

Calculator Instructions

Powerwrap Superannuation Insurance

Death cover

Total and Permanent Disablement cover

Income Protection cover

Dated 29 August 2011

The Powerwrap Superannuation Insurance Options provide access to insurance cover for members of the Powerwrap Master Plan with a Superannuation Account.

The Insurer is NobleOak Life Limited ABN 85 087 648 708.

The Member Administrator is DIY Master Limited, ABN 41 123 035 245.

The Promoter is Powerwrap Limited, ABN 67 129 756 850.

The Trust Company (Superannuation) Limited, ABN 49 006 421 638, AFS Licence 235153, the trustee of the Powerwrap Master Plan, ABN 82 890 650 204

You should read the insurance booklet dated 20th December 2010 before making a decision about insurance cover.



Insurance Booklet

The screenshot shows the Powerwrap website interface. At the top left is the Powerwrap logo with the tagline 'efficient'. To the right are two orange buttons: 'ADVISER DOCUMENTS' and 'PORTFOLIO ACCESS'. Below the logo is a green navigation bar with links for HOME, ABOUT US, PDS & FORMS, FEE CALCULATOR, MEDIA, and CONTACT US. A large green banner below the navigation bar contains the text 'Independent > transparent > flexible'. Below the banner is a breadcrumb trail: 'You Are Here: Home > PDS & Forms'. The main content area is titled 'PDS & FORMS' and lists several documents: 'The Powerwrap Investment Account' with a link to its Product Disclosure Statement dated 09/09/2009, 'Managed Funds Investment List (APL)', 'The Powerwrap Superannuation and Pension Account' with a link to its Product Disclosure Statement dated 24/09/2010, a link to its Supplementary Product Disclosure Statement dated 26/05/2011, and a link to the 'Insurance Booklet'. On the right side, there are two sidebars: 'LATEST NEWS' with a news item from 05 Apr 2011 titled 'Smaller Banks seeking platform independence' from Financial Standard, and 'OUR ADDRESS & LOCATION' which provides contact details for Powerwrap Limited, including ABN, AFSL No., address, and telephone number.

The Insurance Booklet dated 20th December 2010 should be read before making a decision about Insurance cover and forms part of the Superannuation and Pension PDS dated 24th September 2010.

The calculator assists in providing quotes for insurance cover.

Download the Calculator from our website



This will take a few minutes and will ask you upon completion if you would like to save the application as an icon on your desktop



Click the icon to start a quote

1. Enter adviser name, select the date and click next.

A screenshot of a software application window titled "Powerwrap Superannuation Insurance Plan". The window has a blue title bar and a menu bar with "File", "Admin", and "Help". The main area contains two input fields: "Prepared By:" with the text "Joe Smith" and "Date Prepared:" with a dropdown menu showing "26/08/2011". At the bottom, there is a toolbar with buttons for "New Quote", "Back", "Next", "Preview Quote", "Print Quote", and "View Existing Quote". A "NUM" button is also visible at the bottom right.

2. Enter the member's Name, Address, Date of Birth, Sex, Smoker/Non- Smoker and click next

Powerwrap Superannuation Insurance Plan

File Admin Help

Commencement Date : 26/08/2011

Prepared For : John Citizen

Address : 1 Smith Street

City : Richmond

Post Code : 3122

State : VIC

Date of Birth : 26/08/2011 Age Next Birthday at 26 August 2011: 1

Group Life Salary Continuance

Occupation Category : Tertiary Qualified

Annual Salary (\$) : 0

Sex : Male Female

Smoker : Yes No

New Quote Back Next Preview Quote Print Quote View Existing Quote

NUM

Powerwrap Superannuation Insurance Plan

File Admin Help

Commencement Date : 26/08/2011

Prepared For : John Citizen

Address : 1 Smith Street

City : Richmond

Post Code : 3122

State : VIC

Date of Birth : 1/08/1958 Age Next Birthday at 26 August 2011: 54

Group Life Salary Continuance

Occupation Category : White Collar Professional

Annual Salary (\$) : 80,000 Tertiary Qualified

Sex : Male Female

Smoker : Yes No

New Quote Back Next Preview Quote Print Quote View Existing Quote

NUM

Select the Occupational Category, Annual Salary, Sex, Smoker/Non-Smoker and click next

If you also require Income Protection please (Salary Continuance) select the Occupational Category from the drop down box.

Powerwrap Superannuation Insurance Plan

File Admin Help

Commencement Date : 26 August 2011 Prepared For : John Citizen

Group Life

Amount of Cover (\$) : 500,000

	Annual Premium	Pro Rata Annual Premium to 01 July 2012	Monthly Premium
Life Cover Only :	\$1,025.58	\$868.66	\$89.74
Life / Total & Permanent Disability	\$2,198.71	\$1,862.30	\$192.39

Select Quotation Printout from Above Table

Cover: Death Only Death & TPD

Premium: Annual Monthly

New Quote Back Next Preview Quote Print Quote View Existing Quote

NUM

Enter the amount of Life cover required and whether the premium is to be debited annually or monthly.

Powerwrap Superannuation Insurance Plan

File Admin Help

Commencement Date : 26 August 2011 Prepared For : John Citizen

Group Life Salary Continuance

Annual Salary (\$) : 80,000 Payment Type: Annual Monthly

Max 75% of Salary (\$) : 60,000

Amount of Cover (\$) : 60,000

	30 Day Wait		90 Day Wait	
	Pro Rata to 01 July 2012	Pro Rata to 01 July 2012	Pro Rata to 01 July 2012	Pro Rata to 01 July 2012
2 yr Acc / Sickness :	\$537.24	\$287.10	\$455.04	\$243.17
To Age 65 Acc / Sickness :	\$1,845.36	\$1,182.06	\$1,563.01	\$1,001.20

Select Quotation Printout from Above Table

Benefit: 2 yr Acc / Sickness To Age 65 Acc / Sickness

Deferment Period: 30 Day 90 Day

New Quote Back Next Preview Quote Print Quote View Existing Quote


NUM

Select the term and waiting period.

Then select Preview Quote

Preview - Quote

86%



Group Life Membership Premium Quotation

Prepared For : John Citizen
Address : 1 Smith Street
City : Richmond
State : VIC
Post Code : 3122
Prepared By : Joe Smith
Date Prepared : 26 August 2011
Proposed Risk Commencement Date : 26 August 2011

PERSONAL DETAILS

Date of Birth : 1 August 1958
Sex : Male
Smoker : No
Age Next Birthday : 54
Occupation Type : White Collar Professional

RISK PROTECTION DETAILS

Benefit : Amount of Cover
 Life : \$ 500,000
Payment Type : Annual
Please Note : Your cover is available for annual renewal on July 1st

PREMIUM DETAILS TO 1 July 2012

Based on the above information :

Your Annual Premium :	\$ 1,025.58
<small>Your previous Annual Premium to 1 July 2012 :</small>	\$ 868.66

PREMIUM DETAILS 1 July 2012 - 1 July 2013

Your anticipated Annual Premium due 1 July 2012 :	\$ 1,099.21
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Note : 1. Please refer to the Product Disclosure Statement for all detail associated with the cover offered.
 2. Applications will only be accepted on an Application Form forming part of the current Product Disclosure Statement.

INSURER

NobleOak Life Limited
 ABN 55 007 548 705
 AFSL No 242 302
 Level 11, 50 York Street
 SYDNEY NSW 2000

TRUSTEE

The Trust Company (Superannuation) Ltd
 (ABN 49 006 421 635) (AFSL 235145)
 (PSE License No U0000635)
 PO Box 361
 Collins Street Level 1000
 Telephone (03) 9665 0000
 Fax (03) 9670 5911

The quote can be printed and saved to your computer.

Note: When death and TPD insured amounts are not the same, quotes should be sent directly to Noble Oak.

How to apply for insurance benefits

To apply for insurance cover you must complete the Insurance application in Appendix A and the Short Form Underwriting Statement in Appendix B of the Insurance Booklet and any other applicable forms that may be requested by the Insurer. If you are unable to answer 'no' to questions 1 to 13 on Short Form Underwriting Statement (Appendix B) or your requested cover is in excess of \$1,000,000 for Death only or \$800,000 for Death and TPD then you will need to complete the Insurer's Personal Health Statement, a copy of which is available from the Member Administrator.

A. COMPLETE THE DETAILS BELOW TO APPLY FOR INSURANCE COVER

Note: You should read the PDS (including the Insurance Booklet) and consult your Financial Adviser prior to applying for any insurance cover.

*Title: Mr Mrs Miss Ms Dr Prof

*Given Names: *Surname:

I hereby apply for the insurance cover as detailed below:

Death only \$.....

Death and TPD \$.....

Income Protection (current salary p.a.) \$.....

Income Protection Term 2 years to age 65

Income Protection Waiting Period 30 days 90 days

Do you wish to apply for take-over terms* Yes No

All insurance cover is subject to the approval of the Insurer and other than the interim insurance cover applicable to applications for insurance detailed in the Insurance Booklet you are not insured until the Insurer has advised the Member Administrator in writing of its acceptance of the cover.

The Insurer will advise the Member Administrator of its decision in regard to the insurance cover after it has assessed a completed Personal Statement or Short Form Underwriting Statement. (Appendix B). Depending on the level of cover requested the Insurer may request you undergo blood tests and/or a medical. If required the Insurer will pay all medical costs.

The Member Administrator will advise you of the Insurer's decision and details of any premium loadings or other special conditions that are to apply.

Signature of person to be insured:

Date:

**Insurance under takeover terms provides replacement cover for existing external insurance, under the insurance policy issued by the Insurer to the Plan. This is different to standalone insurance cover under a separate policy issued or reissued to the Trustee (see section B below).*

Privacy

Please note that by sending the Trustee personal information about yourself, you are agreeing that the Trustee can use it for the purposes of running your Superannuation Account. If you have any questions about your rights under the privacy legislation or to see a copy of our privacy policy, please call Member Administrator on 07 5555 5656 (Important – refer to the PDS and Insurance Booklet for a summary of relevant privacy policies).

If you are applying for insurance you will need to complete the Short Form Underwriting Statement (Appendix B) or if requested a Personal Statement.

B. COMPLETE THIS SECTION IF YOU WISH TO INCLUDE STANDALONE INSURANCE COVER IN THE PLAN

Name of insurer:

Policy Number:

At the date of Application:

a. Do you permanently reside in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Height in centimetres <input style="width: 100px;" type="text"/> Weight in Kilograms <input style="width: 100px;" type="text"/>		
c. Have you smoked any tobacco or any other substance in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, state form and quantity in the box below:		
d. Do you intend to work, live or travel overseas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please state the specific destination (Country, City or Town/Region) duration, frequency and purpose in box below		
1. Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. In the last 3 years, have you had any medical advice or treatment, taken prescribed or illicit drugs or been hospitalised for any injury or illness (excluding for colds or flu)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you drink more than 20 standard drinks per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you participate or intend to participate in any of the following: aviation (other than as a passenger on a recognised airline), football (all codes), scuba diving (more than 40 meters, alone or in pot holes, caves or other similar environments), motor racing or any other hazardous activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does or has any member of your immediate family (father, mother, brother, sister) suffered from Huntington's disease, polycystic kidney disease or muscular dystrophy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have two or more of your immediate family (father, mother, brother, sister) prior to age of 60, suffered from: Cancer, heart attack or heart disease, kidney disease or stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • high blood pressure, high cholesterol, heart complaint, chest pain or stroke; • mental or nervous disorder including stress, anxiety, depression or neurological condition; • cancer or a tumour of any type; • back/joint disorder, arthritis, loss of limb or paralysis; • loss of sight of any eye(s) or blindness; • kidney, bladder, bowel or stomach disorder and or disease; • diabetes or liver disease (including hepatitis)? 		
8. Have you ever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • suffered from AIDS or been infected with the HIV virus; or • used or injected yourself with any illicit drugs not prescribed by a medical practitioner; or • engaged in male-to-male anal sexual activity? 		
9. Do you suffer from any condition that may require medical treatment or attention or do you suffer from any condition that may require medical treatment of any sort in the next twelve months (excluding common cold/flu)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Has any insurance held or applied for by you, ever been declined, withdrawn or modified in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you aged 55 or over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you have more than \$5,000,000 Life, \$1,000,000 TPD or other Income Protection cover in force that is not being replaced by this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Do you require Death Only cover of \$1,000,000 or; Death and TPD cover of over \$800,000 or Income Protection of over \$6,000 per month. Yes No

Declaration, Agreement and Content

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 have reasonably be expected to know, is relevant to the Insurer’s decision whether to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, renew, vary or reinstate a contract of insurance.

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

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

General Declaration

- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with the Insurer.
- I consent to the Insurer collecting sensitive information that is, health information about me for the purposes of the performance of this contract.
- I agree that cover will not commence until the proposal is accepted by the Insurer and the premium is paid.
- I have read the Duty of Disclosure notice and understand what is meant by that notice.
- I also understand that my duty of disclosure continues after I have completed this application until the Insurer has accepted the risk.

I consent to the Insurer contracting me for further information where required.

Please provide day time phone number:

Signature of person to be insured:

Date:

