

Insurance Booklet

Powerwrap Superannuation Insurance Options

Death cover

Total and Permanent Disablement cover

Income Protection cover

Dated 20 December 2010

The issuer of this Booklet is 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.

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.

You should read this booklet before making a decision about insurance cover.



Important notes about this Booklet

This Insurance Booklet forms part of the Product Disclosure Statements ('PDSs') for the Powerwrap Master Plan ('the Plan'). A separate PDS may be issued for different products or segments in the Plan. Each PDS is comprised of:

- This Booklet;
- The PDS for the product or segment of the Plan in which you participate or wish to participate; and
- The Plan's Investment List (as amended from time to time).

Note: The PDS contains a glossary of terms, some of which are used in this Booklet. For an explanation of any other terms used in this Booklet, contact the Member Administrator (refer to page 2 of this Booklet for contact details) or your Financial Adviser.

The PDS and the Plan's Investment List are available from www.powerwrap.com.au; through V-Wrap via your secure login and from your Financial Adviser (at no charge). All documents that form part of the PDS for that part of the Plan you are interested in will be provided to you at the same time by your Financial Adviser.

Who's responsible for the Powerwrap Master Plan?

Trustee

The Trust Company (Superannuation) Limited
AFSL 235153 RSE License No L0000635

Plan

Powerwrap Master Plan
ABN 82 890 650 204

Promoter

Powerwrap Limited
ABN: 67 129 756 850
AFSL 329829

Member Administrator

DIY Master Limited
ABN 41 123 035 245
AFSL: 312 431

Contact

Phone:: 07 5555 5656
Fax: 07 5574 1311
Web: www.diyadmin.com.au

Insurer

NobleOak Life Limited
ABN 85 087 648 708
AFSL: 247 302

Contents

Important notes about this Booklet	2
Who's responsible for the Powerwrap Master Plan?	2
Welcome to Powerwrap Superannuation Insurance Options	5
Key Features	5
General information	6
Acceptance of cover	6
Interim Accidental Death Cover	7
Interim Disablement Benefits	7
Health evidence requirements	8
Restrictions on insured benefits	8
Death and TPD Insurance Benefits	8
Who can apply for Death/TPD insurance (Eligibility conditions)	8
Death and TPD Insurance Premium Details	9
Death and TPD Insurance Premium Details (continued).....	10
TPD definitions	12
Exclusions	13
When will cover cease?	13
Terminal Illness Benefit	13
Payment of benefits by the Trustee	14
Income Protection Benefits	14
Total Disablement Benefit.....	14
Definition 1 'Any Occupation'	14
Definition 2 'Own Occupation'	15
Partial Disablement Benefit.....	15
Recurring Disablement Benefit	15
Death Benefit while Totally Disabled	15
Waiting Period	15
Benefit period for total and partial disablement	15
Claim payment Benefit Increases	16
Waiver of premium	16
Who can apply for income protection (Eligibility Conditions).....	16
Level of Cover	16
Claims offsets	16
Income.....	17
Acceptance of Cover.....	17
Interim Accidental Disablement Benefit	17

When will cover cease?	18
Exclusions	18
Income Protection Insurance Premium Details.....	19
Income Protection Rates – Benefit Period of 2 Years	20
Income Protection Rates –Benefit Period to Age 65.....	21
Occupational Loading	22
Other important information relating to insurance cover available through the Plan	22
Changing Your Insurance Benefits.....	22
World Wide Cover	22
Your Duty of Disclosure	22
Non-Disclosure	22
Continuation Option.....	23
Payment of Benefits	23
Restrictions on Insured Benefits and Cover – Death, TPD & Income Protection	23
Privacy – Use and Disclosure of Personal Information Provided to the Insurer	23
What is paid to the Promoter and Your Financial Adviser in Respect of Insurance Premiums?	23
Important Notes about Insurance.....	24
How to apply for insurance benefits.....	25
Appendix A – Insurance Application.....	26
Appendix B – Short Form Underwriting Statement.....	27

Welcome to Powerwrap Superannuation Insurance Options

The insurances available through the Plan are called the Powerwrap Superannuation Insurance Options ('Insurances'), and include Death Insurance; Total and Permanent Disablement Insurance; and Income Protection Insurance.

The Insurances are provided by NobleOak Life Limited and administered by DIY Master Limited.

By applying for Insurances through the Plan, your premiums will be automatically deducted from the Cash Account attached to your Account within the Plan ('Superannuation Account'). A drawdown process is in place (whereby investments relating to your Superannuation Account are redeemed) if the Cash Account attached to your Superannuation Account has insufficient monies to meet insurance premiums. This feature will help ensure insurance premiums are always paid to the Insurer on time. Further information about this drawdown process is provided later in this Booklet.

Key Features

This section contains references to some of the key features of the Insurances available via the Plan. It is a summary only. You should read the PDS (including this Insurance Booklet) in full before making a decision about Insurances.

FEATURE	DEATH INSURANCE	TOTAL AND PERMANENT DISABLEMENT	INCOME PROTECTION
Suitable for	Members who want to cover their debt and protect their beneficiaries in the event of death.	Members who are concerned about loss of income.	Members who seek to replace their income.
Benefit type	A lump sum benefit payable on death or terminal illness, with options for additional protection on Total and Permanent Disablement.	A lump sum benefit payable in the event of Total and Permanent Disablement of the Member. Only available in conjunction with Death Insurance.	A regular monthly income if you are unable to work as a result of sickness or injury.
Eligibility	Available to Members aged 16-69 at the time of application.	Available to Members aged 16-64 at the time of application.	Available to Members aged 16-59 at the time of application.
Availability (subject to other cessation conditions)	Death benefits can continue up to age 85.	Total and Permanent Disablement benefits can continue up to age 75.	Income Protection benefits can continue up to age 65.
Benefits	Death benefits pay the sum insured if you die before your cover ends. Payment may also be made for terminal illness.	Total and Permanent Disablement benefits are payable in the event the Member becomes totally and permanently disabled as a result of sickness or injury.	Income Protection benefits are payable in the event of total disability or partial disability of the Member. Income Protection benefits will pay an agreed value, and offer a choice of waiting period and benefit period.
Premium Payments	Your premiums will be automatically deducted from the Cash Account attached to your Superannuation Account. Investments may be redeemed to ensure premiums are paid when due.		
Costs	Your insurance premiums will include Stamp Duty (if applicable) and an amount payable to the Promoter (some of which may be paid to your Financial Adviser).		

Payment of any insured benefits is subject to the Policy, the Plan's Trust Deed and superannuation legislation.

General information

The Plan includes the availability of insurance benefits for Death, Total and Permanent Disablement and/or Income Protection insurance benefits on application to the Insurer, subject to eligibility criteria summarised in this Booklet.

Insurance benefits are underwritten by NobleOak Life Limited (Insurer). The full terms and conditions are contained in insurance policies (Policy) between the Trustee and the Insurer. You will only be covered for insurance benefits if your application for insurance cover is accepted by the Insurer and cover has not terminated at the time that the event giving rise to any claim arises.

The Insurer may also accept the transfer of insurance from an insurance policy currently applicable to a Member in another superannuation fund or under an individual insurance policy. This is referred to as replacement cover and is subject to the Insurer's takeover terms which include eligibility criteria and maximum sums insured. If replacement cover is approved by the Insurer, the insurance arrangements described below will apply subject to any modifications to take into account the Insurer's takeover terms and acceptance of the cover. For further information about obtaining replacement cover under the Insurer's takeover terms, contact the Member Administrator.

The Trustee may also accept the transfer of an insurance policy currently applicable to a Member subject to the Insurer of that policy issuing or reissuing the policy in the name of the Trustee (if this occurs, the insurance arrangements described below do not apply and you should refer to the relevant product disclosure statement for information about that insurance product).

When applying for insurance cover, you can select from a fixed dollar insured benefit up to a maximum \$5,000,000 for Death and \$3,000,000 for TPD (unless the Insurer approves otherwise). The maximum benefit for Income Protection cannot exceed 75% of your pre-disability income (plus an additional 10% to be paid directly to the Plan for superannuation contributions). The maximum level of cover available for income protection is \$25,000 per month unless the Insurer gives special consideration to accept cover above this level.

The cost of cover will depend on your age, gender, health, pursuits, occupation and amount of cover selected.

Please note that:

- If you are gainfully employed for less than 25 hours per week, any TPD insured amounts are subject to the "Activities of Daily Living" as defined in this Booklet; and
- After age 65, the TPD insured amount is reduced by 10% each year until the earlier of age 75 or your total and permanent disablement. This will be reflected in the premium payable. Also, after age 65 the "Activities of Daily Living" TPD definition will apply.

Acceptance of cover

For applicants that meet certain qualifying conditions the Insurer may accept cover for Death Only cover below \$1,000,000, and TPD Cover of under \$800,000 without the need for further underwriting, provided you are able to answer 'NO' to the questions numbered 1 to 13 in a Short Form Underwriting Statement (Appendix B).

Note that Death only or Death and TPD cover will only commence once accepted by the Insurer. You will be notified of this in writing. In some cases, the Insurer may require further information before accepting your application in which case it will notify you in writing.

However, the Insurer will provide accidental death and accidental disablement benefits for you on an interim basis under the following conditions where acceptance is pending by the Insurer.

Interim Accidental Death Cover

If the applicant dies, and is awaiting the Insurer's determination of acceptance of their written application received by the Insurer for their nominated death insurance cover or any portion of a nominated increase to their existing sum insured, the Insurer will pay the lump sum applicable to either the commensurate nominated amount or the portion of the nominated increase of up to \$1,000,000 (or such other amount as the Insurer determines from time to time) if death occurs as a result of bodily injury caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

This accidental death insurance cover commences on the earlier of:

- the date the Insurer receives the application in respect of the applicant; and
- the date the Insurer receives the deposit premium in respect of the application;

and terminates on the earliest of:

- ninety (90) days after the later of the date the Insurer receives the written application or the deposit premium in respect of the application;
- the date the Insurer declines or defers the application or the application is withdrawn;
- fourteen (14) days after the Insurer sends any request for further information regarding the application, if not answered by that time;
- the date the Insurer approves the application;
- the date the Insurer pays a claim or admits a claim for any interim accidental disablement benefits (as outlined below) in respect of the applicant; and
- the Policy is cancelled by the Trustee or Insurer in accordance with the terms of the Policy.

Interim Disablement Benefits

If an applicant is awaiting the Insurer's determination of acceptance of their written application received by the Insurer for their nominated Total and Permanent Disablement cover or any portion of a nominated increase to their existing sum insured, the Insurer will pay the lump sum applicable to either the commensurate nominated amount or the portion of the nominated increase of up to \$500,000 (or such other amount as the Insurer determines from time to time) if the applicant in the Insurer's opinion first suffers any one or more of the following: Quadriplegia, Major Brain Injury, or the total and irreversible inability to perform at least four (4) Activities of Daily Living, as a result of a bodily injury which is caused by accidental, external and visible means and independently of all other causes.

This interim disablement insurance cover commences on the earlier of:

- the date the Insurer receives the application in respect of the applicant; and
- the date the Insurer receives the deposit premium in respect of the application;

and terminates on the earliest of:

- ninety (90) days after the later of the date the Insurer receives the written application or the deposit premium in respect of the application;
- the date the Insurer declines or defers the application or the application is withdrawn;
- fourteen (14) days after the Insurer sends any request for further information regarding the application, if not answered by that time;
- the date the Insurer approves the application;
- the date the Insurer pays a claim or admits a claim for any interim accidental death benefits (as outlined above) in respect of the applicant unless the Insurer has indicated otherwise that this is not applicable; and
- the Policy is cancelled by the Trustee or Insurer in accordance with the terms of the Policy.

The sum insured of the applicant will be reduced by the amount of any interim accident disablement benefit paid. Only one interim accident disablement benefit will be paid in respect of an applicant. The Insurer's refusal of any claim for payment of interim accident disablement benefits will not affect any subsequent Total and Permanent Disablement benefit claim.

When you apply for insurance cover, your insurance will only commence from the date accepted by the Insurer.

Health evidence requirements

Generally, before being accepted as eligible for insurance benefits, you will be required to provide evidence of good health to the satisfaction of the Insurer.

The Member Administrator will inform you of any information or evidence you must provide in relation to your health and medical history. You will also be provided with the necessary forms, for example a Personal Statement or Abbreviated Personal Statement. The Insurer will meet the cost of any medical examination it requests.

Additionally, evidence of health may be required if your insurance benefits increase as a result of salary increases or you elect to increase your insurance benefits.

The Insurer will notify the Member Administrator (who will in turn notify you) of your acceptance for cover or of any non-standard acceptance terms based on the health evidence you supplied. For example, restrictions on the amount of your benefit and/or an increase in your premium amount may apply.

The terms of acceptance and commencement date of cover may vary depending upon the type of insurance applied for.

If you are requested to provide evidence of health and do not do so, then your insured benefits may be restricted pending receipt and review of the health evidence. The Member Administrator will notify you if this occurs.

Restrictions on insured benefits

The Insurer may place restrictions on circumstances in which insured benefits are payable. You will be notified of any restrictions which apply to you.

Death and TPD Insurance Benefits

This provides insured Members with an insurance benefit (in addition to accumulated benefits in the Plan) in the event of death or total and permanent disablement (as defined in the Policy and summarised below).

Who can apply for Death/TPD insurance (Eligibility conditions)

To be eligible for Death and TPD insurance cover, a Member must be:

- aged 16 years or more and less than age 70 (Death) and 65 (TPD), and
- an Australian permanent resident.

Please note that some occupations do not qualify for insurance cover.

Death and TPD Insurance Premium Details

The Member Administrator deducts premiums from your Cash Account annually in advance for payment to the Insurer, however adjustments may be made to your account (after each 30 June) if there has been a variation to your amount insured after the premiums have been paid or when you leave the Plan if covers ceases during the year.

The premium table set out below is for Members who fall under the White Collar occupation code as determined by the Insurer. Loadings apply for other occupation codes which are detailed below together with a description of the various occupation codes. Information about your occupation code can be obtained from the Member Administrator. For contact details, please refer to page 2 of this Booklet.

The standard premium rates for Death Only and Death and TPD per \$1,000 of cover per annum are outlined below.

If you are accepted for cover on non-standard terms, the Insurer may apply a different rate and you will be advised of this rate.

Age Next	Male rates per \$1,000 cover				Female rates per \$1,000 cover			
	Death	Death	D&TPD	D&TPD	Death	Death	D&TPD	D&TPD
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	1.10	1.33	1.12	1.35	0.36	0.43	0.36	0.43
17	1.10	1.33	1.12	1.35	0.36	0.43	0.36	0.43
18	1.10	1.33	1.12	1.35	0.36	0.43	0.36	0.43
19	1.05	1.27	1.09	1.31	0.36	0.43	0.37	0.45
20	1.02	1.23	1.04	1.25	0.34	0.41	0.36	0.43
21	0.97	1.17	0.99	1.19	0.32	0.39	0.34	0.41
22	0.93	1.12	0.96	1.15	0.32	0.39	0.34	0.41
23	0.89	1.08	0.93	1.12	0.31	0.37	0.32	0.39
24	0.86	1.04	0.91	1.10	0.31	0.37	0.34	0.41
25	0.83	1.00	0.91	1.10	0.31	0.37	0.36	0.43
26	0.80	0.96	0.89	1.08	0.31	0.37	0.36	0.43
27	0.78	0.94	0.88	1.06	0.31	0.37	0.37	0.45
28	0.75	0.90	0.89	1.08	0.31	0.37	0.41	0.49
29	0.75	0.90	0.89	1.08	0.31	0.37	0.44	0.53
30	0.73	0.88	0.91	1.10	0.32	0.39	0.45	0.55
31	0.71	0.86	0.91	1.10	0.32	0.39	0.49	0.59
32	0.71	0.86	0.94	1.14	0.32	0.39	0.52	0.63
33	0.70	0.84	0.94	1.14	0.34	0.41	0.57	0.69
34	0.70	0.84	0.97	1.17	0.37	0.45	0.63	0.76
35	0.70	0.84	1.02	1.23	0.41	0.49	0.70	0.84
36	0.70	0.84	1.07	1.29	0.44	0.53	0.76	0.92
37	0.70	0.84	1.12	1.35	0.49	0.59	0.83	1.00
38	0.71	0.86	1.18	1.43	0.54	0.65	0.91	1.10
39	0.76	0.92	1.27	1.53	0.57	0.69	1.01	1.21
40	0.81	0.98	1.38	1.66	0.62	0.74	1.09	1.31
41	0.88	1.06	1.49	1.80	0.67	0.80	1.20	1.45
42	0.94	1.14	1.62	1.96	0.71	0.86	1.33	1.61
43	1.01	1.21	1.75	2.11	0.76	0.92	1.46	1.76
44	1.12	1.35	1.96	2.37	0.81	0.98	1.61	1.94
45	1.25	1.51	2.21	2.66	0.86	1.04	1.79	2.15
46	1.40	1.68	2.48	2.99	0.91	1.10	2.00	2.41
47	1.56	1.88	2.78	3.35	0.97	1.17	2.24	2.70
48	1.72	2.07	3.13	3.78	1.02	1.23	2.50	3.01
49	1.87	2.25	3.46	4.17	1.10	1.33	2.78	3.35
50	2.00	2.41	3.85	4.64	1.20	1.45	3.07	3.70

*Age Next Birthday is determined as at the later of 1 July each year and the date a person first becomes insured. If your age is incorrectly stated, an adjustment to your insured benefit or premiums may be made in accordance with the terms of the Policy. Rate table continues on next page.

Death and TPD Insurance Premium Details (continued)

Age Next	Male rates per \$1,000 cover				Female rates per \$1,000 cover			
	Death	Death	D&TPD	D&TPD	Death	Death	D&TPD	D&TPD
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
51	2.16	2.60	4.30	5.19	1.28	1.55	3.39	4.09
52	2.32	2.80	4.79	5.77	1.40	1.68	3.76	4.54
53	2.50	3.01	5.34	6.44	1.51	1.82	4.17	5.03
54	2.68	3.23	5.91	7.13	1.61	1.94	4.56	5.50
55	2.87	3.46	6.57	7.93	1.72	2.07	4.98	6.01
56	3.08	3.72	7.30	8.81	1.85	2.23	5.45	6.58
57	3.31	3.99	8.10	9.77	1.98	2.39	5.94	7.16
58	3.55	4.29	9.02	10.88	2.13	2.56	6.51	7.85
59	3.93	4.74	9.87	11.90	2.27	2.74	6.96	8.40
60	4.33	5.23	10.79	13.02	2.43	2.94	7.42	8.95
61	4.80	5.79	11.81	14.25	2.60	3.13	7.94	9.57
62	5.31	6.40	12.92	15.58	2.79	3.37	8.47	10.22
63	5.86	7.07	14.12	17.03	2.99	3.60	9.06	10.92
64	6.39	7.71	15.61	18.83	3.20	3.86	9.82	11.84
65	6.96	8.40	17.25	20.81	3.42	4.13	10.65	12.84
66	7.59	9.16	19.16	23.11	3.67	4.43	11.77	14.19
67	8.28	9.98	21.29	25.68	3.93	4.74	13.01	15.70
68	9.02	10.89	23.65	28.54	4.21	5.07	14.38	17.35
69	10.01	12.07	26.47	31.93	4.57	5.50	15.96	19.24
70	11.08	13.37	29.59	35.69	4.94	5.95	17.71	21.36
71	12.19	14.70	33.02	39.83	5.43	6.55	19.74	23.81
72	13.41	16.17	36.84	44.43	5.97	7.20	22.00	26.54
73	14.75	17.79	41.09	49.56	6.57	7.92	24.54	29.60
74	16.23	19.57	45.86	55.31	7.23	8.72	27.36	33.00
75	17.85	21.52	51.17	61.72	7.95	9.59	30.52	36.81
76	19.81	23.89	n/a	n/a	8.82	10.64	n/a	n/a
77	21.99	26.52	n/a	n/a	9.80	11.81	n/a	n/a
78	24.41	29.44	n/a	n/a	10.87	13.11	n/a	n/a
79	27.10	32.68	n/a	n/a	12.07	14.56	n/a	n/a
80	30.08	36.27	n/a	n/a	13.40	16.16	n/a	n/a
81	33.68	40.62	n/a	n/a	15.00	18.10	n/a	n/a
82	37.73	45.50	n/a	n/a	16.80	20.27	n/a	n/a
83	42.25	50.96	n/a	n/a	18.82	22.70	n/a	n/a
84	47.32	57.07	n/a	n/a	21.08	25.42	n/a	n/a
85	53.00	63.92	n/a	n/a	23.61	28.47	n/a	n/a

*Age Next Birthday is determined as at the later of 1 July each year and the date a person first becomes insured. If your age is incorrectly stated, an adjustment to your insured benefit or premiums may be made in accordance with the terms of the Policy.

For occupations other than White Collar, apply the percentage shown below to the standard premium rate.

Occupation Loading	Death	TPD	Death & TPD
Professional	90%	85%	87.50%
White Collar	100%	100%	100%
Light Blue Collar	125%	150%	142.50%
Heavy Blue Collar	175%	250%	225%

A summary of the occupational classifications is provided on the next page.

Occupation code	Explanation
Professional	White Collar worker who is tertiary qualified or earning in excess of \$80,000. e.g. Legal and medical practitioners, qualified accountants
White Collar	Primarily non-manual e.g. Clerical, accountants, computer analysts, shop assistants
Light Blue Collar	Moderate degree of manual work or qualified trades e.g. Bakers, electricians, mechanics, printers
Heavy Blue Collar	Heavy manual or those with a degree of additional risk e.g. Boilermakers, gardeners, storeman, welders.

Not all occupation codes are eligible to qualify for cover. The premium rates and your actual premiums are based on your personal details as well as the sum insured. These details are available on request from the Member Administrator. For contact details, refer to page 2 this Booklet.

In certain circumstances, the premium rates may be varied by the Insurer under the terms and conditions of the Policy. If the Insurer alters premiums or benefits and the Trustee elects not to pay the varied premium, then insurance cover would cease. The Trustee will endeavour to put in place alternative insurance arrangements prior to any such decision.

The Insurer has confirmed that the above premium rates are fixed up to 30 June 2013. Notification of any increase in premium rates will be provided to you at least 30 days in advance.

Total & Permanent Disablement (TPD) Insurance Benefits

If you have been accepted for TPD insurance cover by the Insurer and become totally & permanently disabled (as defined below), a lump sum benefit may be payable in respect of your disability under the Policy provided you remain insured at the time of the event giving rise to a claim. This benefit will generally be payable to you provided you satisfy a condition of release, e.g. you are 'permanently incapacitated' as defined under superannuation legislation (see the Accumulation Benefits section of the PDS for details).

You will generally remain eligible to be covered for TPD insurance benefits while you are on continuous unpaid leave or not employed (either self-employed or with an employer) for up to 12 months only, provided your Cash Account holds sufficient monies to pay the relevant premium. However the applicable TPD definition will change.

TPD definitions

A person is considered to be totally and permanently disabled when he or she:

1. Has suffered the total and irrevocable loss of the:
 - a. Sight of both eyes; or
 - b. Use of two limbs; or
 - c. Sight of one eye and use of one limb (where limb is defined as the whole hand or the whole foot); or
2. Where the Member is gainfully employed and working a minimum of 25 hours per week at the time of injury, sickness or disease, then as a result of that injury, sickness or disease:
 - a. Has not performed any work for an uninterrupted period of at least 6 consecutive months solely due to the same injury, sickness or disease; and
 - b. Is attending a qualifying registered medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and
 - c. After consideration of all the medical evidence and such evidence as the Insurer may require, has become incapacitated to such an extent as to render him or her unlikely to ever be able to engage in his or her occupation and any other occupation for which he or she is reasonably suited by education, training or experience; or
3. Where the Member is aged 65 or more or engaged in 'home duties' or is gainfully employed and working less than 25 hours per week or is unemployed at the time of injury, sickness or disease, then as a result of that injury, sickness or disease is totally and irreversibly unable to perform at least two of the five 'Activities of Daily Living' (see below).

'Home duties' means the Member is engaged in full-time unpaid domestic duties in their own residence.

'Activities of Daily Living' are:

1. **Bathing** – The ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person. You will be considered to be able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.
2. **Dressing** – The ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. You will be considered able to dress yourself even if the above tasks can be performed only by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
3. **Eating** – The ability to get nourishment into the body by any means once it has been prepared and made available to you without the standby assistance of another person.
4. **Toileting** – The ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the standby assistance of another person. You will be considered able to toilet yourself even if you have had an ostomy and are able to empty it yourself, or if you use a commode, bed-pan or urinal and are able to empty and clean it without the standby assistance of another person.

5. **Transferring** – The ability to move in and out of a chair or bed without the standby assistance of another person. You will be considered able to transfer yourself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices are used.

You should keep the Insurer informed of your employment status at all times through the Member Administrator. Your continued eligibility for cover and any claim for insured benefits is affected by your employment status.

Exclusions

A benefit will not be payable for death or TPD where it is caused by:

- Any intentional self-injury or suicide (whether felonious or not) or any attempts while sane or insane within 13 months from commencement, reinstatement or increase of your insurance cover; or
- The abuse of alcohol, illegal drugs or controlled substances (except when legally prescribed by a qualifying registered medical practitioner and taken or used as prescribed); or
- Declared or undeclared war or any act of invasion or civil war; or
- The Member engaging in or taking part in service in the armed forces of any country other than service in the Citizen Forces within the Commonwealth of Australia.

The Insurer may be entitled to deny paying any benefit if you have not complied with the duty of disclosure.

When will cover cease?

Your Death only or Death and TPD insurance cover under the Plan will cease at 5 pm on the date that any of the following occurs (whichever occurs first):

- You cancel any existing insurance benefits by notifying the Member Administrator in writing
- A Death or TPD insurance benefit is paid in full under the Policy
- You turn age 75 for TPD cover or age 85 for Death cover
- 60 days after the premium for your insurance cover has fallen due and remains unpaid (for example, this may occur where there are insufficient monies in your Cash Account to pay premiums)
- You cease to be a Member of the Plan, or
- The Policy is cancelled by the Trustee or Insurer in accordance with the terms of the Policy.

In the event of there being insufficient monies in your Cash Account to pay insurance premiums, investments in your account will be sold down to provide sufficient monies to pay insurance premiums. Please note that the Trustee is not responsible for advising you should there be insufficient monies in your account to pay premiums.

Terminal Illness Benefit

In the event of you becoming terminally ill, the Insurer will pay the Death benefit sum insured that applied when you first stopped work due to the terminal illness, up to a maximum of \$1,000,000. Your Death benefit sum insured will be reduced by the amount of any terminal illness benefit paid.

To be eligible for this payment:

- You must be diagnosed by a qualifying registered medical practitioner as being terminally ill;
- The illness must prevent you from working in a job to which you are reasonably suited by education, training or experience; and
- After consideration of medical and other evidence satisfactory to the Insurer, it is of the opinion that you are not expected to live more than 12 months.

The registered medical practitioner cannot be you or a member of your family, your business partner, your employee or your employer.

Payment of benefits by the Trustee

In the event that a Death or TPD benefit becomes payable, the amount of your insured benefit is payable in addition to any other accrued entitlements you have under the Plan. The Insurer pays the insured benefit to the Trustee. The insured benefit will be paid to you by the Trustee if you satisfy a condition of release (see the Accumulation Benefits section of the PDS for details).

When deciding on the payment of the Death benefits, the Trustee will take into consideration any nomination of beneficiaries made in writing by you (if you have made a non-binding nomination) or pay the benefits in accordance with your nomination (if you have made a valid binding nomination). For more information about nominating a beneficiary, see the Accumulation Benefits section of the PDS.

In relation to a TPD benefit, if the Trustee is of the opinion that you are incapable of managing your financial affairs, the benefit may be paid to your legal personal representative.

Income Protection Benefits

This provides Members with a monthly income if they are unable to work due to Partial or Total Disablement (as defined in the Policy and summarised below) due to sickness or injury.

Once you have applied for income protection cover and your application is successful, you may be entitled to the following benefits provided you remain insured at the time of the event giving rise to a claim.

Total Disablement Benefit

If an insured Member becomes totally disabled (subject to the exclusions outlined in this Booklet), they will receive a monthly payment after the selected waiting period has expired for the duration of the benefit period to replace part of their income. The benefit is payable in arrears.

In choosing the level of monthly benefit, please refer to 'Level of Cover' outlined in this Booklet.

In determining whether a Member's total disablement is caused by an injury or sickness, based on medical evidence, the following meanings will be applied by the Insurer:

- 'Injury' means accidental bodily injury of a person insured occurring after cover for the person insured begins.
- 'Sickness' means sickness or disease suffered by a person insured that manifests itself after cover for the person insured begins.

If the Member's total disablement commences more than 30 days after the date of injury, the Insurer will treat the cause as a sickness. A benefit is payable for only one sickness or one injury if the Member is totally disabled because of more than one injury or sickness, or both. In determining whether or not you are totally disabled, one of the following two definitions will be applied:

Definition 1 'Any Occupation'

As a result of injury, sickness or disease:

- During the first two years you are unable to perform your regular occupation; and
- After the first two years you are unable to perform any occupation for which you are reasonably suited by education, training or experience because of the same injury, sickness or disease; and
- You are not engaged in any occupation; and
- You are under the regular care and attendance of a qualifying registered medical practitioner.

Definition 2 'Own Occupation'

As a result of injury, sickness or disease:

- You are unable to perform your regular occupation; and
- You are not engaged in any occupation; and
- You are under the regular care and attendance of a qualifying registered medical practitioner.

Your occupation will determine which definition will apply and this will be advised to you if your application for cover is accepted. Definition 2 is available to professional and white collar only and is not available to any other occupations.

The registered medical practitioner must be independent from you (for example, not a relative, a business partner, employee or employer).

Partial Disablement Benefit

The Insurer will pay an insured Member a Partial Disablement Benefit if:

- You return to work immediately after being totally disabled for at least 14 consecutive days and are able to perform one or more duties of your usual occupation but not all of them; and
- You suffer a loss of income, that is, your income whilst you are partially disabled is less than your income immediately before becoming totally disabled.

The benefit will be payable if your income is reduced as a result of partial disablement and will be proportionate to the loss of income sustained. The benefit will be paid monthly in arrears.

You must be under the regular care and attendance of a qualifying registered medical practitioner and the waiting period must have expired before payment commences.

Recurring Disablement Benefit

If you return to work for less than 6 months after receiving your most recent total or partial disablement benefit and suffer a recurrence from the same or related cause, the claim will be treated as a continuation of the original claim. No waiting period will apply for this benefit.

Death Benefit while Totally Disabled

If you die before reaching the age of 65 while the Insurer is paying you a total disablement benefit, a lump sum benefit equal to one month's total disablement benefit will be payable by the Insurer.

Waiting Period

The waiting period is the period you elect to wait before the benefit period begins. When applying for Income Protection insurance cover, you may select a 30 or 90 day period, which begins from the date a qualifying registered medical practitioner examines you and certifies you as totally disabled. You can return to full-time paid work once for less than six consecutive days during the waiting period without the waiting period recommencing, provided that the total disablement recurs for the same or related reasons. Any days worked are added to your waiting period. If, in the same waiting period, you return to work a second time the waiting period will recommence.

Benefit period for total and partial disablement

The Insurer will pay a benefit until one of the following events occurs:

- You cease to be eligible for a benefit payment; or
- Your benefit period expires (2 years or until age 65); or
- Your 65th birthday; or

- Your death.

Claim payment Benefit Increases

After receiving a benefit for total or partial disablement for 12 consecutive months, your monthly benefit will automatically increase each year by 5% or the increase in the Consumer Price Index (CPI), whichever is less. Your benefit will again increase after a further 12 months by the same method, as long as payments have continued to be made to you (without cessation) due to your total or partial disablement. When payments cease, the benefit will revert to the monthly benefit that otherwise applied under the Policy.

Waiver of premium

Once you have made a claim and are receiving an income benefit, you do not need to pay any premiums until total disability payments cease.

Who can apply for income protection (Eligibility Conditions)

To be eligible for Income Protection cover, provided the Insurer accepts your application, you must be:

- At least 16 years of age; and
- Not older than 60 years of age next birthday.

Also you must be permanently and gainfully employed for at least fifteen (15) hours per week and a permanent resident of Australia.

Level of Cover

Subject to acceptance of the Insurer, you may choose the level of monthly benefit to a maximum of 75% of your pre-disability income over the last 12 months, excluding business expenses (if any), but including tax, plus a maximum of 10% of your income for superannuation contributions (payable to the Plan) for any period you are on claim.

The following conditions apply:

- The minimum benefit you can apply for is \$1,000 per month;
- The maximum level of cover available is \$25,000 per month. However, the Insurer will give special consideration to cover above this level.
- You can elect to receive benefits for 2 years or until age of 65.

Claims offsets

In the event of a claim, the Insurer may reduce the amount of monthly benefit otherwise payable by amounts received from other sources in respect of the Member's injury or sickness. Amounts that can be offset include:

- Payments made under a worker's compensation, social security, sick leave or motor accident claim or any claim made under any similar state or federal legislation;
- Other insurance or regular payments from a superannuation/pension plan that provides income payments due to injury or sickness.

Any payment which is in the form of a lump sum or is exchanged for a lump sum is deemed to be the monthly equivalent of 1/60 of the lump sum over a period of 60 months. Any lump sum Total and Permanent Disablement benefit will not be offset against the monthly benefit.

The monthly benefit will be reduced only to the extent that the aggregate of the monthly benefit and any other payments made due to the member's injury or sickness cannot exceed 75% of the member's pre-disablement income. (A person's pre-disablement income is the gross monthly income earned by the member over the 12 months immediately prior to the most recent disablement.)

Income

Income in the case of a salaried person is the total pre-tax remuneration paid by an employer, including salary, fees and fringe benefits, for the last 12 months. Where commission and bonuses form over 40% of the pre-tax remuneration for the last 12 months, the Insurer will take them into account. Where the salaried person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees and fringe benefits for the last 12 months.

Income in the case of a self-employed person, a working director or partner in a partnership is the income generated by the business or practice due to the person's personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last 12 months.

Acceptance of Cover

When you apply for income protection insurance through the Plan, your insurance will commence from the date accepted by the Insurer.

In all instances you will need to provide evidence of your insurability to the Insurer. You may ask your Financial Adviser or the Member Administrator to provide you with the Insurer's requirements.

Note that cover will only commence once accepted by the Insurer. You will be notified of this in writing. In some cases, the Insurer may require further information before accepting your application in which case it will notify you in writing. However, the Insurer will provide cover for you on an interim basis for total disablement under the following conditions where acceptance is pending by the Insurer.

Interim Accidental Disablement Benefit

If an applicant is awaiting the Insurer's determination of acceptance of their written application received by the Insurer for their nomination of Income Protection cover or any portion of a nominated increase to their existing sum insured, the Insurer will pay the monthly benefit applicable to either the commensurate nominated amount or the portion of the nominated increase for up to a maximum period of 24 months to a maximum of \$200,000 if the applicant in the Insurer's opinion suffers and continues to suffer total disablement as a result of bodily injury caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

This interim disablement insurance cover commences on the earlier of:

- the date the Insurer receives the application in respect of the applicant; and
- the date the Insurer receives the deposit premium in respect of the application;

and terminates on the earliest of:

- ninety (90) days after the later of the date the Insurer receives the written application or the deposit premium in respect of the application;
- the date the Insurer declines or defers the application or the application is withdrawn;
- fourteen (14) days after the Insurer sends any request for further information regarding the application, if not answered by that time;
- the date the Insurer approves the application;
- the Policy is cancelled by the Trustee or Insurer in accordance with the terms of the Policy.

The Insurer's refusal of any claim for payment of interim accidental disablement benefits will not affect any subsequent Income Protection benefit claim.

When will cover cease?

The Income Protection insurance of a Member shall terminate on the earlier of:

- The date you reach age 65; or
- The date you cease to be eligible for this insurance cover; or
- The date you permanently retire from the workforce; or
- The date you cease to be a member of the Plan; or
- 60 days after the premium has fallen due and is still unpaid; or
- The date the Policy is terminated; or
- The date of your death.

Alternatively, you may advise the Member Administrator in writing when cover is no longer required.

In the event of there being insufficient monies in your Cash Account to pay insurance premiums, investments in your account will be sold down to provide sufficient monies to pay insurance premiums. Please note that the Trustee is not responsible for advising you should there be insufficient monies in your account to pay premiums.

Exclusions

An Income Protection benefit will not be payable by the Insurer if your injury or sickness is caused by:

- Uncomplicated pregnancy, childbirth or miscarriage;
- The abuse of alcohol, illegal drugs or controlled substances (except when legally prescribed by a qualifying registered medical practitioner and taken or used as prescribed);
- Any act of war, whether war is declared or undeclared;
- Intentional self-injury or attempted suicide while sane or insane;
- Your service in the armed services of any country or international organisation; or
- An exclusion, which is specific to you and noted in any special acceptance terms.

The Insurer may be entitled to deny paying any benefit if you have not complied with the duty of disclosure.

Income Protection Insurance Premium Details

The Member Administrator deducts premiums from your Cash Account annually in advance for payment to the Insurer, however adjustments may be made to your account (after each 30 June) if there has been a variation to your amount insured after the premiums have been paid or when you leave the Plan if covers ceases during the year.

The premium table set out below is for Members who fall under the White Collar occupation code as determined by the Insurer. Loadings apply for other occupation codes which are detailed below. Information about your occupation code can be obtained from the Member Administrator. For contact details, please refer to page 2 of this Booklet.

The standard premium rates for Income Protection benefits (including stamp duty) per annum are outlined below.

If you are accepted for cover on non-standard terms, the Insurer may apply a different rate and you will be advised of this rate.

|

Income Protection Rates – Benefit Period of 2 Years

Rates per \$1,000 of annual benefit (or 75% of annual salary)

Benefit Period	Male rates per \$1,000 cover		Female rates per \$1,000 cover	
	2 Year		2 Year	
	Minimum 5% or CPI		Minimum 5% or CPI	
	Waiting Period	30 Days	90 Days	30 Days
Age Next Birthday	Non-smoker	Smoker	Non-smoker	Smoker
17	2.70	0.98	4.06	1.47
18	2.74	1.01	4.11	1.52
19	2.77	1.01	4.18	1.52
20	2.80	1.01	4.19	1.52
21	2.85	1.03	4.27	1.54
22	2.90	1.03	4.37	1.54
23	2.95	1.03	4.42	1.54
24	3.01	1.03	4.50	1.54
25	3.02	1.03	4.55	1.54
26	2.95	0.95	4.43	1.42
27	2.90	0.92	4.37	1.39
28	2.86	0.88	4.29	1.33
29	2.90	0.88	4.37	1.33
30	2.92	0.87	4.39	1.29
31	2.98	0.87	4.49	1.29
32	3.09	0.88	4.63	1.33
33	3.17	0.91	4.75	1.36
34	3.31	0.95	4.99	1.42
35	3.46	1.01	5.19	1.52
36	3.62	1.03	5.43	1.54
37	3.83	1.11	5.74	1.67
38	4.03	1.22	6.05	1.83
39	4.24	1.32	6.36	1.98
40	4.53	1.44	6.79	2.16
41	4.81	1.54	7.23	2.33
42	5.15	1.73	7.72	2.60
43	5.47	1.88	8.21	2.82
44	5.87	2.10	8.82	3.15
45	6.23	2.33	9.37	3.50
46	6.69	2.61	10.05	3.93
47	7.19	2.90	10.78	4.37
48	7.66	3.26	11.48	4.88
49	8.23	3.62	12.34	5.43
50	8.84	4.06	13.27	6.09
51	9.50	4.53	14.27	6.79
52	10.24	5.10	15.36	7.66
53	11.06	5.70	16.59	8.57
54	11.94	6.38	17.91	9.57
55	12.91	7.16	19.38	10.75
56	13.98	8.02	20.97	12.03
57	15.14	8.98	22.71	13.46
58	16.43	9.65	24.64	14.49
59	17.62	11.24	26.42	16.85
60	19.39	10.50	29.09	15.75
61	21.14	14.02	31.73	21.03
62	23.00	15.62	34.50	23.45
63	20.46	12.75	30.69	19.12
64	10.85	4.02	16.28	6.03
65	10.85	4.02	16.28	6.03

Note: Age Next Birthday is determined as at the later of 1 July each year and the date a person first become insured. If your age is incorrectly stated, an adjustment to your insured benefit or premiums may be made in accordance with the terms of the Policy.

Income Protection Rates –Benefit Period to Age 65

Rates per \$1,000 of annual benefit (or 75% of annual salary)

Benefit Period	Male rates per \$1,000 cover		Female rates per \$1,000 cover	
	To Age 65		To Age 65	
	Minimum 5% or CPI		Minimum 5% or CPI	
	Waiting Period	30 Days	90 Days	30 Days
Age Next Birthday	Non-smoker	Smoker	Non-smoker	Smoker
17	5.91	2.67	8.87	4.02
18	6.12	2.8	9.17	4.19
19	6.38	2.92	9.57	4.38
20	6.67	3.07	10	4.6
21	6.88	3.2	10.31	4.8
22	7.29	3.31	10.93	4.99
23	7.61	3.46	11.42	5.19
24	8.01	3.56	12.03	5.35
25	8.4	3.74	12.6	5.61
26	8.43	3.67	12.66	5.5
27	8.54	3.64	12.82	5.47
28	8.76	3.62	13.13	5.43
29	8.96	3.61	13.45	5.41
30	9.37	3.64	14.07	5.47
31	9.78	3.77	14.68	5.65
32	10.31	3.92	15.47	5.87
33	10.91	4.06	16.37	6.09
34	11.59	4.33	17.4	6.48
35	12.35	4.63	18.52	6.95
36	13.17	4.99	19.76	7.47
37	14.1	5.32	21.17	8.01
38	15.11	5.88	22.66	8.82
39	16.22	6.38	24.33	9.57
40	17.4	7.03	26.11	10.54
41	18.72	7.72	28.07	11.59
42	20.04	8.51	30.05	12.76
43	21.53	9.45	32.3	14.18
44	23.06	10.46	34.59	15.68
45	24.7	11.59	37.05	17.4
46	26.43	12.82	39.65	19.24
47	28.21	14.2	42.3	21.31
48	30.1	15.66	45.15	23.51
49	31.99	17.28	47.98	25.92
50	34.01	18.96	51.02	28.45
51	35.98	20.75	53.97	31.12
52	37.97	22.59	56.98	33.88
53	39.84	24.48	59.75	36.72
54	41.01	26.27	61.52	39.4
55	41.79	26.37	62.68	39.57
56	42.24	27.59	63.36	41.38
57	41.17	28.47	61.76	42.7
58	41.38	28.78	62.07	43.17
59	41.39	28.41	62.1	42.61
60	39.43	27	59.14	40.51
61	36.05	24.35	54.08	36.54
62	30.71	19.95	46.07	29.94
63	25.59	15.44	38.4	23.16
64	13.54	4.88	20.31	7.33
65	13.54	4.84	20.31	7.33

Note: Age Next Birthday is determined as at the later of 1 July each year and the date a person first become insured. If your age is incorrectly stated, an adjustment to your insured benefit or premiums may be made in accordance with the terms of the Policy.

Occupational Loading

Occupation	Loading
Professional	-25%
White Collar	0%
Light Blue Collar	55%
Heavy Blue Collar	120%

For occupations other than White Collar, the premium is the sum of the standard premium and the amount calculated on the basis of the occupation loading shown above. The Insurer has confirmed that the above premium rates are fixed up to 30 June 2013. Notification of any increase in premium rates will be provided to you at least 30 days in advance.

Other important information relating to insurance cover available through the Plan

Changing Your Insurance Benefits

You have the flexibility to suit your changing insurance requirements over time. Accordingly, you can request changes to your Death Only, Death and TPD insurance benefits or Income Protection benefits (increases, decreases or cancellation of cover) by completing a Change of Member Details Form. This form is available from the Member Administrator. You may apply to alter your cover selection at any time. An application for any increased cover will be subject to the Insurer's requirements for evidence of health and you will be notified of the information that is required.

Any variations requested will take place as soon as possible and, for increased cover, will be effective from the date the increase is accepted by the Insurer (subject to premiums being paid, as agreed).

Changes in insurance benefits are confirmed in writing. Information about your insurance is also provided in your annual Member Statement.

World Wide Cover

Once issued, insurance cover is provided for worldwide residence and travel 24 hours a day, subject to any termination of cover events specified in this Booklet and terms and conditions that the Insurer may apply at the time of acceptance.

Your Duty of Disclosure

You are required to disclose every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk and terms to insure you. These matters must be disclosed before you enter, renew, vary, reinstate or extend your insurance.

However, this duty does not require you to disclose information:

- Which reduces the risk to the Insurer; or
- Which is of common knowledge; or
- Which the Insurer knows or ought to know in the ordinary course of its business; or
- Where the Insurer waives your duty.

Non-Disclosure

If you fail to comply with your duty of disclosure and the Insurer would not have provided insurance cover on any terms if the failure had not occurred, the Insurer may void the cover within three years of commencement. If your non-disclosure is fraudulent, the Insurer may void the insurance cover from its inception at any time.

An Insurer who is entitled to void life insurance cover may, within three years of cover commencing, elect not to void 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.

Continuation Option

A Member who is insured under this Plan and who ceases to be a member of the Plan for reasons other than fraud or misrepresentation may, within 60 days after ceasing to be a Member exercise a continuation option under the Policy and thus continue existing insurance cover under an individual insurance policy directly with the Insurer (not via the Plan). The terms and conditions of the individual insurance policy (including insurance premiums) may be different.

Note that your application must be in writing and received within 60 days of you ceasing to be a Member. You must also satisfy any conditions determined and notified by the Insurer. Upon receiving notice that you wish to exercise the continuation option, the Member Administrator will forward a Continuation Option Request Form to you.

Payment of Benefits

The Insurer must be informed of a Member's disability within 14 days or as soon as thereafter possible. The Insurer will provide the necessary forms for completion within 30 days. If the Insurer admits the claim it will be paid to the Trustee. The Trustee will then arrange for payment to the Member (provided superannuation legislation allows).

Restrictions on Insured Benefits and Cover – Death, TPD & Income Protection

Depending on the health or other evidence provided (eg. date of birth), the Insurer may choose to restrict the amount of insured benefits. This means that your Death and/or TPD and/or Income Protection benefit insured amounts may be reduced. Additionally, the Policy may, from time to time, provide restrictions for circumstances in which insured benefits are payable. You will be notified of any limits or restrictions on benefits, where applicable.

Please note that the Trustee can only pay an insured benefit if the conditions described above are satisfied and the payment of the benefit is permitted under superannuation legislation.

Privacy – Use and Disclosure of Personal Information Provided to the Insurer

The privacy of your personal information is important to you and also to the Insurer. The Trustee will only collect information about you and your immediate family background as is necessary for the purposes of assessing your application for insurance, any claim you may make under the Policy and for managing your insurance cover. This includes information about health, financial situation, occupation and lifestyle.

If the information you give the Insurer is not complete or accurate the Insurer may not be able to provide you with the products and services you have applied for. The Insurer may need to disclose your personal information to other parties such as re-insurers, medical and financial professionals, judicial or dispute resolution bodies.

You are entitled to request reasonable access to information the Insurer has about you. The Insurer reserves the right to charge an administration fee for collating the information you request. For more information about our Privacy Policy, see the Management of the Plan section of the PDS.

What is paid to the Promoter and Your Financial Adviser in Respect of Insurance Premiums?

The Insurer pays a fee of up to 25% of the premiums to the Promoter for the management of the insurance facility of the Plan under an arrangement between the Insurer and the Promoter. The fee is included in the premium rates (it is not an additional fee). The Promoter may pay some of the fee to your Financial Adviser.

Important Notes about Insurance

The significant terms and conditions of the insurance benefits provided to Members of the Plan have been summarised in this Booklet.

Each of the insurance benefit terms and conditions detailed in this Booklet remain subject to the Policy issued to the Trustee by the Insurer, the Trust Deed and superannuation legislation. In the event of the Policy being terminated by either the Trustee or Insurer in accordance with the terms of the Policy, any existing insurance cover will cease. You will be notified as soon as possible if this is the case. Also, the disability definitions and conditions relating to the required medical evidence may vary depending on the Policy at the time.

If a claim for benefits is admitted by the Trustee, the benefit payment will be made in accordance with the Trust Deed and relevant superannuation laws.

The Trustee, despite being the owner of the Policy, does not guarantee the payment of an insured benefit or the performance of the Insurer.

How to apply for insurance benefits

To apply for insurance cover you must complete the Insurance application in Appendix A and Short Form Underwriting Statement in Appendix B of this 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.

You can request a premium quotation from the Member Administrator to help you calculate the amount of benefit and premium based on your age and occupation.

For the Member Administrator's contact details, please refer to page 2 of this Booklet.

APPENDIX A – INSURANCE APPLICATION

The Trust Company (Superannuation) Limited (AFSL 235153) (RSE Licence No. L0000635).

Mail to
Powerwrap Limited
P O Box 16071
Collins Street West, Vic, 8007
Phone 03 8681 4600

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:

APPENDIX B – SHORT FORM UNDERWRITING STATEMENT

The Trust Company (Superannuation) Limited (AFSL 235153) (RSE Licence No. L0000635).

Mail to
Powerwrap Limited
P O Box 16071
Collins Street West, Vic, 8007
Phone 03 8681 4600

At the date of Application:

a. Do you permanently reside in Australia? Yes No

b. Height in centimetres Weight in Kilograms

c. Have you smoked any tobacco or any other substance in the last twelve months? Yes No

If Yes, state form and quantity in the box below:

d. Do you intend to work, live or travel overseas? Yes 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)? Yes 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)? Yes No

3. Do you drink more than 20 standard drinks per week? Yes 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? Yes 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? Yes 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? Yes No

7. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: Yes No

- 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: Yes No

- 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)? Yes No

10. Has any insurance held or applied for by you, ever been declined, withdrawn or modified in any way? Yes No

11. Are you aged 55 or over? Yes 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? Yes 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

APPENDIX B – SHORT FORM UNDERWRITING STATEMENT

The Trust Company (Superannuation) Limited (AFSL 235153) (RSE Licence No. L0000635).

Mail to
Powerwrap Limited
P O Box 16071
Collins Street West, Vic, 8007
Phone 03 8681 4600

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:

