned to work but medical evidence shows you are capable of returning to work, 'income' is the amount you would be capable of earning.

Income Insurance Plus Plan, Income Insurance Plan, Income Insurance SMSF Plan and Income Insurance Superannuation Plan

If you have not returned to work but medical evidence shows you are capable of returning to work, 'income' is the amount you would be capable of earning.

Occupation category F

The amount we pay for each month you are partially disabled is 25% of the 'Total disability benefit amount'.

Superannuation Guarantee Rate

The Superannuation Guarantee Rate will rise incrementally as outlined in the table below:

Financial Year	SG rate (%)
2013-14	9.25
2014-15	9.50
2015-16	10.00
2016-17	10.50
2017-18	11.00
2018-19	11.50
2019-20	12.00

Total disability For: Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan Income insurance Senior Plan	Occupation category D For the first two years of a claim you are totally disabled if, because of injury or sickness, you are: – Not capable of doing one or more duties that are important and essential in producing income of your occupation – Not working in any occupation (whether paid or unpaid), and – Under ‘medical care’. After the first two years of a claim you are totally disabled if, because of injury or sickness, you are: – Not capable of performing any occupation (whether paid or unpaid) for which you are reasonably fitted by education, training or experience – Not working in any occupation (whether paid or unpaid), and – Under ‘medical care’. Occupation category F For the first two years of a claim you are totally disabled if, because of injury or sickness, you are: – Not capable of doing normal ‘farming’ duties – Not working in any occupation (whether paid or unpaid), and – Under ‘medical care’. After the first two years of a claim, you are totally disabled if, because of an injury or sickness, you are: – Not capable of performing any occupation (whether paid or unpaid) for which you are reasonably fitted by education, training or experience – Not working in any occupation (whether paid or unpaid), and – Under ‘medical care’.
Total disability For: Income Insurance Premier Plan and PremierLink IP option – if you have a C rated mining industry occupation	Total disability – Hours, income and duties based definition You are totally disabled if, because of injury or sickness, you are: – Not working in any occupation (whether paid or unpaid), and – Under ‘medical care’, and – Not capable of doing one or more duties that are important and essential in producing income of your occupation, or – Not capable of doing the duties that are important and essential in producing ‘income’ of your occupation for more than 10 hours per week, or – Not capable of generating more than 20% of your ‘pre-disability income’.
Total disability benefit amount	This is the amount calculated in the Total disability – How the benefit is calculated section on page 76 of the Glossary of definitions. If you purchase a Benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of benefit that you will receive is outlined in the Benefit period to age 70 section on page 43.
Total disability – How the benefit is calculated For: Income Insurance Premier Plan Income Insurance Plus Plan Income Insurance Plan Income Insurance Superannuation Plan Income Insurance SMSF Plan PremierLink IP option Income Insurance Senior Plan	Agreed value The ‘Total disability benefit amount’ is the monthly benefit specified on your schedule. As long as the details given to us about your income when applying for cover were full and accurate, we will not reduce the total disability benefit. Indemnity Occupation categories MP, AA, A, B, C, D, BY, CY and DY The ‘Total disability benefit amount’ is the lesser of the monthly benefit specified on your schedule and 75% of your ‘pre-disability income’. Occupation category F The ‘Total disability benefit amount’ is the lesser of the monthly benefit specified on your schedule and 30% of your ‘pre-disability income’. Income Insurance Senior Plan The ‘Total disability benefit amount’ is the lesser of the monthly benefit specified on your schedule or 75% of your ‘pre-disability income’.

Total and partial disability definition while unemployed or on leave without pay	If immediately preceding a claim you have been unemployed for 15 months or more (not available for income insurance through superannuation) or on leave without pay for 12 months or more, you are totally disabled if, because of an injury or sickness, you are: – Not capable of performing any occupation (whether paid or unpaid) for which you are reasonably fitted by education, training or experience – Not working in any occupation (whether paid or unpaid), and – Under ‘medical care’.
For:	
Income Insurance Premier Plan	– Under ‘medical care’.
Income Insurance Plus Plan	If immediately preceding a claim you have been unemployed for 15 months or more (not available for income insurance through superannuation) or on leave without pay for 12 months or more, you are partially disabled if at the end of the waiting period you have satisfied the partial disability eligibility requirements of your Plan and occupation category, and you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of sickness or injury you are:
Income Insurance Plan	– Not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which you are reasonably fitted by education, training or experience
Income Insurance Superannuation Plan	– Earning less than your ‘pre-disability income’, and
Income Insurance SMSF Plan	– Under ‘medical care’.
PremierLink IP option	If you purchase an Income Insurance Premier Plan or a PremierLink IP option, capability to return to work is not applicable unless you have a C rated mining industry occupation.

General

De facto relationship	De facto relationship means: – A relationship between two persons (whether of the same sex or different sexes) that is registered under a law of a State or Territory of Australia, or – A relationship between two persons (whether of the same sex or different sexes) who, although not legally married to each other, live with each other on a genuine domestic basis in a relationship as a couple.
Future insurability benefit	Events covered under specified personal events are: – Marriage or registering a ‘de facto relationship’ – On the first anniversary of a ‘de facto relationship’ where that anniversary occurs on or after the date the person insured was covered by this policy – Divorce or registering a ‘separation’ from a marriage or registered ‘de facto relationship’ – On the first anniversary of ‘separating’ from a marriage or ‘de facto relationship’ where that anniversary occurs on or after the date the person insured was covered by this policy – Death of a spouse or de facto partner – Effecting a mortgage for the first time or increasing a mortgage – Completing first undergraduate degree at an Australian University recognised by us – Birth or adoption of a child – Your child first starts secondary school – Becoming a carer for the first time – Promotion or commencement of a new employment arrangement (where your base salary [not taking into account salary packaging arrangements] increases by at least \$10,000 and 10%). If the following events occur with the same person, you are only eligible to apply for one increase: – Marriage, or – Divorce or ‘separation’ from a marriage, or – Entering into a ‘de facto relationship’, or – ‘Separation’ from a ‘de facto relationship’. You will be required to provide evidence that is acceptable to us and supports the increase to your benefit. Marriage is evidenced by a certified copy of the marriage certificate. The first anniversary of the commencement of a ‘de facto relationship’ is evidenced by: – A certified copy of the registration certificate of a ‘de facto relationship’, or – A signed Statutory Declaration confirming you are in a ‘de facto relationship’ where the first anniversary occurs on or after the commencement date shown in your schedule. Divorce is evidenced by a certified copy of the divorce order. The first anniversary of the permanent ‘separation’ from a marriage or a ‘de facto relationship’ is evidenced by: – A certified copy of the separation certificate of a marriage or a ‘de facto relationship’, or – A signed Statutory Declaration confirming the first anniversary of the ‘separation’ from the marriage or the ‘de facto relationship’ occurred on or after the commencement date shown in your schedule. Events covered under specified business events – Business succession planning—increase in the value of the business or in the insured’s shareholding – Key person insurance—increase in the value of the key person to the business – Loan guarantee—increase in business loans. You will be required to provide financial evidence that is acceptable to us and supports the increase to your benefit.

Future insurability benefit continued	How much additional cover you can purchase The maximum amount of increase for any one event will be limited to the lowest of: – 25% of the sum insured – \$200,000 – Where the increase relates to a mortgage, the amount of the mortgage or the increase to the mortgage, or – Where the increase relates to a promotion or commencement of a new employment arrangement, 10 times the salary increase. The maximum amount of additional insurance for each cover type you can purchase in total for all increases is the lower of: – The original sum insured, and – \$1,000,000. The Future insurability benefit cannot be exercised if at the time of your application: – The insured has previously been accepted by us with a medical loading greater than 50% under a policy held with us, or – The insured is currently entitled to make, or has made, a claim for a terminal illness, TPD or trauma benefit under a policy held with us. For the first six months from the date of the increase, we will only pay the amount of the increased benefit in the event of: – Accidental death – Accidental total and permanent disability (caused by violent, accidental, external and visible means), or – The life insured suffering an accidental trauma event. This benefit will expire on your 55th birthday. The specified event for which you are applying for an increase must occur before your 55th birthday. Any 'revised terms' applicable to your policy will also apply to increases exercised under this benefit.
Involuntarily Unemployed	Involuntarily Unemployed means the insured person becoming unemployed as a result of the termination of their employment by their employer, or the insured person being made redundant without their consent. It does not include unemployment as a result of: – The insured person ceasing employment of a casual, seasonal or temporary nature, – The expiration of a fixed term employment contract or other specified period of work, or – The deliberate or serious misconduct of the insured person.
Medical practitioner	Medical practitioner means a legally qualified doctor or consultant medical specialist registered to practice in Australia, New Zealand, the United Kingdom, the United States of America, Canada or any other country approved by us. That person may not be you, your business partner, an employee or employer of you, or a member of your immediate family.
Pre-existing condition	Pre-existing condition means a medical condition, injury or sickness the insured person was diagnosed with, had any symptoms of, or was treated for, prior to the commencement, reinstatement or upgrade of their cover unless: – the insured person was not aware of, and – a reasonable person in the circumstances could not be expected to have been aware of the medical condition, injury or sickness at the time.
Renewal date	Renewal date means the anniversary of your policy commencement date.
Revised terms	Revised terms means any terms which we apply to the insured person or the plan which does not apply to all AMP Elevate insurance plans.
Separation/Separating	Separation or separating means: – In the case of marriage, not living as a married couple for a period of 12 months, whether or not an application for divorce has been made, or – In the case of a 'de facto relationship', ceasing to be in that 'de facto relationship' for a period of 12 months.

Interim cover certificate

AMP Elevate insurance

This certificate applies to all the plans listed below. It does not apply where an existing contract of insurance held with AMP is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

AMP provides you with interim cover at no extra cost while your application for cover is being assessed. We rely on your duty of disclosure as stated in the Applying for cover section of the PDS. If you do not follow those instructions, you may not be entitled to any cover under this certificate.

Life insurance

If you have applied for a life insurance plan, you are covered for interim death cover. The interim death cover will be payable if you die within 90 days as a result of a sickness or injury that occurs during the term of the interim cover.

Trauma

If you have applied for a trauma insurance plan or option, you are covered for interim accident trauma cover. The interim accident trauma cover will be payable if you suffer one of the following trauma events solely as a result of accidental body injury:

- Blindness
- Coma
- Diplegia
- Hemiplegia
- Loss of capacity for independent living
- Major head injury
- Paraplegia
- Quadriplegia (also defined as tetraplegia)
- Severe burns

Please refer to the Glossary of definitions.

Total and permanent disability insurance (TPD)

If you have applied for a TPD insurance plan or option (other than ADL TPD), you are covered for interim accident TPD cover. The interim accident TPD cover will be payable if you suffer TPD (based on the any occupation definition) as a result of an accidental body injury.

Please refer to the Glossary of definitions.

When we won't pay for interim accident cover under life insurance, trauma insurance and TPD insurance

We will not pay if death, trauma or TPD was a result of or associated with or was caused by or contributed to by:

- Suicide, whether sane or insane
- Intentional self injury, including intentionally contracted infection by bacteria or virus, or any attempt thereat
- Making or attempting to make a flight in an aircraft other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter
- Taking intoxicating liquor or drugs, or
- An event which occurred before the application was submitted
- Any medical condition, injury or sickness that you had before the application was submitted and you did not tell us about it unless :
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of
- the medical condition, injury or sickness at the time.
- The insurance plan applied for is to replace existing insurance cover or another application on your life
- You or the proposed owner have failed to comply with the Duty of Disclosure as set out in the application form, or
- The application is one we would not normally accept under our standard underwriting rules.

Income insurance and business expenses insurance

If you have applied for an income insurance or business expenses insurance plan, you are covered for interim income insurance or business expenses insurance cover.

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the waiting period that is applied for. The total disability must be caused by an injury which occurs after this cover starts, or by a sickness which is contracted and commences more than 30 days after this cover starts.

The benefit period under this cover will be the shorter of:

- The benefit period for injury or sickness applied for, or
- Two years.

When we won't pay for interim cover under income insurance or business expenses insurance

No benefit is payable under this cover if total disability is caused or contributed to by:

- An injury or sickness which you had before this cover began that was not disclosed to AMP unless:
 - you were not aware of, and
 - a reasonable person in the circumstances could not be expected to have been aware of the medical condition, injury or sickness at the time.
- The person insured or the plan owner on purpose
- Uncomplicated pregnancy, miscarriage or childbirth
- War or war-like activities
- Football injuries (all codes), or
- AIDS, AIDS related conditions or HIV infection.

When does interim cover commence?

Cover commences on the date your application form, Personal statement and first premium payment (or an effective deduction authority for that amount) are received by AMP Customer Service.

Duration of interim cover

The cover provided is valid until the earliest of the following:

- The time when insurance cover commences under another contract of insurance, being insurance cover that is intended to replace the insurance cover provided by the interim contract of insurance
- The time when the interim contract of insurance is cancelled
- The date of withdrawal, if you withdraw your application
- The date your application for insurance is declined
- 90 days after this cover starts.

Benefit payable for interim cover

Benefit	Amount
Life insurance	Lesser of amount applied for or \$1,000,000
Trauma	Lesser of amount applied for or \$600,000
Total and permanent disability	Lesser of amount applied for or \$1,000,000
Income insurance and business expenses	The lower of: – The Total disability benefit applied for excluding additional options, and – The Total disability benefit we would allow under our usual underwriting rules. The maximum benefit we will pay under this cover is \$200,000.

Signature of financial adviser

Date

X

/ /

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's food supply.

One way to meet this demand is to increase the amount of food that is produced. This can be done by using more land for agriculture, by using more water, or by using more fertilizers.

Another way to meet this demand is to reduce the amount of food that is wasted. This can be done by improving the way that food is stored and distributed.

There are many other ways to meet this demand, and it is important that we find ways to do so in a sustainable way.

One of the most important things we can do is to protect the environment. This means protecting the land, the water, and the air.

By protecting the environment, we can ensure that there is enough food and other resources for everyone in the world.

It is our responsibility to ensure that the world is a better place for everyone, and that is why we must take action now.

Let us work together to create a sustainable future for all.

Thank you for your attention.

Sincerely,
[Signature]

[Name]
[Title]
[Organization]

[Address]
[City]
[State]
[Zip]

[Phone]
[Fax]
[Email]

[Web]

[Footer]

Contact us

phone 132 987
web amp.com.au

The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437 AFS Licence No. 234649
Registered Office: Level 24, 33 Alfred Street SYDNEY NSW 2000



AMP Elevate insurance

Application form

Where the following symbols have been used:

S	Superannuation Please complete this section when you are applying for the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan issued by N.M. Superannuation Proprietary Limited (NM Super).
NS	Non-superannuation Please complete this section when you are applying for cover that is issued by The National Mutual Life Association of Australasia Limited (NMLA) and it is not owned by an SMSF. It should also be completed if you have applied for a FlexiLink plan or PremierLink option (with the exception of the Nomination of beneficiaries section).
SMSF	Self Managed Superannuation Fund (SMSF) Please complete this section when you are applying for the Life Insurance SMSF Plan or Income Insurance SMSF Plan. These plans are issued by NMLA and are owned by the trustees of an SMSF or Small APRA Super Fund. These are the only Elevate insurance plans that can be owned by an SMSF or Small APRA Super Fund.

If no symbol has been used, the section should be completed for all plans being applied for.



Application form

Page	Items to be completed
3	Application details
3	☐ Application summary (The AMP Account/Adviser number for the principal servicing agent must be provided on page 48)
5	☐ For your financial adviser to complete
6	Personal statement
6	☐ Personal details
8	☐ Your health details
12	☐ Sports and pastimes details
15	☐ Health questionnaires
23	☐ Occupation details
25	☐ Income details
27	☐ Business expenses details
Refer to page 29 for information regarding which authorities and application forms require completion.	
	Authorities
31	☐ Medical and financial authorities
	Non-superannuation or SMSF application
33	☐ Non-superannuation or SMSF payment authorities
35	☐ Nomination of beneficiaries
37	☐ Non-superannuation or SMSF insurance application and signatures
	Superannuation application N.M. Superannuation Proprietary Limited
38	☐ Superannuation payment authorities
40	☐ Nomination of dependants (for Super Directions Fund members only)
43	☐ Tax file number
45	☐ Superannuation insurance application and signatures
47	Financial adviser and commission details
49	AMP administration

Please send the completed Application form, with a copy of the premium quote to our Customer Service Centre:

AMP Customer Service, PO Box 14330 MELBOURNE VIC 8001

This Application form is dated 19 May 2014

The issuer of all plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Any reference to the Superannuation or Pension plans of North, Summit, Generations or iAccess refers to North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

Important information for applicants

Please read these instructions carefully before starting this Application.

Before you start

Before you complete this Application form, you should be aware that your financial adviser is obliged to have provided you with the Product Disclosure Statement(s) (PDS) and other information relevant to special offers and/or member discounts for the product(s) you are applying for.

The PDS(s) contain important information to help you understand the product and to decide whether it is appropriate to your needs.

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

Your duty of disclosure

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

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer. We have the same rights if you make a misrepresentation to us.

Treatment of policies in exercising our rights

In exercising our rights we have to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply our rights to each of them separately. A policy must be treated as if it comprises 2 or more contracts of life insurance if any of the following apply:

- it includes 2 or more different groups of provisions
- there are 2 or more life insureds
- underwritten cover together with cover which is not underwritten, or is underwritten on different terms, applying to a life insured.

Additional rights from 28 June 2014

For policies issued from 28 June, 2014, we will have the following additional rights if you fail to comply with your duty of disclosure or you make a misrepresentation to us:

- if the non-disclosure or misrepresentation was not fraudulent, we can avoid the contract of life insurance within 3 years of entering into it if we would not have entered into the same contract. We no longer have to show that we would not have entered into the contract on any terms.
- for contracts of life insurance which do not have a surrender value or death cover:

- we can elect to reduce the sum insured according to the formula referred to above at any time not just within the first 3 years of entering into the contract.
- if we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the non-disclosure or misrepresentation had not occurred.

We also have these additional rights for policies issued before 28 June, 2014 if we agree to:

- increase the sum insured; or
- provide additional kinds of insurance cover, but only to the extent of the variation.

If we allow you to replace an existing contract of insurance¹ held with AMP with the same type of cover for the same or lower amount of insurance, and you were previously underwritten by us, then you will not be required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach of your duty of disclosure (or misrepresentation made) in relation to the existing contract will be applied to the replacement contract.

Definitions in this application

'Person to be insured' is the person whose life, health or income is to be insured under this application.

'Adviser' refers to the financial adviser who is guiding you to complete this application.

'Plan owner' refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person. Where applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, the Plan owner is N.M. Superannuation Proprietary Limited as trustee of the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund.

If the Plan owner is an SMSF the trustee of the SMSF will be responsible for providing information and meeting the requirements under the Superannuation Industry (Supervision) Act 1993 (SIS).

'You' either refers to the Plan owner under the plan or the Person to be insured, where indicated.

'We/Us' refers to the underwriter, The National Mutual Life Association of Australasia Limited. The only exception to this is where you sign declarations, in which case, 'I/We' refers to the proposed Plan owner or the Person to be insured, as indicated.

How to apply

1. Please read the PDS for the product(s) you want to apply for.
2. Ask your financial adviser to assist you with the details in this Application form.
3. Use a black pen to complete this Application form.
4. Sign the Application form where indicated.
5. Send your form to your financial adviser.

Financial adviser contact details

1 All Life Insurance (including Life Insurance Superannuation and Life Insurance SMSF), Trauma Insurance and TPD Insurance Plans.



Application details

AMP Elevate insurance application form Application details (dated 19 May 2014)

Please print in CAPITAL LETTERS and place a cross ☒ in any applicable boxes.

Application summary

!

Before you complete this application: If you are altering an existing plan, please refer to your Plan Document for terms and conditions.

Application details

Date this application signed

/

/

Plan owner type (cross one)

☐ Individual ☐ Business application ☐ SMSF (Note: cover owned by an SMSF can only be held under a Life Insurance SMSF Plan or Income Insurance SMSF Plan)

Are you applying for insurance through?

☐ North ☐ Summit ☐ Generations ☐ iAccess

– For superannuation plans

If applying through North, Summit, Generations or iAccess Super or Pension please provide your existing account number

If you nominate a North, Summit, Generations or iAccess Superannuation or Pension Plan, all superannuation plans quoted will be owned by N.M. Superannuation Proprietary Limited as trustee of the Wealth Personal Superannuation and Pension Fund, and paid from your Superannuation/Pension account. The person insured must be the member of the nominated account.

If you do not nominate a North, Summit, Generations or iAccess Superannuation or Pension Plan then all superannuation plans will be owned by N.M. Superannuation Proprietary Limited as trustee of the Super Directions Fund.

Please note: Income insurance cannot be paid for from a pension account.

– For non-superannuation or SMSF plans

If applying through North, Summit, Generations or iAccess Investment please provide your existing account number

If you nominate a North, Summit, Generations or iAccess Investment account, all non-superannuation and SMSF plans quoted will be paid from your Investment account. To nominate an Investment account, you must be authorised to transact on that account.

Application type (cross one)

☐ AMP Workplace Rewards and/or Family ☐ AMP RACV Rewards

Title

Workplace Rewards name/ Family name/RACV cardholder name

Workplace Rewards number/ Family number/RACV card number

For RACV, please provide 16-digit card number

☐ Business rewards

ABN (for employer/key person/business partner/trustee)

☐ Campaign ☐ New plan ☐ Increase sum insured

☐ Conversion/replace existing plan (please refer to the Important notes on page 7 for information regarding cancelling cover that is being converted/replaced)

OR

☐ Continuation option Existing plan number

☐ Add cover ☐ Re-submitted application ☐ Other (provide details in Adviser notes)

Super Non-super SMSF

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Application summary (continued)

Application details (continued)

Is this plan fee to be waived? ☐ No ☐ Yes If yes, to which plan number?

Full name of Plan owner of linked plan

Is there a concurrent application form being submitted? ☐ No ☐ Yes

If yes, to which application? ☐ Business partner(s) ☐ Spouse ☐ Children’s Trauma ☐ Another AMP product (eg Summit, Generations) ☐ Another AMP application on the Person to be insured

Please provide details below:

Name of insured on concurrent application	Date of birth	Plan number/Product name
	/ /	
	/ /	
	/ /	

Are you related (mother, father, sister, brother, child or spouse), in a de facto or same sex relationship or in a business relationship with the financial planner of this plan? ☐ No ☐ Yes

If yes, page 48 outlines how this will impact commission.

Person to be insured

Is the Person to be insured also the Plan owner? ☐ No ☐ Yes

Title

Given name(s)

Family name

Previous name(s) (if applicable)

Gender

Marital status

Date of birth

Country of birth

☐ Male ☐ Female

/ /

Occupation title and the industry that the Person to be insured works in

Insurable income in last 12 months

\$ (Personal exertion income after expenses but before income tax)

Please refer to the definition of insurable income, in the Income details section on pages 25.

Residential address of Person to be insured

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Country

Home phone number

Business phone number

Mobile phone number

()

()

Email address

If applying for a non-superannuation or SMSF plan, please complete the Non-superannuation or SMSF application sections on pages 33–37. If applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, please complete the Superannuation application sections on pages 38–45.

Application summary (continued)

Correspondence details

!

 Only complete this section if the addressee or correspondence address is different to the Person to be insured.

Is the addressee for correspondence different to the Person to be insured? ☐ No ☐ Yes

Company/SMSF

C/O (eg company title/department)

Title

Given name(s)/Trustee name(s)

Family name

Is the address for correspondence different to the residential address of the Person to be insured? ☐ No ☐ Yes

Address

Suburb

State

Postcode

Country

Home phone number

Business phone number

Mobile phone number

Email address

Plan owner(s)

!

 Only complete this section if Plan owner is a company, trustee of an SMSF or an individual other than the Person to be insured.

☐ Plan owner is payer of insurance premium (only if not being paid by Person to be insured)

Title	Family/Company/SMSF name	Given name(s)/Trustee name(s) ¹	Date of birth	Plan name/PremierLink
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

1 The names of all trustees should be listed.

Only provide an Australian Business Number (ABN) if the Plan owner is a company or a trustee:

Company ABN

The Plan owner(s) will need to complete the Non-superannuation or SMSF application sections on pages 33–37.

For your financial adviser to complete

☐ Please cross this box confirming you have attached the applicable AMP Elevate Desktop Insurance quote (to be submitted with the application form). If only the client quote has been provided we will use the default commission structure of upfront, unless otherwise indicated in the application.



Personal statement

Personal details

!

Important: You have a duty to disclose all information relevant to our decision to accept your application. We rely on this information to assess your application. Any incorrect information may affect your entitlement to benefits. Please see page 2 for details of Your duty of disclosure.

‘You’ refers to the Person to be insured (unless otherwise indicated).

Contact details for Person to be insured

We may need to contact you between 8.00am and 7.00pm regarding the details of your application.

Daytime phone number	Hours you can be contacted	After hours phone number	Hours you can be contacted
()		()	
Mobile phone number	Hours you can be contacted	Email address	
()			

Residency and travel details

1.

a.

Are you an Australian citizen or a permanent resident of Australia?

☐ No, proceed to question 1b

☐ Yes, go to question 2

b.

Are you a New Zealand citizen?

☐ No, please provide details:

☐ Yes, go to question 2

i.

What is your country of birth?

ii.

How long have you lived in Australia?

years

months

iii.

What type of visa do you hold?

iv.

Have you applied for an Australian permanent residency visa?

☐ No

☐ Yes

2.

In the next 12 months, do you intend to leave Australia and go live in another country?

☐ No

☐ Yes

If yes, please provide details:

Where	Duration

3.

Do you intend to travel outside Australia or New Zealand for holiday or business purposes?

☐ No

☐ Yes

If yes, please provide details:

Where	When	Duration

Insurance details

4.

Other than this application, are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**? **Note:** This includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

☐ No

☐ Yes

Personal details (continued)

Insurance details (continued)

If yes, please provide details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
		\$	/ /	☐ No ☐ Yes
		\$	/ /	☐ No ☐ Yes
		\$	/ /	☐ No ☐ Yes

!

Important notes: If this application for insurance is intended to replace the existing plan(s) listed in the table above or insurance cover held within the AMP Group (if noted on page 3 of this Application form) that is being converted/replaced:

- When the insurer notifies you that it has accepted your application for insurance, you must cancel such plan(s). If you do not cancel the existing plan(s) listed in the table above, any claim you make to AMP for the insurance applied for and accepted may not be considered.
- Under takeover terms, the insurance cover to be replaced must have been fully underwritten and not have been accepted under modified or limited underwriting requirements or on takeover terms previously.
- If the existing insurance is held with us or another company within the AMP group of companies, you authorise:
 - us to cancel, or to instruct the other insurer to cancel, that insurance effective the date that the new insurance commences, and
 - the other insurer (if any) to cancel that insurance at our request on the basis of this authority.

5. Has **any company** ever indicated they would not issue you insurance, or would apply a loading, modify, restrict or exclude your insurance in any way?

☐ No ☐ Yes

If yes, please provide full details including reason, date, company name and type of cover:

6. In the last 5 years have you, or do you intend in the next 12 months, to claim unemployment benefits?

☐ No ☐ Yes

If yes, please provide details:

Benefit type

Date

/ /

7. Have you ever, or do you intend to claim benefits under any insurance plan, government scheme, armed forces, pension or allowance, or court proceedings? If yes, please provide details:

☐ No ☐ Yes

Company/benefit type	Reason	Benefit amount	Date
		\$	/ /
		\$	/ /
		\$	/ /

Personal habits

8. a. Have you ever been a smoker or used any sort of tobacco products (including e-cigarettes and/or nicotine replacement products)?

☐ No ☐ Yes

If no, go to question 9

If yes, please advise which of the following apply and quantity consumed.

☐ Cigarettes

Quantity per:

day

week

month

☐ Tobacco pipes

Quantity per:

day

week

month

☐ Cigars

Quantity per:

day

week

month

☐ Nicotine replacement products (please provide details on next page)

☐ E-cigarettes (please provide details on next page)

☐ Other

Please specify substance smoked:

Personal details (continued)

Personal habits (continued)

If you have indicated that you use nicotine replacement products, e-cigarettes or any other substance, please answer the following questions.

i.

How often are or were these nicotine patches, e-cigarettes or other nicotine products used, replaced or refilled?

ii.

What strength?

mgs

b.

If you have stopped smoking, using tobacco, nicotine replacement products or other substances, please advise when?

month

year

c.

Have you ever been advised by a health care professional to reduce your smoking because of a medical condition? If yes, please advise the name of the condition and any treatment received:

Condition

Treatment

9.

a.

How many standard drinks containing alcohol do you consume per week on average?

[standard drink = 1 nip/30ml of spirits, 1 x 100ml glass of wine, 1 x 250 ml glass of beer]

standard glasses per week

b.

Have you ever been advised by a health care professional to reduce your alcohol intake or seek alcohol treatment?

No

Yes

If yes, please advise your alcohol intake amount at that time, reason you were advised and details of any treatment:

10.

Have you ever used cocaine, marijuana, ecstasy, heroin or any other recreational drugs, or drugs not prescribed by a doctor? (You do not need to tell us about any paracetamol, anti-histamines or any other over-the-counter medication.) If yes, please give details, including the type of drug and the date(s) used:

No

Yes

Your health details

‘You’ refers to the Person to be insured.

Doctor details

11.

Please provide the details of the general practitioner/medical centre you would normally consult for medical conditions or advice, including the details of your last consultation.

Name of general practitioner/medical centre

Address

Suburb

State

Postcode

Contact phone number

()

Fax

()

How long have you been his/her patient?

years

Date of last consultation

/ /

Reason

Result

Your health details (continued)

Personal health history

12. a. What is your: Height Weight

b. Has your weight varied in the last 12 months? ☐ No ☐ Yes

If yes, please cross one of the following and provide the amount and the reason: ☐ Gain ☐ Loss

Amount kg Reason

13. At any time in your life have you ever had, received advice for or experienced symptoms of the following (even if you have not seen a doctor)?

☐ No ☐ Yes

a. **Back or neck disorder** including slipped disc, sciatica or whiplash

☐ No ☐ Yes

b. **Disorder or injury of the joints** including arthritis or gout (eg a disorder or injury of the ankle, elbow, hip, knee, wrist or shoulder)

☐ No ☐ Yes

c. Disorder or injury of the muscles, bones or limbs (eg fracture, tendonitis or tenosynovitis)

☐ No ☐ Yes

d. **Depression, adjustment disorder, post-traumatic stress disorder, post natal depression, major depression** or any other **mood or depressive disorder**?

☐ No ☐ Yes

e. **Anxiety, attention deficit disorder, eating disorder, obsessive compulsive disorder** or any other **anxiety disorder**?

☐ No ☐ Yes

f. **Schizophrenia, psychotic or personality disorder, manic or bipolar disorder** or any other **mental health disorder**?

☐ No ☐ Yes

g. **Stress, fatigue, insomnia or sleeplessness?**

☐ No ☐ Yes

h. **Chronic fatigue or chronic pain syndrome**

☐ No ☐ Yes

i. Fibromyalgia, fibrositis or myalgia

☐ No ☐ Yes

j. Stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or brain injury

☐ No ☐ Yes

k. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, dementia, paralysis or cerebral palsy

☐ No ☐ Yes

l. Epilepsy, fit or blackout, migraine or recurrent headaches

☐ No ☐ Yes

m. Any neurological complaint or disorder of the nervous system including dizziness, involuntary shaking, memory loss, weakness, loss of feeling, or tingling of limbs or face

☐ No ☐ Yes

n. **High blood pressure or raised cholesterol** (including being advised to take medication or have your levels monitored)

☐ No ☐ Yes

o. Heart condition including irregular heartbeat, heart murmur, heart disease or chest pain

☐ No ☐ Yes

p. Disorder of the blood including anaemia or haemophilia

☐ No ☐ Yes

q. **Asthma**

☐ No ☐ Yes

r. Bronchitis, sleep apnoea, pneumonia or any other lung, respiratory or breathing disorder

☐ No ☐ Yes

s. Disorder of the thyroid

☐ No ☐ Yes

t. Diabetes, sugar in the urine or raised blood sugar levels

☐ No ☐ Yes

u. Disorder of the kidney or bladder including blood or protein in the urine, urinary infections or kidney stones

☐ No ☐ Yes

v. Disorder of the digestive system, gall bladder, stomach, bowel or liver including hepatitis, gastric or duodenal ulcer, indigestion, colitis, Crohn's disease, hernia or irritable bowel syndrome

☐ No ☐ Yes

w. Disorder of the eyes not corrected by glasses or contact lenses (eg iritis, glaucoma, optic neuritis, blurred or double vision)

☐ No ☐ Yes

x. Disorder of the ears or speech including hearing loss or tinnitus

☐ No ☐ Yes

y. Disorder of the skin including psoriasis, eczema or dermatitis

☐ No ☐ Yes

z. Cancer, tumour, leukaemia, Hodgkin's disease, lymphoma, melanoma or skin cancer or any malignant condition

☐ No ☐ Yes

aa. **Cyst, skin lesion, growth, lump** (including breast lump), **mole or freckle** that has bled, become painful, changed colour or increased in size

☐ No ☐ Yes

ab. Any sexually transmitted infection or disease

! If you answered 'Yes' to any of the items in 13, please provide details in the table on the next page, **EXCEPT** for any condition in bold text above, for which you should complete the relevant section of 22 instead. If you answered 'No' to all items, go to 14.

Your health details (continued)

Personal health history (continued)

Item no. eg (f)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%

14. At any time in your life have you ever had, received advice for or experienced symptoms of the following (even if you have not seen a doctor)?

Males only

☐ No ☐ Yes a. Disorder or problem of the prostate or testicle including prostate enlargement, abnormal PSA (Prostate Specific Antigen), difficulty or urgency in passing urine or undescended testicle?

Females only

☐ No ☐ Yes b. Are you currently pregnant? If yes, please advise expected delivery date / /

☐ No ☐ Yes c. Have you ever had any complications with pregnancy or childbirth? If yes, please provide details below, including whether resolved after delivery.

☐ No ☐ Yes d. Have you ever had a breast ultrasound, mammogram or investigation, thickening, unexplained pain or change to the breast or nipples?

☐ No ☐ Yes e. Have you ever had an abnormal cervical pap smear or biopsy of the cervix or uterus?

! If you answered 'Yes' to any of the items in 14, please provide details in the table below.

Item no. eg (b)	Date	Details of condition, advice or symptom including nature of treatment and/or results of investigations	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery
	/ /				%
		Results			
	/ /				%
		Results			
	/ /				%
		Results			

Your health details (continued)

Personal health history (continued)

15. Other than what you have already told us in this application, have you in the last 5 years (not including colds or flu):
- ☐ No ☐ Yes

a. Attended any other medical appointment (eg counselling), or had any other test (eg x-ray, blood), surgery either in Australia or overseas, with any other doctors, medical centres or health care professionals, including chiropractors, physiotherapists, naturopaths, osteopaths, podiatrists or herbalists?
- ☐ No ☐ Yes

b. Used or are you currently using any medication, prescribed or unprescribed (taken by mouth, injections, inhaled spray, cream, ointment) or had any treatment for any symptoms, sickness, injury or medical condition?
- ☐ No ☐ Yes

c. Had any sickness, symptom or injury that prevented you from performing any of the duties of your usual occupation for more than 3 consecutive days?

! If you answered ‘Yes’ to any of the items in 15, please provide details in the table below.

Item no. eg (b)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Date treatment or medication ceased (if applicable)	Time off work	Degree of recovery
☐	/ /			/ /		%
☐	/ /			/ /		%
☐	/ /			/ /		%

‘You’ refers to the Person to be insured

16. Have you ever had, are you currently waiting for a result of, or are you considering having a genetic test?
- ☐ No ☐ Yes

Note: You do not have to provide a result if you were or are taking part in a medical research project or trial and haven’t been or will not be provided with your individual result.

If yes, please provide full details:

17. Other than what you have already told us in this application:
- a. Have you ever been admitted to hospital for any reason?

☐ No ☐ Yes
- b. Are you experiencing any symptoms or complaints for which you have not consulted a doctor?

☐ No ☐ Yes
- c. Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation or treatment including surgery either in Australia or overseas?

☐ No ☐ Yes

If you answered yes to any of the items above please provide details:

Your health details (continued)

Personal health history (continued)

18. a. Have you or any of your current or previous sexual partners tested positive for HIV/AIDS, or have any sign of HIV infection (eg some signs of HIV/AIDS are: unexplained weight loss, swollen glands or persistent diarrhoea)? ☐ No ☐ Yes

b. In the last 3 years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? ☐ No ☐ Yes

Note: HIV risk situations include but are not limited to:

- sex with or as a sex worker
- sex with an intravenous drug user
- contact with someone else’s blood (eg through injection or scratch with a used needle)
- anal intercourse (except in a relationship between you and 1 other person only and neither of you has had sex with anyone else for at least 3 years).

(If you answered ‘Yes’ to any part of 18 we will send you a confidential questionnaire to complete.)

Family history

19. Have any of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington’s Chorea, inherited blood disease, Alzheimer’s disease, Multiple sclerosis, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease or disease(s) that runs in families? ☐ No ☐ Yes

Note: You are only required to disclose family history information relating to first degree blood related family members—living or deceased (mother, father, sisters and brothers).

If yes, please provide details in the table below:

Direct family member (please state their relationship to you but not their name)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx)	Age at death (if applicable)

Sports and pastimes details

20. Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- ☐ No ☐ Yes
- a. **Aviation (other than a fare paying passenger on a licensed public service)**
- ☐ No ☐ Yes
- b. **Motor racing (including car, bike and boat)**
- ☐ No ☐ Yes
- c. **Underwater diving**
- ☐ No ☐ Yes
- d. Football
- ☐ No ☐ Yes
- e. Motor bike riding, including quad bike riding, trail bike riding and commuting (please specify below)
- ☐ No ☐ Yes
- f. Any other hazardous activity, pursuit or sport not previously disclosed (including, but not limited to: rock climbing, hang-gliding, ocean racing, martial arts, horse riding, or any other motor sports)

! If you answered ‘Yes’ to items d, e or f, please provide details of each activity in the table below. For any activity in bold text above please complete the relevant section of 21. If you answered ‘No’ to all items above, go to 22.

Item no. eg (f)	Activity/sport and location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?	Competitive/ Non-competitive
				☐ Amateur ☐ Professional	☐ Competitive ☐ Non-competitive
				☐ Amateur ☐ Professional	☐ Competitive ☐ Non-competitive
				☐ Amateur ☐ Professional	☐ Competitive ☐ Non-competitive
				☐ Amateur ☐ Professional	☐ Competitive ☐ Non-competitive

Sports and pastimes details (continued)

21. Detailed sports and pastimes questionnaires

! Only complete the relevant sections of this question if you answered ‘Yes’ to 20 a, b or c.

a. Aviation questionnaire

1. Do you hold a Department of Transport licence to fly aircraft?

☐ No ☐ Yes

If yes, please state type of licence and period held:
2. Do you intend to change the scope of your present licence?

☐ No ☐ Yes

If yes, please provide details:
3. Have you ever had an accident or been charged with violating civil aviation regulations?

☐ No ☐ Yes

If yes, please provide details:
4. Do you always use recognised Department of Transport airfields?

☐ No ☐ Yes

If no, please provide details:
5. Please provide details of the type(s) of aviation you are involved in (eg commercial, private, agricultural, aero club, helicopter, ultralight aircraft, aerobatics):
6. Please provide details of the number of hours flown:

i. in total as a pilot

ii. in the last 12 months

iii. expected each year in the future
7. Do you intend to engage in any form of aviation other than the above? (eg ballooning, paragliding)

☐ No ☐ Yes

If yes, please provide details:

b. Motor racing questionnaire

1. What type(s) of motor sports activities do you participate in (eg circuit racing, drag racing, formula racing, karting, rallies, speedway, stock car racing, time trials)?
2. What type(s) of motor vehicles do you drive or crew? Please state the make, model, year of manufacture, engine size, category, group and class details:
3. Please state the nature of your participation:

☐ Recreational ☐ Competitive ☐ Sponsored ☐ Amateur ☐ Professional
4. Number of events you participate in: Last 12 months

Next 12 months (expected)
5. Where have you, or do you intend to compete or race? Please provide the name of all organised events:
6. What maximum speeds do you reach?

Sports and pastimes details (continued)

21. Detailed sports and pastimes questionnaires (continued)

b. Motor racing questionnaire (continued)

7. Please provide details of your licences/certifications and memberships attained:

Licence/certification or membership details	When attained/joined
	/ /
	/ /

8. Have you ever had your licence restricted or suspended for any reason? ☐ No ☐ Yes

If yes, please provide details:

c. Underwater diving questionnaire

1. What type of diving activities do you participate in (eg snorkelling, scuba diving, free diving)?

2. What diving certification do you hold?

3. Average depth you dive to

metres

4. Maximum depth you dive to

metres

5. Number of times you dive per year

6. ☐ Professional ☐ Amateur

7. Do your diving activities include pothole, cave or sink hole diving, wreck exploration or any other hazardous diving? ☐ No ☐ Yes

If yes, please provide details, including how often:

8. Do you ever dive alone? ☐ No ☐ Yes

If yes, please provide details, including where and how often:

9. Have you ever had a diving accident or sickness? ☐ No ☐ Yes

If yes, please provide details:

Health questionnaires

22. Detailed health questionnaires

! Only complete the relevant health questionnaires, if you answered ‘Yes’ to any items in bold text in 13.

a. Back or neck disorder questionnaire

1. ☐ Neck disorder ☐ Back disorder—please clarify which area is/was painful (eg upper, lower, middle, neck):
2. What was the cause of the disorder (eg accident, arthritis, osteoporosis)?
3. a. When did you **first** experience symptoms?

/ /

b. When did you **last** have any symptoms?

/ /

Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:
- c. On average, how long does each episode last?
4. Have you had any recurrence of this disorder? ☐ No ☐ Yes
If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted):
5. How long, if at all, have you been symptom free?
6. How many times have you been absent from work or unable to perform your normal daily activities?
7. Are you currently able to do your work or perform your normal activities without any restriction, stress or discomfort? ☐ No ☐ Yes
If no, please provide details:
8. a. Are you currently receiving treatment? ☐ No ☐ Yes
b. What is or was the nature of the treatment? Please include details of any medication, physical therapy or surgery:
9. Have you had any investigations such as an x-ray, CT Scan or MRI? ☐ No ☐ Yes
If yes, what were the results?
10. Please provide names and addresses of all doctors and health care professionals consulted in relation to your back or neck disorder and approximate dates of consultations:

Health questionnaires (continued)

22. Detailed health questionnaires (continued)

b. Disorder or injury of the joints questionnaire

1. What is the name of your disorder or injury?

2. Please state which joints are or were affected, including whether left or right:

3. Please describe symptoms fully:

4. When did you **first** experience symptoms of this disorder or injury?

/

/

5. When did you **last** experience symptoms of this disorder or injury?

/

/

6. What was the cause of the disorder or injury?

7. Have you had any treatment for your disorder or injury?

☐ No

☐ Yes

If yes, please provide details (eg medication, surgery, plates or screws inserted/removed, arthroscopy, physiotherapy, injection):

8. Are you currently receiving treatment or is any treatment expected in the future?

☐ No

☐ Yes

If yes, please provide details:

9. Have you had any recurrence of this disorder?

☐ No

☐ Yes

If yes, when and under what circumstances?

10. Please provide names and addresses of all doctors and health care professionals consulted in relation to your joint disorder or injury and the approximate dates of consultations:

11. Have you ever taken time off work or been unable to perform your normal daily activities because of this disorder or injury?

☐ No

☐ Yes

If yes, please provide details:

Health questionnaires (continued)

22. Detailed health questionnaires (continued)

c. Mental health disorders questionnaire

1. Which of the following mental health disorder(s) do you have or have you had or received treatment or advice for? (please select all that apply):

☐ Anxiety, generalised anxiety or panic disorder

☐ Adjustment disorder or post traumatic stress disorder

☐ Obsessive compulsive disorder or attention deficit disorder

☐ Anorexia, bulimia or any other eating disorder

☐ Post natal depression

☐ Depression including major depression, mood or any other depressive disorder

☐ Manic depression or bipolar disorder

☐ Schizophrenia or any other psychotic or personality disorder

☐ Alcohol or substance abuse disorder

☐ Other, please provide details.
2. Please describe your symptoms.
3. What do you think caused your symptoms?
4. When did you first experience symptoms and how long did they last?
5. Has this condition(s) ever required you to take time off work or does/did it impact your ability to perform your normal duties at work? For example, did you need to reduce the number of hours you worked or were your responsibilities or duties changed in any way?

☐ No

☐ Yes

If yes, please provide details including time away from work and if there were any changes to your duties
6. Has this condition(s) ever affected your relationships, your ability to socialise with friends or family, your ability to sleep, eat, exercise or play sport?

☐ No

☐ Yes

If yes, please provide details.
7. How many episodes of this condition have you experienced? For example, if you were depressed and recovered twice in 3 years we would say you had 2 episodes of depression.
8. When was the last time you experienced symptoms?

Health questionnaires (continued)

22. Detailed health questionnaires (continued)

c. Mental health disorders questionnaire (continued)

9. Have you ever received any treatment for this condition? ☐ No ☐ Yes

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

Type of treatment, eg counselling or medication etc	Name of medication (if applicable)	Dosage/frequency of treatment	Date started	Date ceased
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

10. Have you or are you being treated for this condition by a general practitioner, psychologist, psychiatrist, counsellor or any other therapist? ☐ No ☐ Yes

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

Field of practice, eg Psychologist or therapist etc	Name	Address	Date of last consultation
			/ /
			/ /
			/ /
			/ /
			/ /

11. Are you still receiving treatment for this condition(s)? ☐ No ☐ Yes

If no, please advise when you stopped treatment and was it at the direction of your treating health professional?

12. Have you ever not followed the advice of your treating health professional in relation to prescribed medication or other recommended treatment for this condition(s)? ☐ No ☐ Yes

If yes, please provide details:

13. Have you ever been hospitalised or an in-patient at a hospital or clinic for this condition(s)? ☐ No ☐ Yes

If yes, please provide details in the table below:

Name of hospital/clinic	Dates of hospitalisation	Treatment received
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

14. Have you ever thought about or tried to harm yourself or take your own life? ☐ No ☐ Yes

If yes, please provide the name and address of your doctor that would have the details:

15. Has any first degree blood related family member (father, mother, brother, sister) had a mental health disorder?

Note: You are only required to disclose family information relating to first degree blood related family members—living or deceased (father, mother, brother, sister).

Health questionnaires (continued)

22.Detailed health questionnaires (continued)

d. Stress, fatigue, insomnia and/or sleeplessness questionnaire

1. Which of the following do you have or have you had or received treatment or advice for? (Please select all that apply)

☐ Stress

☐ Fatigue

☐ Insomnia and/or sleeplessness
2. Did you see a doctor or other health professional for this condition(s)?

☐ No ☐ Yes
3. Were you diagnosed with anxiety, depression or any other mental health disorder?

☐ No ☐ Yes

If yes, please go to the mental health questionnaire on section 22c.

If no, please continue to complete this questionnaire.
4. Did this condition(s) affect you to the point where you experienced any of the following (please select all that apply):

☐ physical symptoms such as headache, dizziness, soreness or irritability

☐ you found it difficult to go to work or were unable to go to work

☐ it had an impact on your relationships

☐ your ability to sleep, eat, or think clearly

☐ problems with concentration, memory or tiredness during the day

☐ it caused you to use alcohol or drugs that were not prescribed for you by a doctor

If you have answered 'Yes' to any of the above, please provide full details including how much time you had away from work:

5. What do you think caused your symptoms?
6. When did you first experience symptoms and how long did they last?
7. When was the last time you experienced symptoms?
8. How many episodes of this condition have you experienced? For example, if you were stressed and recovered twice in 3 years we would say you had 2 episodes of stress.
9. Have you ever been treated for this condition(s)?

☐ No ☐ Yes

If yes, please provide full details including type of treatment, name of medication (if applicable) and dates the treatment started and ceased:

10. Please advise how often you see or saw your treating health professional for this condition and provide their name(s) and address(es):

Health questionnaires (continued)

22.Detailed health questionnaires (continued)

e. High blood pressure or raised cholesterol questionnaire

1. Please indicate which of the following have been raised/high: ☐ Blood pressure ☐ Cholesterol ☐ Both

2. a. When did you first find that your readings/levels were raised or were you advised to have your reading/levels monitored or noted?

b. What was your reading/level at the time noted in 2a?

Blood pressure

/

 Cholesterol

3. a. What was the last blood pressure/cholesterol reading, and when was this taken?

Blood pressure

/

 Date

/

/

Cholesterol reading Date

/

/

b. Is the reading above consistent with others when checked? ☐ No ☐ Yes

If no, what is a typical reading?

4. How often are you required to see your doctor for reviews/check-ups?

☐ Monthly ☐ Quarterly ☐ Twice-yearly ☐ Annually ☐ Other—details:

5. When is your next check-up due?

/

/

6. Are you currently taking any medication for your blood pressure/cholesterol levels?

☐ No, go to question 8 ☐ Yes, please provide the name of any medication you take and the daily dosage

Condition	Medication	Daily dosage
Blood pressure		
Cholesterol		

7. Has your treatment type or dosage changed within the last 12 months?

☐ No, go to question 9 ☐ Yes, please provide the details below and continue to question 9

When was it changed?	What was changed?	Why was it changed?

8. Have you ever been prescribed medication for blood pressure/cholesterol? ☐ No ☐ Yes

If no, how has the condition been managed?

If yes, when and why have you ceased taking this medication?

9. Have you undergone or been referred for any other investigations (eg resting or exercise ECG, 24hr holter monitor, urinalysis, echocardiogram)? ☐ No ☐ Yes

If yes, please provide details:

10. Has any underlying cause been found for your raised blood pressure/cholesterol? ☐ No ☐ Yes

If yes, please provide details:

Health questionnaires (continued)

22.Detailed health questionnaires (continued)

f. Asthma questionnaire

1. When was your asthma diagnosed?

/

/
2. When did you **first** have symptoms?

/

/
3. When did you **last** have symptoms?

/

/
4. Approximately how many times per year do you or did you get symptoms?
5. Does the environment in which you work or perform your normal daily duties, exacerbate or cause your symptoms of asthma (eg dust, sawdust, pollen, grass)?

☐ No

☐ Yes

If yes, please provide details:
6. In the last 12 months have you taken time off work or been unable to perform your normal daily activities because of your asthma?

☐ No

☐ Yes

If yes, please provide details including the number of times and days:
7. Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (eg aerosol spray, tablets or injections, amounts and number of times per day):
8. Have you ever been treated for your asthma with steroids (eg Prednisone)?

☐ No

☐ Yes

If yes, please provide details, including dates:
9. Have you ever attended a hospital emergency room or been admitted to hospital because of your asthma?

☐ No

☐ Yes

If yes, please provide details:
10. In the last 3 years, have you had or been advised to have a chest x-ray or respiratory function test?

☐ No

☐ Yes

If yes, please provide dates and results:
11. Have you ever had any complications or other conditions related to your asthma (eg cardiac or respiratory arrest, heart disease, chest deformities)?

☐ No

☐ Yes

If yes, please provide details:
12. a. Please provide details of the doctor who you consult for your asthma:

b. When did you **last** consult this doctor for asthma?

/

/
- S

Super

NS

Non-super

SMSF

SMSF
- 21 of 52

Health questionnaires (continued)

22.Detailed health questionnaires (continued)

g. Cyst, skin lesion, growth, lump, mole or freckle questionnaire

1. Please indicate the condition(s) you have had, or received treatment for, the number, the site and the date diagnosed:

Condition	Number	Site	Date diagnosed
Basal cell carcinoma (BCC)			/ /
Hyperkeratosis or solar keratosis			/ /
Melanoma			/ /
Mole or naevi			/ /
Sebaceous (fatty) cyst			/ /
Squamous cell carcinoma (SCC)			/ /
Other, please specify:			/ /

2. For each cyst, mole, growth, lump or skin lesion disclosed above, please advise if removed.

If removed, please provide date and method (ie by surgery, freezing or otherwise):

If not removed, please provide reason why it was not removed:

3. Were any special tests, investigations or treatment required? ☐ No ☐ Yes

If yes, please provide details:

4. Please advise the results of any laboratory testing: ☐ Malignant ☐ Benign ☐ Do not know

5. Do you have, or are able to obtain a copy of the laboratory testing results? ☐ No ☐ Yes

If yes, please attach a copy of these results.

6. Have you been or are you required to attend any further treatment or follow-up since the ☐ No ☐ Yes

original cyst, mole or skin lesion was removed?

If yes, please provide details of date(s) and what was advised:

7. Did you consult a doctor other than your usual doctor as disclosed in 11? ☐ No ☐ Yes

If yes, please provide full details:

Occupation details

! If you have not applied for plans listed in the top right box, go to page 29.

‘You’ refers to the Person to be insured (unless otherwise indicated).

23. Please give details of your current and previous occupation or jobs over the last five years. If you have a second occupation, please give details in 32 overleaf.

	From	To	Occupation	Employer
Current principal occupation	/ /	Present	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
		Cross which is applicable		
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor
Previous occupation	/ /	/ /	☐ Employed by own company ☐ Partnership ☐ Employee	☐ Self-employed ☐ Contractor

! If you work in the mining or oil and gas industry, please ensure you complete 34.

24. In the last 5 years have you ceased or do you intend to cease working for reasons other than holidays (eg unemployment or end of contract)?

☐ No ☐ Yes

If yes, please provide details:

25. How many hours per week do you spend working in your main occupation?

hours

26. How many weeks per year do you spend working in your main occupation?

weeks per year

27. In your **main** occupation, what percentage of time do you spend performing the following types of duties:

	Describe details of specific duties performed	
Sedentary/Administrative		%
Supervising manual work		%
Light manual		%
Heavy manual		%
Home duties (include details of dependants including ages and any other relevant information)		%
Other (including hazardous duties, eg handling dangerous substances, working at heights/underground/offshore, refinery)		%
Total duties		100%

Occupation details (continued)

28. a. What qualifications do you hold in relation to your main occupation (eg trade certificate, degree)?
- b. When did you qualify/graduate?

/
- c. Please give details of any other qualifications you hold:
29. Do you ever work from home?

☐ No ☐ Yes

If yes, provide details of actual work you perform at home, your work set-up (eg separate office) and frequency and type of contact with clients:
30. Do you intend to change your occupation or employment status?

☐ No ☐ Yes

If yes, please provide details below:
31. Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?

☐ No ☐ Yes

If yes, a. when

/

 b. date of discharge

/
32. Do you have any other occupations or jobs?

☐ No ☐ Yes

If yes, please provide details below including specific duties:
33. Number of hours per week worked and annual income derived from your other occupations or jobs.

hours

\$

 Only complete 34 if you work in the mining or oil and gas industry.

34. Questions to be completed by individuals working in the mining, oil and gas industries:
- a. Please advise the type of resource mined/extracted/refined at the mine/plant/platform:

MetalCoalOilGasOther
- b. Please select from the list below the closest regional centre you are employed at:

☐ NSW—Hunter Valley, Broken Hill ☐ TAS—Queenstown, Beaconsfield ☐ WA—Kalgoorlie, Port Hedland, Karratha

☐ QLD—Townsville, Gladstone, Rockhampton, Toowoomba, Mackay, Mount Isa

☐ Other:
- c. How do you travel to and from your work location?

☐ Commute to your work location daily from home ☐ Fly in fly out to your work location

☐ Other, please provide details:
- d. How long have you been working in the mining or oil and gas industry?
- e. Please complete the table below regarding your salary and any allowances paid for the last 2 financial years:

	Last financial year	Year immediately prior to last
Salary (including super)	\$	\$
Bonus	\$	\$
Allowances (eg site allowance, living away from home allowance, travel allowance)	\$	\$
Other	\$	\$

Income details

35. Insurable income

What is Insurable income? This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

- !

If you are **self-employed, in a partnership or an employee of your own company (or contractor)**, please complete the ‘For self-employed’ section below.
- OR

If you are **an employee**, please complete the ‘For employees’ section on page 26.

For self-employed

- !

Only complete this section if you are self-employed. This includes sole traders, partners, contractors or if you are an employee in your own company.

- a. Please provide your company’s business income details in the table below for the last 2 financial years for which tax returns, assessment notices and accounts are available. **Do not include any amounts paid to you that are paid from past profits, capital or loans.**

Tax year ending	Gross income for entire business	Less all expenses incurred in earning that income	Equals net business income before tax	Wages/salary	Drawings/ director’s fees paid to you	Your total income
30 / 06 /	\$	\$	\$	\$	\$	\$
30 / 06 /	\$	\$	\$	\$	\$	\$

- b. Did your business contribute to a complying superannuation fund on your behalf? ☐ No ☐ Yes

If yes, how much or what percentage?

- c. What percentage of the business do you own? % If not 100% owner, please provide percentage ownership and roles/duties of the other owners. Please include details of any income splitting arrangements:

- d. How many people do you employ?

- e. What proportion of total business income is from your personal exertion? %

- f. Do you receive or do you expect to receive any income from any other sources (eg rental income, dividends)? ☐ No ☐ Yes

If yes, please advise the source(s) and amount(s) per year:

Source	Net income per year after expenses but before tax
	\$
	\$
	\$

- g. If you were to become disabled, would any of your income (eg investment income and trail/renewal commission) continue? If yes, please provide the following details: ☐ No ☐ Yes

i. What type and amount of income would continue if you were not working?

- ii. Is there an agreement in place (written or otherwise) in relation to this entitlement and when it may cease? ☐ No ☐ Yes
If yes, please provide further details:

- h. Has your business had a net operating loss over either of the last 2 financial years? ☐ No ☐ Yes

If yes, please provide copies of your full company accounts for the last 2 financial years, including any associated entities.

- i. So far this financial year, is your business trading profitably? If no, please provide details in the space below: ☐ No ☐ Yes

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Income details (continued)

For self-employed (continued)

35. Insurable income (continued)

What is Insurable income? This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.



If you are **self-employed, in a partnership or an employee of your own company (or contractor)**, please complete the ‘For self-employed’ section on page 25.

OR If you are **an employee**, please complete the ‘For employees’ section below.

For employees

 Only complete this section if you are an employee and do not have any ownership in your employer’s business.

- j. Please indicate your current employment status:
- ☐ Permanent full-time
- ☐ Permanent part-time
- ☐ Casual or non-permanent
- ☐ Not currently employed
- ☐ Other, please specify:
- k. Please give details of your total remuneration package from all sources currently and for the last 2 financial years.

	Current	Last financial year	Year immediately prior to last
Salary	\$	\$	\$
Bonuses	\$	\$	\$
Commissions	\$	\$	\$
Regular overtime	\$	\$	\$
Superannuation	\$	\$	\$
Total	\$	\$	\$

- l. Do you receive or do you expect to receive any income from any other sources (eg rental income, dividends)? ☐ No ☐ Yes
- If yes, please advise the source(s) and amount(s) per year:

Source	Net income per year after expenses but before tax
	\$
	\$
	\$

- m. If you were to become disabled, would any of your income (including investment income) continue? ☐ No ☐ Yes
- If yes, please answer i and ii:

- i. What is the income amount that would continue, for how long, and the source (eg salary, sick pay in excess of 100 days, company profits, investments, rental)?
-
- ii. Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? ☐ No ☐ Yes
- If yes, please provide details:
-

Business expense details

! If you have not applied for plans listed in the box above go to page 29.

36. Business structure

☐ Company

☐ Partnership

☐ Trust

☐ Sole proprietor

Date the business was purchased/started

/

/

37. Business details

Business name

Business address

Suburb

State

Postcode

38. Employees

Number of income producing employees:

Full-time

Part-time

Number of non-income producing employees:

Full-time

Part-time

39. If a partnership/company, number of partners/directors

40. Percentage of business income derived from your personal exertion

%

41. If you were to become totally disabled, what would be the reduction in business income?

%

Please provide a brief explanation of what would happen to the business if you were to become disabled:

42. Monthly expenses of the business over the last 12 months:

		Monthly expenses
(i)	Rent or mortgage interest payments	\$
(ii)	Electricity, gas, water, heating	\$
(iii)	General insurance premiums	\$
(iv)	Cleaning	\$
(v)	Telephone	\$
(vi)	Leasing of equipment or motor vehicles	\$
(vii)	Property rates and taxes	\$
(viii)	Dues to professional bodies	\$
(ix)	Accountant's fees	\$
(x)	Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue	\$
(xi)	Other fixed expenses (please provide details below) ¹	\$
(xii)	Total monthly expenses (Total of (i) to (xi) above)	\$
(xiii)	Percentage of expenses in (xii) above that you are responsible for	%

1 Details of other expenses

For qualified registered medical practitioners or dentists classified as MP or AA only.

43. Net Locum Cost²

\$

2 Net Locum Cost is the estimated cost of engaging a locum to replace you while you are totally disabled and unable to work due to sickness or injury, less any income this person generates. Only complete this question if you estimate locum expense will exceed income generated by the locum.

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Authorities

Authorities and application forms for completion

Page no.	Forms to be completed	Non-superannuation or SMSF application NS SMSF	Superannuation application, through Super Directions S	Superannuation or Pension application, through North, Summit, Generations or iAccess S	Non-superannuation or SMSF application through a North, Summit, Generations or iAccess investment account NS SMSF
	Authorities				
31	Medical authorities S NS SMSF	✓	✓	✓	✓
31	Financial authority S NS SMSF	✓ ¹	✓ ¹	✓ ¹	✓ ¹
33	Non-superannuation or SMSF payment authorities NS SMSF	✓	2	2	2
38	Superannuation payment authorities S		✓		
	Non-superannuation or SMSF application				
35	Nomination of beneficiaries NS	✓ ³			✓ ³
37	Non-superannuation or SMSF insurance application and signatures NS SMSF	✓	2	2	✓
	Superannuation application				
40	Nomination of dependants S		✓	4	
43	Tax file number S		✓	4	
45	Superannuation insurance application and signatures S		✓	✓	

1 Financial authorities are only required if your accountant or financial adviser is required to release financial information to AMP.

2 Complete this section if you are linking a FlexiLink Plan and/or a PremierLink option to any insurance plans.

3 If you are applying for the Life Insurance SMSF plan, the Nomination of beneficiaries form should not be completed. In the event of a claim the benefit will be paid to the Trustee of the SMSF or Small APRA Super Fund.

4 If you are a superannuation or pension member (or prospective member) of North, Summit, Generations or iAccess, your tax file number will be completed as part of your membership of the Fund. Your nomination of dependants or any changes to your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess as applicable.

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Medical authorities

S

NS

SMSF

!

Please complete ALL medical authorities below because some health professionals prefer an original signature. Before you complete this page please read 'Privacy use and disclosure of personal information' in the Declarations and Consent section of the Product Disclosure Statement.

Authority to release medical information to AMP

Family name

Given name(s)

Date of birth

I,

/ /

 authorise any medical practitioner, doctor, health professional, hospital, clinic or any other insurer to disclose to the insurer (NMLA) or its representatives appointed to collect the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

X

/

/

Authority for AMP to release medical information to usual doctor

!

Only complete this section if you authorise AMP to release medical information to your doctor upon an adverse assessment of your application.

Family name

Given name(s)

Date of birth

I,

/ /

 authorise NMLA to advise Doctor of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this application. I also authorise AMP to provide copies of the relevant health evidence to the doctor noted above.

Signature of Person to be insured

Date signed

X

/

/

Financial authority

S

NS

SMSF

!

Only complete this section if you want your accountant or financial adviser to release information to AMP.

Family name

Given name(s)

Date of birth

I,

/ /

 authorise my accountant/financial adviser to release to the insurer (NMLA), all information that the insurer requests for the purpose of assessing my application for insurance. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

X

/

/

Accountant/financial adviser name

Accountant/financial adviser contact number

()

Accountant/financial adviser address

This page has been left blank intentionally.

Non-superannuation or SMSF application

To be completed if you are applying for a non-superannuation or SMSF plan not paid from a North, Summit, Generations or iAccess account.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, the payment authorities below must be completed.

Non-superannuation or SMSF payment authorities **NS** **SMSF**

! Before you complete this page, please read the 'Paying your premiums' section in the General terms and conditions in the Product Disclosure Statement.

Payment method

Select method of payment:

- ☐ Direct debit by credit card (please list insurance plans paid by credit card below and complete option 1)

- ☐
- Direct debit by bank account (please list insurance plans paid through bank account below and complete option 2)

- ☐ Receive payment due notices (only available for quarterly, half-yearly and yearly payments)

Option 1: Direct debit by credit card

 Only complete this section to pay your insurance premiums by credit card.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by credit card, you may choose a date for deduction, between 1st to 28th only

Credit card type: ☐ MasterCard ☐ Visa

Credit card number

Expiry date

Name as shown on credit card

Cardholder's signature

Date signed

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre on 132 987.

Non-superannuation or SMSF application

To be completed if you are applying for a non-superannuation or SMSF plan not paid from a North, Summit, Generations or iAccess account.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, the payment authorities below must be completed.

Non-superannuation or SMSF payment authorities **NS** **SMSF** (continued)

Option 2: Direct debit by bank account

! Only complete this section to pay your insurance premiums by direct debit.

Note: Please refer to your financial institution to check your account offers direct debiting.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by bank account, you may choose a date for deduction, between 1st to 28th only

BSB number

Account number

Bank/financial institution name

Bank/financial institution branch name

Account in name of (name in full)

If company account ABN (Australian Business Number)

--	--	--	--	--	--	--	--	--	--	--

Account holder signature(s)

Signature—account holder 1

Date signed

/ /

Signature—account holder 2 (if applicable)

X

Date signed

/ /

Non-superannuation application

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid from a North, Summit, Generations or iAccess investment account. ☐

Do not complete if you are applying for the Life Insurance SMSF plan as any claim will be paid to the Trustee of the SMSF or Small APRA Super Fund.

Nomination of beneficiaries

‘You’ refers to the Plan owner (ie the person who has the authority to decide how the benefit is dispersed).

 Only complete this page if you have applied for the Life Insurance Plan. Do not complete if you are applying for the Life Insurance SMSF Plan.

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Do you wish to make a nomination? ☐ No ☐ Yes

If yes, please nominate the beneficiaries to receive the payment of benefits below.

1.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Plan owner

% of death benefit¹

()

%

2.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Plan owner

% of death benefit¹

()

%

3.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Plan owner

% of death benefit¹

()

%

4.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Plan owner

% of death benefit¹

()

%

5.

Title

First name

Family name

Gender

Date of birth

☐ Male ☐ Female

/

/

Address

Phone number

Relationship of the nominated person to the Plan owner

% of death benefit¹

()

%

Total percentage

100%

1 Percentages must be whole numbers

Non-superannuation application

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid from a North, Summit, Generations or iAccess investment account. ☐

Do not complete if you are applying for the Life Insurance SMSF plan as any claim will be paid to the Trustee of the SMSF or Small APRA Super Fund.

Nomination of beneficiaries (continued)

Plan owner declaration

Plan owner family name

Given name(s)

I/We ,
the Plan owner(s), nominate the person(s) named above to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

- I understand that:
- payment of benefits will be made on the basis of the latest nomination received in writing by AMP
 - if there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate)
 - nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received
 - if a nominated beneficiary predeceases the person insured, then that nominated beneficiary’s benefit will be paid to the Plan owner (or their estate)
 - the Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AMP.

Signature of the Plan Owner

Date signed



/ /

Non-superannuation or SMSF application

To be completed if you are applying for a non-superannuation or SMSF plan, Flexilink plan or PremierLink option, including plans where the insurance will be paid from a North, Summit, Generations or iAccess investment account.

Non-superannuation or SMSF insurance application and signatures (Declarations and consent) NS SMSF

Plan number

This Application form is dated 19 May 2014.

- Before you sign this Application form, you should:**
- be aware that your financial adviser or AMP is obliged to have provided you with the Product Disclosure Statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for
 - **read the Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
 - **read the Your duty of disclosure and the Declarations and consent sections** (including the ‘Privacy – use and disclosure of personal information’) on pages 61-63 of the Product Disclosure Statement and understand the terms outlined.

Access to information

I authorise any medical practitioner, health professional, hospital or clinic, or any insurer (including companies related to NMLA), to disclose to NMLA, and for NMLA to collect, any information they have on my health, medical history, pastimes, work history, or anything else that NMLA considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

If you have applied for a Life Insurance SMSF Plan or Income Insurance SMSF Plan SMSF

Are the premiums being paid by your employer? ☐ No ☐ Yes

If yes, has your employer agreed to pay for premium increases due to indexation? ☐ No ☐ Yes

Signature of Person to be insured NS SMSF

If the Person to be insured is the same person as the Plan owner, go to ‘Signature of Plan owner(s) – only for individuals’.

Print full name of Person to be insured	Signature	Date of birth	Date signed
	X	/ /	/ /

Signature of Plan owner(s) – only for individuals (including individual trustees of SMSF) NS SMSF

Print full name of SMSF or Trust (if applicable)

For Plan owner(s) (must be aged 16 years or over)

Print full name of Plan owner/Trustee	Signature	Date of birth	Date signed
	X	/ /	/ /

Plan owner/Trustee (delete one)

Print full name of Plan owner/Trustee	Signature	Date of birth	Date signed
	X	/ /	/ /

Plan owner/Trustee (delete one)

- For SMSFs, if there are more than two trustees required as signatories, please tick here ☐ and provide their full name(s) and signature(s) in the adviser notes section on page 48.

Signatures of Plan owners – only for companies (including company trustees of an SMSF) NS SMSF

Company seal	Print full name of company		
	Signature 1	Signature 2	Date signed
	X	X	/ /
	Director/Sole Director and Secretary (Delete one)	Director/Secretary (delete one)	
	Print full name of person signing for and on behalf of the above company		

To be signed by:

- For any company, either two directors of the company or a director and company secretary, or
- For a proprietary company, one signature as ‘sole director and secretary’ where the company has only one director who is also the sole company secretary.

Note: If the company constitution mandates the use of a company seal then it must be provided along with the relevant signatures outlined above.

Superannuation payment authorities

!

Before you complete this page, please read the ‘Paying your premiums’ section in the General terms and conditions in the Product Disclosure Statement.

Payment method

Select method of payment:

- ☐ Direct debit by credit card (please list insurance plans paid by credit card below and complete option 1)
-
-
-
- ☐ Direct debit by bank account (please list insurance plans paid by bank account below and complete option 2)
-
-
-
- ☐ Receive payment due notices (only available for quarterly, half-yearly and yearly payments)

Option 1: Direct debit by credit card

!

Only complete this section to pay your insurance premiums by credit card.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by credit card, you may choose a date for deduction, between 1st to 28th only

Credit card type: ☐ MasterCard ☐ Visa

Credit card number

Expiry date

Name as shown on credit card

Cardholder’s signature

Date signed

X

/

/

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre on 132 987.

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation or an Income Insurance Superannuation Plan held through Super Directions.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, please complete the payment authorities section in the Non-superannuation application.

Superannuation payment authorities **S** (continued)

Option 2: Direct debit by bank account

! Only complete this section to pay your insurance premiums by direct debit.

Note: Please refer to your financial institution to check your account offers direct debiting.

If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.

Frequency of ongoing premium deductions (cross one): ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

(Optional) If paying **monthly** direct debit by bank account, you may choose a date for deduction, between 1st to 28th only

BSB number

Account number

[illegible]

Bank/financial institution name

Bank/financial institution branch name

Account in name of (name in full)

If company account ABN (Australian Business Number)

--	--	--	--	--	--	--	--

Account holder signature(s)

Signature—account holder 1

X

Date signed

/ /

Signature—account holder 2 (if applicable)

X

Date signed

/	/
---	---

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation Plan held through Super Directions. ☐

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

Nomination of dependants (For Super Directions Fund members only) ⓘ



Before you complete this page:

- You should read the ‘Holding your policy in superannuation’ section of the Product Disclosure Statement, and
- Discuss your needs with your financial adviser.

What nomination do you wish to make?

To make a **binding nomination** complete the binding nomination section below including witness declarations.

To make a **non-binding nomination** complete the non-binding nomination section on page 42.

Please note: you can change your nomination at any time by notifying the Trustee of the Super Directions Fund in the approved form.

Binding death benefit nomination

(Trustee must pay specific people you have selected, provided that your nomination is valid)

Direct the Trustee to pay my death benefit exactly as follows (ie no Trustee discretion)

1.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
Address 					
Phone number ()		Relationship of the nominated person to the Person insured ☐ Financial dependant ☐ Spouse ☐ IR ² ☐ Child		% of death benefit ¹ %	
2.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
Address 					
Phone number ()		Relationship of the nominated person to the Person insured ☐ Financial dependant ☐ Spouse ☐ IR ² ☐ Child		% of death benefit ¹ %	
3.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
Address 					
Phone number ()		Relationship of the nominated person to the Person insured ☐ Financial dependant ☐ Spouse ☐ IR ² ☐ Child		% of death benefit ¹ %	
4.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
Address 					
Phone number ()		Relationship of the nominated person to the Person insured ☐ Financial dependant ☐ Spouse ☐ IR ² ☐ Child		% of death benefit ¹ %	

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation Plan held through Super Directions. ☐

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

Nomination of dependants (For Super Directions Fund members only) ⓘ (continued)

Binding death benefit nomination (continued)

5. Title	First name	Family name	Gender	Date of birth
			☐ Male ☐ Female	/ /
Address 				
Phone number	Relationship of the nominated person to the Person insured			% of death benefit ¹
()	☐ Financial dependant ☐ Spouse ☐ IR ² ☐ Child			%
or ☐ My Legal Personal Representative (eg the executor of your will)				Total percentage 100%

1 Percentages must be whole numbers. 2 Interdependency Relationship.

Declaration, acknowledgment and signature

Member declaration

Do not sign this declaration unless in the presence of both witnesses.

I have read the information in the ‘binding nominations’ section of the Product Disclosure Statement and understand that:

- in the event of my death, the Trustee will pay the death benefit in accordance with this nomination
- unless I revoke or amend it before it expires, this nomination will cease to be valid in 3 years time
- this nomination revokes any previous nomination that I may have made
- I declare that at the date of this application I have answered all questions accurately
- I am aware that if I do not make a valid binding nomination, the Trustee has the right to select the person or persons to whom to pay the benefit in the event of my death. I ask that the Trustee consider the preferred dependant(s) mentioned above when making a selection
- I acknowledge that a binding nomination is not valid unless completed to the satisfaction of the Trustee and received at the Customer Service Centre before the death of the member.

Print full name of member	Signature of member	Date of birth	Date signed
	X	/ /	/ /

! Please complete the Witness declarations section below.

Witness declarations—must be completed if making a binding nomination

Note: Each witness must be an independent person and cannot be a nominated beneficiary.

I declare that:

I am 18 years of age or over, am not a person nominated above and that this nomination was signed by the member in my presence.

Witness 1—full name	Signature	Date signed
	X	/ /

I am 18 years of age or over, am not a person nominated above and that this nomination was signed by the member in my presence.

Witness 2—full name	Signature	Date signed
	X	/ /

Superannuation application

To be completed if you are applying for a Life Insurance Superannuation Plan held through Super Directions. ☐

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

Nomination of dependants (For Super Directions Fund members only) ⓘ (continued)

Non-binding death benefit nomination

(The Trustee of the Super Directions Fund will consider your preference but is not bound by this nomination. Witnesses are not required for a non-binding nomination.)

1. TitleFirst nameFamily nameGenderDate of birth

☐ Male ☐ Female

Address

Phone numberRelationship of the nominated person to the Person insured% of death benefit¹

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

2. TitleFirst nameFamily nameGenderDate of birth

☐ Male ☐ Female

Address

Phone numberRelationship of the nominated person to the Person insured% of death benefit¹

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

3. TitleFirst nameFamily nameGenderDate of birth

☐ Male ☐ Female

Address

Phone numberRelationship of the nominated person to the Person insured% of death benefit¹

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

4. TitleFirst nameFamily nameGenderDate of birth

☐ Male ☐ Female

Address

Phone numberRelationship of the nominated person to the Person insured% of death benefit¹

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

5. TitleFirst nameFamily nameGenderDate of birth

☐ Male ☐ Female

Address

Phone numberRelationship of the nominated person to the Person insured% of death benefit¹

☐ Financial dependant ☐ Spouse ☐ IR² ☐ Child

☐

or ☐ My Legal Personal Representative (eg the executor of your will)

Total percentage

100%

1 Percentages must be whole numbers 2 Interdependency Relationship

Print full name of memberSignature of memberDate of birthDate signed

X

Superannuation application

Tax file number (TFN) ⓘ

! Only complete this page if you are applying for superannuation cover with the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan.

Plan number

Note: The Plan owner is the Trustee of Super Directions Fund.

This section must be completed by the Person to be insured applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan. Applications cannot be accepted without a tax file number.

TFN – only for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan

Family name

Given name(s)

Date of birth

Telephone number

Tax file number (TFN)

Your TFN is confidential. Before you provide your tax file number we are required to tell you the following:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to your superannuation fund will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

I have read the information (above) and agree to provide my TFN (cross one only) ☐ No ☐ Yes

Signature

Date

This page has been left blank intentionally.

Superannuation application

Superannuation insurance application and signatures (Declarations and consent) ⓘ

Plan number

This Application form is dated 19 May 2014.

!

Before you sign this Application form, you should:

- be aware that your financial adviser is obliged to have provided you with the Product Disclosure Statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for
- **read the Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- **read the Your duty of disclosure and the Declarations and consent sections** (including the ‘Privacy – use and disclosure of personal information’) on pages 61-63 of the Product Disclosure Statement and understand the terms outlined.

Access to information

I authorise any medical practitioner, health professional, hospital or clinic, or any insurer (including companies related to NMLA), to disclose to NMLA, and for NMLA to collect, any information they have on my health, medical history, pastimes, work history, or anything else that NMLA considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Superannuation membership

Are you applying for insurance through? ☐ North ☐ Summit ☐ Generations ☐ iAccess

If through North, Summit, Generations or iAccess
please provide your existing account number

Are you applying for insurance through superannuation that is not attached to North, Summit, Generations or iAccess? This will be through the Super Directions Fund. ☐ No ☐ Yes

If yes, please complete questions 1 to 3

1. Current employment status

☐ Employee, go to question 2

☐ Self employed (sole trader, partnership)

☐ Employed by own company, go to question 3

2. Does your employer contribute to an existing superannuation fund on your behalf?

☐ No ☐ Yes

3. Have you selected an employer supported plan (ie your employer pays part or all of your premiums)?

☐ No ☐ Yes

If yes, please complete employer details below and question 4.

Company name

Company address

4. Please confirm that your employer has agreed to pay for premium increases due to indexation.

☐ No ☐ Yes

To be completed by the Person to be insured

Print full name of Person to be insured

Signature

Date of birth

Date signed

This page has been left blank intentionally.



Financial adviser and commission details

Underwriting and financial requirements

Have you spoken to our Underwriting Department for pre-assessment advice? ☐ No ☐ Yes

If yes, who did you speak to (or contact), what did you discuss and on what date did this occur? If you were provided with a Request ID or Service Request ID number, please provide this number.

Has the Person to be insured completed and signed all the relevant authorities, including medical authorities and/or financial authority? ☐ No ☐ Yes

Have you arranged or do you intend to arrange for any mandatory medical examinations or pathology tests to be completed? ☐ No ☐ Yes

If you have advised the Person to be insured to have these tests specify name of doctor, paramedical facility or pathology laboratory who will arrange for the test:

Adviser check-list

If changes have been made to the application, has the Person to be insured initialled all changes? ☐ No ☐ Yes ☐ Not applicable

Has supporting financial evidence been included with this application? ☐ No ☐ Yes

If this application is for agreed value income insurance, will the client be providing substantiating financial evidence in support of the monthly benefit proposed? ☐ No ☐ Yes

Note: If you have crossed ‘No’ above, financial evidence will be required in the event of a claim and the client will receive written notification from us after the policy has commenced.

Are there multiple payment methods (eg Life superannuation insurance paid via Summit, trauma insurance paid by direct debit)? ☐ No ☐ Yes

If yes, please specify which benefits are to be paid by which payment method in the Adviser notes below.

Has a quote been provided with this application? ☐ No ☐ Yes

Is there any other documentation attached to this proposal? ☐ No ☐ Yes

If yes, please cross: ☐ Children’s Trauma Option Personal Statement ☐ Financial Questionnaire ☐ Other, please specify

Has this application been faxed prior to sending? ☐ No ☐ Yes

If yes, specify fax number

()

 (Addressee)

Have the client and the Person to be insured read the Duty of Disclosure? ☐ No ☐ Yes

Do you have a preferred or alternative contact method? ☐ No ☐ Yes

If yes, please provide details in adviser notes below.

Have you explained to the client and Person to be insured the possible implications on the contract of any non-disclosure? ☐ No ☐ Yes

Are there any other circumstances or facts, such as the client’s background, not fully covered by answers provided herein that you feel may assist our assessment of this application? ☐ No ☐ Yes

If yes, specify (refer to adviser notes if extra space required)

Principal servicing adviser details

Account/Adviser name

Account/Adviser number

Business phone number

()

Mobile phone number

Fax number

()

Email address

Note: If the plan owner or person insured on this application is related (mother, father, sister, brother, child or spouse), in a de facto or same sex relationship or in a business relationship with the financial planner listed above, flat commission will be paid on the accepted cover.

New Plan Commission splits

Note: Standard commission splits are not available for Rewards (Workplace/Family/Memberships/Business rewards) applications.

New Plan Commission

Account/Adviser name	Account/Adviser number	% split ¹	State
		%	
		%	
		%	
	Total	100%	

1 Percentage must be whole numbers

Renewal Business Commission splits

Renewal Business Commission

Account/Adviser name	Account/Adviser number	% split ¹	State
		%	
		%	
		%	
	Total	100%	

1 Percentage must be whole numbers

Adviser notes



AMP administration

Plan number

Service centre only

Deposit paid	Date	Amount	Receipt number	Account/By
	/ /	\$		
	/ /	\$		
Total		\$		

Previous business

☐ No ☐ Yes If yes, give details:

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

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Contact your adviser or financial planner

phone 132 987
web amp.com.au

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