

{ ADVANCE }

Personal **Protection** *Package*

Specimen copy of the Master Policy

Salary Continuance for Superannuation Accounts



ADVANCE
A member of the St. George Group

Asgard Capital Management Limited
ABN 92 009 279 592 AFSL 240695
is the Trustee and Administrator
and is the owner of this Master Policy
for insurance with PrefSure Life Limited
ABN 20 000 017 194 AFSL 239632.

The insurance is issued by PrefSure
Life Limited and administered by Asgard.

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Salary Continuance for Superannuation Accounts

POLICY TERMS

This Master Policy is a comprehensive insurance Policy that must be read in conjunction with the Life Insured's Policy Information Statement. The Statement contains the individual details of the Life Insured's cover. The terms of Salary Continuance are set out within this document which the Life Insured should read carefully and keep for their records.

This Policy sets out the entire contract between PrefSure Life Limited and the Trustee and consists of:

- the terms and conditions set out herein;
- any statement relevant to the Policy completed in respect of any Life Insured; and
- any further amendments or endorsements made pursuant to the Policy.

The Master Policy number is GR599-SC.

1.0 INTRODUCTION

1.1 PARTIES TO THE POLICY

We/us/our/the Insurer means PrefSure Life Limited (ABN 20 000 017 194). PrefSure Life Limited are registered to carry on life insurance business and are the Insurer of this Policy.

The Trustee/Administrator means Asgard Capital Management Ltd (ABN 92 009 279 592).

They/them/their means the Life Insured.

In order to be effective, any notice given by the Trustee pursuant to this Policy must be given in English, in writing and posted, sent by facsimile or delivered to our head office. Any notice given to the Trustee by us shall be effective if given in writing and posted, sent by facsimile or delivered to the head office address of the Trustee.

1.2 COVER

Advance Salary Continuance provides a monthly benefit if the Life Insured suffers a Sickness or Injury and cannot work. We will pay this benefit if Sickness or Injury occur during the period of cover.

1.3 POLICY PERIOD

This Policy shall commence on the Date of Insurance and shall remain in force until it is terminated in accordance with Clause 7.

1.4 HOW TO INTERPRET THIS POLICY

Headings

Headings have been used in this Policy for ease of reference only and are not intended to form part of the text.

References

Except where the context otherwise indicates or requires:

- words importing the singular or plural number shall include the plural and singular numbers respectively
- a reference to any statute or regulation made pursuant to a statute shall include all amendments, consolidations or statutory re-enactments thereof
- a reference to a 'month' shall mean a calendar month and a reference to a 'year' shall mean a calendar year
- a reference to a 'person' includes a corporation.

1.5 AUSTRALIAN LAW

This Policy shall be subject to the laws of the Commonwealth of Australia and the State of New South Wales. All moneys payable under it shall be payable only in Australian currency.

2.0 BENEFITS

This cover will commence when we notify the Trustee that we have accepted the Life Insured for cover or when the Trustee receives the Life Insured's acceptance of an offer to cover them subject to Special Terms.

2.1 TOTAL DISABILITY BENEFIT

If the Life Insured is Totally Disabled after the expiry of the Waiting Period, we will pay the Total Disability Benefit.

Totally Disabled means that because of Sickness or Injury, the Life insured is:

- unable to perform at least one important income producing duty of their regular occupation; and
- not currently working in any gainful occupation; and
- under the care and following the advice of a medical practitioner.

The Total Disability Benefit will be paid monthly in arrears and will end when the Life Insured:

- is no longer Totally Disabled; or
- reaches the end of the Benefit Period; or
- reaches the Cover Expiry Date; or
- dies.

Eligibility

To be eligible to receive the Total Disability Benefit, the Life Insured must be Totally Disabled for a minimum of 14 out of the first 19 consecutive days of the Waiting Period. The Life Insured may return to work for a total of five days or less during the 30 day Waiting Period (or 10 days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days spent at work will be added to the length of the selected Waiting Period.

Benefit Amount

The Monthly Benefit as specified on the Policy Information Statement will be paid for a maximum of 2 years.

Total Disability While Not Working

If the Life Insured has been unemployed or on maternity, paternity or long service leave for 12 months or more immediately preceding a claim, then Totally Disability means that because of Sickness or Injury, the Life Insured is:

- unable to perform any occupation for which the Life Insured is reasonably suited by education, training or experience; and
- following the advice of a medical practitioner; and
- not currently working in any gainful occupation.

If the Life Insured is on sabbatical leave, this will not be considered as unemployment.

2.2 PARTIAL DISABILITY BENEFIT

If the Life Insured is Partially Disabled after the expiry of the Waiting Period, we will pay the Partial Disability Benefit.

Partially Disabled means that due to Sickness or Injury the Life Insured is:

- only able to work in their own occupation in a reduced capacity, or is working in another occupation; and
- earning less than their pre-disability income; and
- following the advice of a medical practitioner.

The Partial Disability Benefit is paid monthly in arrears and will end when the Life Insured:

- is no longer Partially Disabled; or
- reaches the end of the Benefit Period; or
- reaches the Cover Expiry Date; or
- dies.

Eligibility

To be eligible to receive the Partial Disability Benefit, the Life Insured must be Totally Disabled for at least 14 out of the first 19 consecutive days during the Waiting Period. The Life Insured may return to work for a total of five days or less during the 30 day Waiting Period (or 10 days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days spent at work will be added to the length of the selected Waiting Period.

Benefit Amount

The Partial Disability Benefit will be paid according to the following formula:

$$\frac{A - B}{A} \times \text{Monthly Benefit}$$

where:

A = The Life Insured's Pre-Disability Income

B = The Life Insured's Monthly Income for the month in which Partial Disability is claimed.

If the Life Insured becomes Totally Disabled due to the same or a related Sickness or Injury in respect of which the Partial Disability Benefit is payable, whilst the Partial Disability benefit is payable, we will pay the Total Disability Benefit instead.

If work is not available to the Life Insured because of their Sickness or Injury, but they are able to perform an important income producing duty of their regular occupation to earn income, we will make a reasonable estimate of the Life Insured's Monthly Income when we calculate the benefit.

When calculating the benefit, we take into account the loss of earnings if work is not available or the Life Insured is on leave without pay, medical advice and any other factors we consider to have a bearing on what the Life Insured could reasonably expect to earn if working.

Partial Disability While Not Working

If the Life Insured becomes unemployed or goes on leave without pay while a Partial Disability Benefit is payable, then Partial Disability means that, because of Sickness or Injury:

- the Life Insured is not Totally Disabled and is only capable of working in their own occupation in a reduced capacity, or working in another occupation; and
- the Life Insured's Monthly Income would be less than their Pre-Disability Income; and
- the Life Insured is following the advice of a medical practitioner.

The maximum Partial Disability benefit for a Life Insured will be 60% of the Monthly Benefit.

2.3 RECURRENT DISABILITY BENEFIT

If the Life Insured suffers a recurrence of the same or a related Sickness or Injury within six months of a previous claim for a Disability, we will treat it as a continuation of the original claim. The Waiting Period will be waived and benefits will start to accrue immediately.

2.4 WAIVER OF PREMIUM

If the Life Insured is Totally or Partially Disabled after expiry of the Waiting Period, the premiums paid during that period will be refunded and we will continue to waive the premiums until they are no longer disabled. Premium payments will recommence from the date disablement ceases.

2.5 BENEFIT REDUCTIONS

If, due to their Disability, the Life Insured is entitled to any other income which exceeds 10% of their Pre-Disability Income, we will reduce the Disability Benefit that we must pay the Life Insured by the amount they have received.

Such disability income may include:

- any sick leave entitlements;
- any payments resulting from a workers' compensation or motor accident claim or any claim the Life Insured makes under any state or Federal legislation;
- benefits from any other insurance that provides income payments due to Sickness or Injury. This applies only if it was not disclosed to us when the Life Insured applied for this cover or when the Life Insured last applied for an increase in cover.

Any payment in the form of a lump sum or that is exchanged for a lump sum will be treated as having a monthly equivalent of 1/60th of the lump sum over a period of 60 months.

The reduction in the amount of a Disability Benefit will only be made to the extent that:

- a Total Disability Benefit, when combined with any other payment or Monthly Income while totally or partially disabled, exceeds the greater of either 75% of the Life Insured's Pre-Disability Income or the Monthly Benefit;
- a Partial Disability Benefit, when combined with the Life Insured's Monthly Income and any other payment, exceeds 100% of the Life Insured's Pre-Disability Income.

A reduction will not be made to the amount of a Disability Benefit if the other payment received is:

- a lump sum (or part of a lump sum) paid as compensation for pain and suffering, or the loss of use of a part of the body
- a lump sum Total & Permanent Disablement benefit.

If the estimate of the Life Insured's income at time of application for cover (or an increase in cover) was not true and correct, then we may:

- reduce the amount of the Monthly Benefit to a level that does not exceed 75% of the Life Insured's Pre-Disability Income when combined with other Disability payments
- treat the cover as null and void if the true income of the Life Insured was so low that we would not normally consider covering them under this Policy.

If the Life Insured's Disability Benefit is reduced because of a benefit offset, a part of the premium paid to us in the last 12 months will be refunded in proportion to the reduction of the benefit.

2.6 WORLDWIDE COVER

Subject to any terms and conditions noted on the Policy Information Statement:

- cover is provided worldwide, 24 hours a day
- we may require the Life Insured to return to Australia at his or her own expense for assessment in the event of a claim.

Cover is not available for a Life Insured who is not a permanent Australian resident unless we agree in writing before the Life Insured leaves Australia.

2.7 EXCLUSIONS

The Salary Continuance benefit will not be payable if the claim arises in connection with:

- war or an act of war (whether or not declared)
- any intentional self-inflicted injury or any attempt at suicide
- normal and uncomplicated pregnancy or childbirth, including:
 - multiple pregnancy
 - threatened miscarriage
 - participation in an IVF or similar program
 - conditions commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, bladder problems or post-natal depression.

It is against the law for us to make certain payments because of the Health Insurance Act 1973 (Cwlth) and the National Health Act 1953 (Cwlth). We will not make a payment if the payment would cause us to infringe either of these Acts.

We are not liable to pay a Benefit, or an approved increase in the Monthly Benefit, in connection with a condition which first occurred before the cover or increase came into effect unless:

- the Life Insured was unaware and could not reasonably have been aware of the condition before the cover or increase came into effect
- the condition was disclosed to us before the Life Insured's cover or increase in cover came into effect and we have not excluded cover for it.

2.8 INTERIM ACCIDENT BENEFIT

The Interim Accident Benefit provides the Life Insured with cover for Total or Partial Disability as a result of an accidental injury, whilst the Life Insured's application is being processed.

The Life Insured must be Disabled for longer than the waiting period to qualify for this benefit.

Benefit Amount

The amount of the benefit paid equals the Salary Continuance Benefit you applied for, subject to a maximum of \$10,000 per month. Partial Disability claims will be paid using the Partial Disability Benefit formula.

No further benefits will be payable once an Interim Accident Benefit is paid. All benefits will only be paid if we would have accepted the application.

When does the Interim Accident Benefit start?

Cover begins for the Interim Accident Benefit when the Trustee receives:

- an application completed on behalf of any Life Insured; or
- an application for an increase in the Monthly Benefit completed on behalf of a Life Insured.

When does the Interim Accident Benefit end?

Cover for the Interim Accident Benefit ceases to have effect when the first of the following occurs:

- 90 days after the Trustee receives the application
- the date the Salary Continuance cover is accepted by us
- the date Special Terms are accepted by the Life Insured in writing
- the date increased cover comes into force
- cover is cancelled due to misrepresentation or non-disclosure
- the date we decline the application
- the date of cancellation or withdrawal of the application
- the Master Policy is terminated.

3.0 MONTHLY BENEFIT CHANGES

3.1 INCREASING THE MONTHLY BENEFIT

The Life Insured may choose to increase the Monthly Benefit under this policy. They can do this by completing an application for an increase in the Monthly Benefit. We may seek further underwriting information if this increase requires us to do so.

An increase in the Monthly Benefit applies with effect from the date:

- we accept the increased Monthly Benefit; or
- the Life Insured accepts, in writing, Special Terms offered in respect of the increase in Monthly Benefit.

3.2 AUTOMATIC INDEXATION OF COVER

Unless otherwise specified, on each Anniversary of the Commencement Date of Insurance we will index the Life Insured's cover. It will be automatically indexed each year by a minimum of 3% or the Indexation Factor (whichever is greater) to a maximum of 7.5%. The premium will increase accordingly.

This increase will be calculated on the Anniversary of the Commencement Date of Insurance. If the Life Insured does not want the cover to be increased, they must notify the Trustee in writing within 30 days of the date of indexation notification. All future indexation increases will be automatic (unless the Life Insured specifies otherwise) at each Anniversary of the Commencement Date of Insurance.

Any exclusion, additional premium or other special condition previously advised by us as applying to the Life Insured will also apply to the increased cover.

4.0 PREMIUMS

4.1 PREMIUM PAYMENTS

Premiums are payable monthly in advance through a Superannuation Account.

Premiums are payable by the Trustee to us on the first day of the second week of the month immediately following the Date of Insurance and monthly thereafter, or on such other dates as may be agreed in writing between the Trustee and us.

4.2 LATE PAYMENT

We will allow 30 days from the Premium Due Date for the premium to be paid. Cover remains in force during this time, however any unpaid premium after this date will cause the cover to lapse. Any benefit payable during a time where a premium is due may be reduced by the unpaid premium amount.

4.3 PREMIUM RATES

Premiums are based on a set of rates that relate to a particular benefit and risk group, taking into consideration the cost of setting up and administering the cover. Generally, the cost of cover increases as the Life Insured gets older. This cost will depend on the Life Insured's:

- Monthly Benefit
- age next birthday
- gender
- health, as specified in any Special Terms detailed in the Policy Information Statement
- nominated optional benefits
- status as a Smoker or Non-smoker*
- occupation.

* A Non-smoker declaration must be completed to obtain a discounted rate for being a Non-smoker.

4.4 ADMINISTRATION FEE

The current administration fee is \$4.10 (including GST) per member per month (included in the monthly premium stated on the Life Insured's Policy Information Statement). The Life Insured will be given 90 days notice of any changes to the administration fee.

4.5 REINSTATEMENT

If the Life Insured's cover terminates due to an unpaid premium, they may elect to reinstate the cover within 12 months of the Premium Due Date subject to the following conditions:

- we may require underwriting evidence relevant to the reinstatement of cover
- if accepted, cover will only commence from the date of reinstatement
- we may impose conditions for the reinstated cover.

4.6 PREMIUM RATE GUARANTEE

- We cannot, without the Trustee's agreement, increase the premium rates charged under this Policy within one (1) year of the Date of Insurance.
- After the expiry of this one (1) year period, we may vary the premiums charged under this Policy.
- 90 days notice will be given to the Trustee before any premium variations are due to take place.
- We can increase premiums, with immediate effect, to reflect new or changed government levies and taxes.

5.0 CLAIMS

5.1 NOTIFICATION OF CLAIM

- The Life Insured must notify the Trustee within 30 days of any event which is likely to give rise to a claim. If it is not possible to notify the Trustee within this time, then the Life Insured must do so as soon as reasonably possible.
- Once notified, the Trustee will provide the relevant forms for the Life Insured to complete and will notify us in writing of the potential claim.
- The Life Insured must fully complete and return the claim form to the Trustee within 30 days of the event, together with such other information and documentation that we may require in order to consider the claim.

5.2 OUR REQUIREMENTS

- The Life Insured and their attending medical practitioner must complete the claim form and return it to us.
- The age of the Life Insured must be proven before any benefit will be paid.
- We must be provided with all relevant information including treating doctors' reports or any other documents that we may reasonably require. This evidence shall be provided at no expense to us.
- We may ask the Life Insured to provide us, at their own expense with any additional information that we consider necessary to properly assess the claim and satisfy ourselves of our liability to pay any Benefit. This may include an examination of the Life Insured's financial records and tax returns. If the Life Insured is self-employed, a working director or a partner in a partnership, we may also examine the accounting records of the business or practice if we consider this necessary to assess the claim.
- Payment of a benefit is subject to the Life Insured undergoing any medical examination (by a medical practitioner of our choice) or other examination which we consider necessary, at our expense.

- We may also require the Life Insured to provide us with an authority to obtain further medical information in connection with a claim.
- We are not responsible to see to the application of payments which we have made to the Trustee or which we have made in accordance with the Trustee's instructions.

5.3 BENEFIT PAYMENTS

- All benefits are payable in Australian dollars and are paid monthly in arrears from the expiration of the Waiting Period unless otherwise stated.
- Ongoing claimants will be issued with a Progress Certificate. The Life Insured and their attending medical practitioner must complete this certificate and return it to us.
- Medical reports, proof of earnings and substantiation of any business expenses claimed may also be required from time to time.

6.0 WHEN COVER CEASES

Cover will terminate on the occurrence of the earliest of the following:

- the Life Insured ceases to be a member of the plan
- the Anniversary of the Commencement Date of Insurance preceding the Life Insured's 65th birthday
- the cover lapses due to non-payment of a premium
- the Life Insured permanently retires from the workforce, except when this is a direct result of a Disability
- we terminate cover due to misrepresentation or non-disclosure
- we receive a notice from the Trustee to the effect that they wish insurance to terminate for that Life Insured
- the Life Insured ceases to be a member of a Superannuation Account
- the Master Policy is terminated
- the Life Insured dies.

7.0 TERMINATION AND VARIATION OF THE MASTER POLICY

7.1 TERMINATION OF THE POLICY

This Policy will terminate:

- if the Superannuation Accounts cease to be a 'complying superannuation fund' as defined in the Superannuation Industry (Supervision) Act 1993 (Cwlth); or
- after the expiration of 90 days notice by the Trustee that it wishes to terminate the Policy; or
- after the payment of the final Benefit for the last Life Insured;

or if the Trustee or we:

- agree in writing that this Policy will terminate; or
- have a receiver and manager appointed in respect of any part of our respective property; or
- have an administrator or liquidator appointed; or
- stop payment to, or make any composition for, our appointed creditors; or
- commit a serious breach or default of any of the provisions of this Policy on our appointed parts to be performed or observed which has not been remedied within 90 days after written notice of such breach or default being given.

7.2 VARIATION OF THE POLICY

The terms and conditions of this Policy may be varied from time to time by agreement in writing between the Trustee and us. The Policy may not be varied to the extent that it would prevent the Policy from being treated as life insurance business under the Life Insurance Act 1995 (or any legislation that replaces it).

8.0 IMPORTANT DEFINITIONS

Acceptance Date

The date that the Insurer accepts the Life Insured for cover.

Anniversary of the Commencement Date of Insurance

The date on which an annual review of the Life Insured's cover will take place and from which their premiums are calculated. The Anniversary of the Commencement Date of Insurance will fall at 12-monthly intervals from the Commencement Date of Insurance shown in the Policy Information Statement.

Benefit Period

The Benefit Period is shown in the Policy Information Statement and is the longest period over which a Disability Benefit will be paid for any one continuous period of Disability. A new Benefit Period starts from the end of each Waiting Period and will continue for no longer than two years.

Commencement Date of Insurance

The date, shown on the Policy Information Statement, from which a Life Insured's cover will become effective. It will be no earlier than the date:

- we notify the Trustee that we have accepted the Life Insured for the cover; or
- the Trustee receives the Life Insured's acceptance of an offer to cover the Life Insured subject to Special Terms.

Cover Expiry Date

The Anniversary of the Commencement Date of Insurance preceding the Life Insured's 65th birthday. This date is shown in the Policy Information Statement and is the date when cover under this Policy ends.

Date of Insurance

17 May 2006

Disability

Means Total Disability or Partial Disability.

Indexation Factor

The most recent change in the Consumer Price Index (all groups – Eight Capital Cities combined) published by the Australian Bureau of Statistics. If no Consumer Price Index is published, we will use another index that we consider appropriate.

Injury

An accidental injury caused by an event external to the body, occurring while cover is in force.

Life Insured

The person to whom Salary Continuance Benefits are payable. The Life Insured's name appears on the Policy Information Statement.

Medical Practitioner

A legally qualified medical practitioner who must be registered in Australia or have qualifications equivalent to Australian standards, other than the Life Insured, an immediate family member or business partner.

Monthly Benefit

The amount shown in the Policy Information Statement as increased or decreased in accordance with the conditions of this Policy but can never be more than 75% of the Life Insured's Pre-Disability Income.

Where benefits are payable for part of a month, the Monthly Benefit is multiplied by 12 and divided by 365 to arrive at a daily benefit.

This Benefit will not be reduced below the Monthly Benefit agreed by us at time of application unless the Life Insured misrepresents information, or the Life Insured fails to comply with the Life Insured's duty of disclosure.

Monthly Income

The Life Insured's Monthly Income is the total value of remuneration paid by their employer including salary, fees, fringe benefits and bonuses, commission and regular overtime.

If the Life Insured is self-employed, a working director or partner in a partnership, the Life Insured's Monthly Income is the income generated by the business or practice directly due to the Life Insured's personal exertion or activities, less the Life Insured's share of necessarily incurred business expenses.

While a Life Insured is Disabled, Monthly Income will include any income that, in our opinion, the Life Insured could reasonably be expected to earn in his or her own occupation.

Non-smoker

A person who has not smoked any tobacco or any other substance in the preceding 12-month period.

Occupation Group

The Life Insured's Occupation Group is the group that their occupation falls into according to our standard occupational categories. The Life Insured's Occupation Group at the time cover was obtained is shown in the Policy Information Statement.

Policy Information Statement

The Policy Information Statement contains the individual details of the Life Insured's cover and must be read in conjunction with these policy conditions.

Pre-Disability Income

The Life Insured's Pre-Disability income is the greater of the following amounts:

- the Life Insured's highest average Monthly Income in any consecutive 12 month period in the three years immediately before the Life Insured's most recent period of Disability
- the average Monthly income the Life Insured received during the 12 months before applying for cover.

If the Life Insured continues to receive benefits for more than 12 months, this figure will be increased by the Indexation Factor every 12 months on the anniversary of the date that benefits started. If there is an indexed increase, the most recent indexed amount will be the minimum Pre-Disability Income for future claims.

Premium

The Premium specified in the Policy Information Statement, which includes the premiums for the Benefits attached to this cover, the administration fee, any frequency charge and Government charges.

Premium Due Date

Premiums are paid in monthly instalments. The date that the instalment is due to be paid is the Premium Due Date.

Sickness

An illness or disease that becomes apparent while cover is in force.

Special Terms

Contractual terms we may impose in relation to the cover of a Life Insured which may include any restrictions on the cover, exclusions, or different rates of premium we may impose according to our underwriting practices. Any offer we make to accept a Life Insured for cover subject to Special Terms, will be deemed to be accepted only when the Life Insured accepts the Special Terms in writing.

Superannuation Account

Any superannuation fund or account which the Trustee and the Insurer agree is covered by this Master Policy.

Waiting Period

The period set out in the Policy Information Statement that the Life Insured has to be Totally Disabled before qualifying for a Disability benefit.

The Waiting Period begins on the date:

- that the Life Insured first consults a Medical Practitioner about the Sickness or Injury that is causing the Disability; or
- when the Life Insured first ceases to work due to the condition that is causing the Disability, as long as it is not more than seven days before they first consulted a medical practitioner about that condition and provided reasonable medical evidence about when the Disability began.

9.0 GENERAL CONDITIONS

9.1 NON-DISCLOSURE AND MISREPRESENTATION

If a Life Insured fails to disclose anything the law obliges them to disclose before their Acceptance Date, or they misrepresent the risk, we may take certain action in relation to their cover, if the law permits.

Duty of Disclosure

Before the Life Insured enters into, or becomes insured under, a contract of insurance they have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that they know, or could reasonably be expected to know, which is relevant to the Insurer's decision to accept the risk of the insurance and, if so, on what terms.

The Life Insured has the same duty to disclose those matters to the Insurer before they extend, vary or reinstate a contract of insurance.

The Life Insured's 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 their Insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with their duty is expressly waived by the Insurer.

Non-Disclosure

If the Life Insured fails to comply with their 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 three years of entering into it. If their non-disclosure is fraudulent, the Insurer may avoid the contract 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 the Life Insured has been insured for in accordance with a formula that takes into account the premium that would have been payable if they had disclosed all relevant matters to the Insurer.

9.2 STATUTORY FUND

Premiums for all benefits outlined in this Policy will be placed in our No. 1 Statutory Fund and insurance claims will be paid from that fund.

This cover does not acquire a surrender value or cash-in value at any point.

9.3 COOLING-OFF PERIOD

The Life Insured has 28 days from the issue date of the Policy Information Statement to check that the cover meets their needs. This is known as the 'Cooling-off Period'. The Life Insured may cancel the cover within this period by notifying the Trustee in writing. The Trustee must notify us of the decision before any premiums received will be refunded and any cover cancelled with effect from the Commencement Date of Insurance.

9.4 GUARANTEED RENEWABLE

The Life Insured's cover under this Policy will remain in force until cover ceases in accordance with clause 6, provided the premiums are paid within 30 days of the Premium Due Date. We cannot cancel or place any further restrictions on the cover presently provided by this Policy as a result of the number of claims made, or any change in the Life Insured's state of health, occupation or pastimes.

Cover can be cancelled for the reasons explained in this Master Policy document.

9.5 CONDITION PRECEDENT

So far as the context will permit, all the terms of this Policy which require performance by the Trustee or Life Insured shall be conditions precedent to our liability to pay the benefits set out in the Policy. Our obligations under this Policy are also subject to the Trustee and the Life Insured each abiding by the conditions of this Policy which apply to them.

9.6 ALTERATIONS AND VARIATIONS

No change to this Policy shall be valid unless made in writing and approved by one of our authorised officers. No adviser, broker or other person can change this Policy.

9.6.1 Changes in the Law

We may vary any of the terms and conditions of this Policy immediately if there is a material change to the law and, as a result:

- it becomes impossible or impractical to carry out our obligations under the Policy; or
- the basis of taxation relating to policies of this nature are changed; or
- government levies or charges not applicable to policies of this nature at the Date of Insurance are imposed or if applicable at that date are changed; or
- the provisions of the Policy would otherwise become inconsistent with the law.

We may only vary the terms and conditions of this Policy to the extent that the Policy will comply with material changes to the law.

The condition does not apply to the extent that it would prevent the Policy from being treated as life insurance business under the Life Insurance Act 1995 (or any legislation that replaces it).

9.6.2 Guarantee Period

Unless there are changes in the law, we may not vary the terms of this Policy without the express agreement of the Trustee at any time up to the third anniversary of the Date of Insurance.

9.6.3 Our Right to Vary the Conditions

Subject to changes in the law and/or premium rate changes, after the third anniversary of the Date of Insurance, we may vary any of the terms and conditions of this Policy subject to giving six months notice of the variation to the Trustee. No variation in any of the terms of this Policy may be made which would enable us to refuse to:

- renew this Policy; or
- renew the insurance of a Life Insured.

9.7 CUSTOMER CONCERNS

If the Life Insured has any enquiries or complaints concerning their insurance cover, they may contact:

Advance Investor Services on 1800 819 935

Alternatively, the Life Insured may make a written complaint to the Advance Investor Services Team:

**GPO Box B87, Perth WA 6838 or
investor.services@advance.com.au**

The Trustee will endeavour to resolve the Life Insured's complaint within 45 days. The Life Insured will be notified in writing of a decision concerning their complaint. In the unlikely event that the Life Insured's complaint is not resolved to their satisfaction within 90 days, the Life Insured may contact the Superannuation Complaints Tribunal.

The Superannuation Complaints Tribunal is an independent body set up by the Federal Government to provide a service to consider complaints about the decisions of trustees which may be unfair or unreasonable.

Before the Tribunal has jurisdiction to deal with the matter, it must be satisfied that the complaint was previously made to an appropriate person under the internal enquiries and complaints procedures.

The Life Insured can contact the Tribunal on **1300 780 808**. (for the cost of a local call) from anywhere in Australia.

DIRECTORY

Advance Investor Services

1800 819 935

Fax

(08) 9481 4318

Correspondence and enquiries

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