

# SMSF Master Insurance Plan

## Product Disclosure Statement



**Policy Owner:** Australian Group Insurances Pty Ltd (AGI) ABN 97 140 572 434 AFSL 379565

**Issue Date:** 15 July 2013

**Issued by:** AIA Australia Limited, ABN 79 004 837 861 AFSL 230043



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# Important Information

## SMSF MASTER INSURANCE PLAN MEMBER PRODUCT DISCLOSURE STATEMENT

This Product Disclosure Statement (PDS) is for members of Self Managed Superannuation Funds (SMSFs) who join the SMSF Master Insurance Plan (Plan).

This PDS describes the main features and benefits available under this Plan.

### Who issues the Product Disclosure Statement?

AIA Australia Limited is the issuer of the PDS and takes responsibility for its content. Throughout the PDS, AIA Australia Limited may be referred to as 'AIA Australia', the 'Insurer', 'we', 'us' or 'our'.

The Policy covering Death, Total & Permanent Disablement (TPD) and Income Protection (IP) is issued to Australian Group Insurances Pty Ltd (AGI), (ABN 97 140 572 434, AFSL 379565) as Policy Owner of the SMSF Master Insurance Plan. AGI is located at Level 5a, 201 Kent Street, Sydney, Australia, 2000.

This Policy is only available to persons receiving the offer and making an application in Australia. It is not an offer, invitation or recommendation by AIA Australia to purchase this Policy in any other jurisdiction. Applications from outside Australia will not be accepted. AIA Australia is also not bound to accept any application.

This document should be read before making a decision to acquire any insurance cover. It is intended to help you decide whether the Policy will meet your needs and to compare the content with other products you may be considering. This PDS has been prepared with the intention of providing you with important information about the product. Any financial product advice contained in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making a decision, you should consider the appropriateness of the SMSF Master Insurance Plan, having regard to your objectives, financial situation or needs.

Information in this PDS may change from time to time. Where changes are materially adverse, or otherwise required by law, we will replace this PDS or issue a Supplementary PDS and give you notice as required or permitted by law. Changes that are not materially adverse will be updated and can be made available to you at [www.agigroup.com.au](http://www.agigroup.com.au). Anyone making the PDS available to another person must provide them with the entire electronic file or printout. You can also obtain a paper copy of the PDS on request without charge by emailing Australian Group Insurances Pty Ltd at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au).

AIA Australia Limited has a formal complaints procedure (see Section 8 for more information). All parties named in this PDS have consented to be named in the form and context in which they have been named and have not withdrawn their consent prior to the issue of the PDS.

### Policy Owner

Australian Group Insurances Pty Ltd (ABN 97 140 572 434, AFSL 379565)

### Insurer

AIA Australia Limited (ABN 79 004 837 861, AFSL 230043)

### Administrator

Australian Group Insurances Pty Ltd (ABN 97 140 572 434, AFSL 379565) will carry out the day to day management and administration of the Plan.

### Important terms used in this document

'Plan' means the SMSF Master Insurance Plan.

'Policy' means the master insurance policies issued by AIA Australia Limited to Australian Group Insurances Pty Ltd.

'AIA Australia' or 'Insurer' means AIA Australia Limited.

'We', 'us' and 'our' means AIA Australia Limited.

'You' and 'your' means the trustee of a SMSF or member of a SMSF who participates in the SMSF Master Insurance Plan.

Other terms used in this document are defined under Definitions in Section 9.

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# Section I – Overview of the SMSF Master Insurance Plan

## About the Product

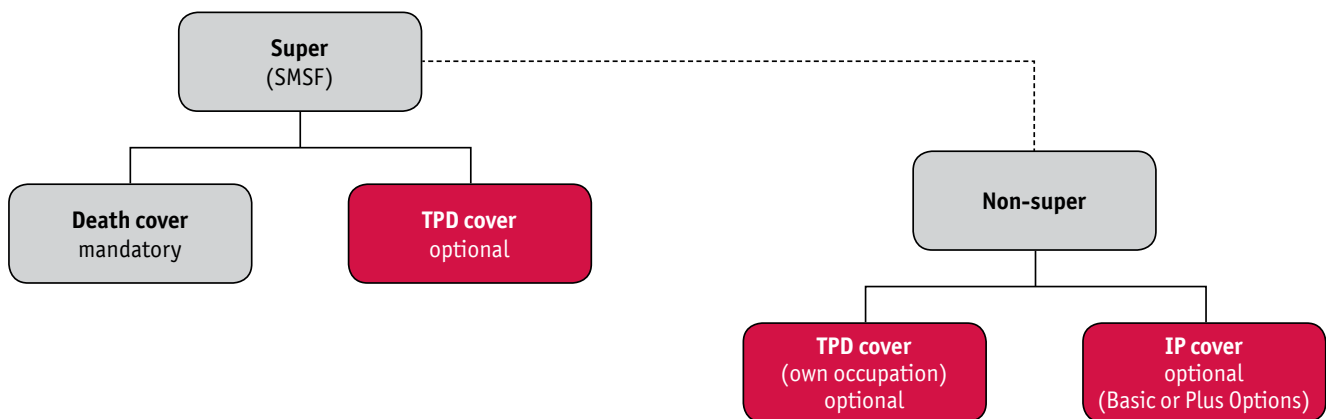
The SMSF Master Insurance Plan provides members of Self Managed Superannuation Funds (SMSF) with different insurance options to cater for their life insurance needs. With the SMSF Master Insurance Plan, SMSF members can access the benefits of a wholesale group insurance arrangement, including a simplified application process and competitive rates.

There are various types of cover available:

- 1 **Death cover** which must be held within the SMSF as a minimum requirement to obtain any other insurance cover.
- 2 **Total & Permanent Disablement (TPD) cover**
  - a) Available within the SMSF in conjunction with Death cover; or
  - b) Own occupation definition – available to limited types of occupations as a non-superannuation policy.
- 3 **Income Protection (IP) cover** which is available as a non-superannuation policy. IP Plus Options provides additional ancillary benefits.

### SMSF Master Insurance Plan

Tailoring cover to suit your needs



Cover is available to one or more members of the SMSF. Members are able to tailor the type and level of cover to suit their individual needs. Each member is required to complete and submit their own application, with the appropriate authority from the trustee of the SMSF. Each member wishing to obtain cover must apply for (or already hold) Death cover within their SMSF under the SMSF Master Insurance Plan in order to be eligible for other cover options. Details of all insurance options are described throughout this PDS.

Premiums for Death and TPD cover held within the SMSF are charged to the trustee and deducted from the SMSF bank account. Individual members are responsible for the payment of premiums for non-superannuation cover.

Cover is provided through superannuation and non-superannuation master insurance policies issued by AIA Australia Limited to Australian Group Insurances Pty Ltd (AGI) as Policy Owner and Administrator of the SMSF Master Insurance Plan.

In the event of claim, for cover issued under the superannuation policy, benefits are payable directly to the trustee of the SMSF. For cover insured under the non-superannuation policy, benefits are payable directly to individual members.

## Section 2 – Insurance cover at a glance

The following tables outline the different insurance options available to SMSF members inside and outside of superannuation including the benefits and features available.

### Death and Total & Permanent Disablement (TPD)

	Death	TPD
Superannuation policy	✓ *	✓
Non-superannuation policy	✗	✓
Benefits payable	Agreed lump sum in the event of death or Terminal Illness	Agreed lump sum in the event of Total & Permanent Disablement
<b>Eligibility</b>		
Entry age	15 – 64	15 – 64
Cover Expiry Age	80	70
Employment Status	Australian Citizen or resident or 457, 422 or 418 Visa holders	Australian Citizen or resident or 457, 422 or 418 Visa holders
Minimum Cover	\$50,000	\$50,000
Maximum Cover	Unlimited	\$3 million
<b>Benefits</b>		
Death Benefits	✓	✗
Terminal Illness Benefit	✓	✗
	100% of Death Cover	
Types of TPD benefits	✗	
• Standard Occupation		✓
• Own Occupation <sup>^</sup>		✓
• Home Duties		✓
• Activities of Daily Living (ADL)		✓
<b>Features</b>		
Life Stages Cover	✓	✓
Interim Accidental Cover	✓	✓
Individual Transfer option	✓	✓

\*As a minimum, the trustee of the SMSF is required to apply for Death cover or Death and TPD cover under the superannuation policy.

<sup>^</sup>Non-superannuation policy only.

## Income Protection (Non-superannuation only)

	Income Protection Basic	Income Protection Plus Options
<b>Eligibility</b>		
Entry age	15 – 64	15 – 64
Cover Expiry Age	65	65
Employment Status	Gainfully Employed working a minimum 15 hours per week Australian Citizen or Resident or 457, 422 or 418 Visa holders	Gainfully Employed working a minimum 15 hours per week Australian Citizen or Resident or 457, 422 or 418 Visa holders
Benefit Payable	Monthly Benefit payable if the insured person becomes disabled due to injury or sickness.	Monthly Benefit payable if the insured person becomes disabled due to injury or sickness.
Level of Cover	up to 84% of monthly Income (75% payable as a benefit plus up to 9% mandated superannuation contribution)	up to 84% of monthly Income (75% payable as a benefit plus up to 9% mandated superannuation contribution)
Minimum Cover	\$1,000 per month	\$1,000 per month
Maximum Cover	\$30,000 per month	\$30,000 per month
<b>Types of Cover</b>		
Choice of Waiting Periods	30, 60 or 90 days	30, 60 or 90 days
Choice of Benefit Periods	2 Years, 5 Years or To Age 65	2 Years, 5 Years or To Age 65
<b>Benefits</b>		
Total Disability Benefit	✓	✓
Partial Disability Benefit	✓	✓
Recurrent Disability Benefit	✓	✓
Waiver of Premium Benefit	✓	✓
Death Benefit	✓	✓
Claims Escalation Benefit	✓	✓
Rehabilitation Expenses	✓	✓
Rehabilitation Incentive Benefit	✓	✓
Specific Injuries Benefit	✗	✓
Trauma Benefit	✗	✓
Nursing Care Benefit	✗	✓
Accommodation Benefit	✗	✓
Family Care Benefit	✗	✓
Home Care Benefit	✗	✓
Overseas Assistance Benefit	✗	✓
<b>Features</b>		
Interim Accidental Cover	✓	✓
Individual Transfer option	✓	✓

## Section 3 – Death and Total & Permanent Disablement Cover

This section summarises the Policy terms and conditions and will provide you with an overview of the main benefits and features for Death and Total & Permanent Disablement (TPD) cover. If there is any inconsistency between the information in this PDS and the Policy, the terms and conditions of the Policy will prevail.

### Death Cover / Benefit

Death cover will pay a lump sum benefit to you if you die or are diagnosed with a Terminal Illness whilst you are an Insured Member under the Policy.

Members of the SMSF are required to hold Death cover as a minimum requirement in order to apply for any other type of cover outlined in this PDS.

If Death cover is held in conjunction with TPD cover within the superannuation policy, then your Death cover will be reduced by any TPD benefit that becomes payable under the Policy.

Any application for Death cover is subject to acceptance by the Insurer. Cover will commence from the date the Insurer accepts your application. Details of your cover including your Sum Insured will be stated on the Policy Insurance Certificate issued to you by AGI.

### Terminal Illness Benefit

Terminal Illness cover is automatically included with any Death cover. If you are diagnosed with a Terminal Illness before your insurance cover expires, the Insurer will pay a lump sum benefit equal to your Death cover if it is determined that you meet the definition of Terminal Illness under the Policy. Your Death cover will cease following payment of a Terminal Illness benefit.

### Total & Permanent Disablement Cover / Benefit

TPD cover will pay an agreed lump sum benefit to you in the event you become totally and permanently disabled.

You have the option of applying for TPD cover on the following basis:

- In conjunction with Death cover within superannuation. If a TPD benefit becomes payable, then your Death cover will be reduced by the amount of any TPD benefit paid.
- Stand alone non-superannuation TPD cover (Own Occupation only). If a TPD benefit becomes payable, any Death cover held separately under the superannuation policy will not be reduced by the amount of any TPD benefit paid.

#### TPD Definitions

The definition depends on your employment status at the time you cease work due to an injury or sickness.

- Standard Occupation\*
- Own Occupation\*

- Home Duties
- Activities of Daily Living (ADL)

\*For members working 15 hours or more per week.

You will be considered to be totally and permanently disabled if you satisfy the relevant TPD definition as determined by the Insurer. Different definitions of TPD will apply depending on whether you are performing full time Home Duties or the average number of hours you have worked in the three months immediately prior to disablement.

Refer to Section 9 Definitions of this PDS for full details of all applicable TPD definitions.

Any application for TPD cover is subject to acceptance by the Insurer. Cover will commence from the date the Insurer accepts your application. Details of your cover including your Sum Insured will be stated on the Policy Insurance Certificate issued to you by AGI.

### Life Stages Cover

You may apply for increases to your Death and/or TPD cover upon the occurrence of one of the following Life Stage events listed below without the usual requirement of providing health evidence:

- Marriage;
- Birth or adoption of a Child;
- Divorce;
- Child attaining 12 years of age;
- Attaining age 30; or
- Mortgage\*.

\* Effecting a mortgage on the purchase of a home or increasing an existing mortgage, for the purposes of building or renovation works, on your principal place of residence with a registered mortgage provider.

This is subject to the following conditions:

- you must be At Work on the date of your Life Stage application;
- the Life Stage event must be in relation to you and occurred whilst you are an Insured Member;
- relevant documentary proof of the event (e.g. Marriage Certificate, Birth/Adoption Certificate, Mortgage Documentation) must be provided to us for consideration within 60 days of the Life Stage event;
- any increase in insurance cover is limited to the lesser of 25% of your existing insurance cover and \$200,000;
- your existing insurance cover must have been accepted on standard terms and you have not previously been declined for life insurance cover with us or any other life insurance company;
- you must be under age 55 at the time of exercising this option;
- you must not have made a claim or be eligible to make a claim under this Policy, or any other insurance policy on your life at the time of exercising this option;

- a maximum of one increase is allowable in any 12 month period with a maximum of three increases under this Policy;
- a suicide exclusion will apply to any increase in cover for the first 13 months from the date the Insurer agrees to any increase in your insurance cover; and
- in respect of TPD cover, benefits are not payable for TPD which is caused wholly or partly by any deliberate self-inflicted injury/sickness or attempted suicide or self-destruction while either sane or insane.

## Interim Accidental Cover

Interim Accidental Cover will be provided whilst you are being underwritten for cover and will apply from the date we receive your application for cover until the earlier of:

- us either accepting or rejecting your application;
- you cancelling or withdrawing the application;
- 90 days elapsing from the date we receive your application; and
- the date cover would have otherwise ceased under the Policy.

A benefit will be paid in the event of Accidental Injury resulting in your death or Total & Permanent Disablement (if applicable). The maximum amount we will pay is the lesser of the amount applied for and \$1,500,000.

No benefit will be payable if, during the Interim Accidental Cover period, death or disability is caused directly or indirectly by:

- you engaging in any sport or pastime that we would not normally cover at standard rates or terms; or
- other excluded events under the Policy.

## Exclusions

Benefits are not payable for death and/or TPD, (whichever is applicable) which is caused wholly or partly, directly or indirectly by:

- declared war or any act of war;
- active service in the armed forces of any country or international organisation\*;
- death by suicide within 13 months of Death cover commencing, increasing or being reinstated;
- in the case of TPD cover, any deliberate self-inflicted injury/sickness or attempted suicide or self-destruction while either sane or insane; or
- any other exclusions imposed by the Insurer on your cover as a result of the underwriting process.

\* Note: In the case that you are enrolled in the Australian Army Reserve, exclusion b) above is only applicable where you have been called up for active service.

## Termination of Cover

Your Death and/or Total & Permanent Disablement cover will terminate on the earliest of the date:

- you reach the Cover Expiry Age;
- a Death, Terminal Illness or Total & Permanent Disablement benefit is paid under the Policy\*;
- the Policy is terminated;
- 60 days after premiums cease to be paid in respect of your cover;
- you cease to be a member of the SMSF; and
- you cancel your Death or TPD cover (where Death cover is cancelled, any TPD cover held will automatically terminate at this time).

\* Where Death cover is held with TPD cover, payment of the TPD benefit will reduce your Death cover by the amount of the TPD payment. The reduced Death cover (if any) will be frozen and subsequently payable upon your death prior to the Cover Expiry Age and subject to the continued payment of premiums for your reduced Death cover.



## Section 4 – Income Protection Basic Cover (non-superannuation)

This section summarises the Policy terms and conditions and will provide you with an overview of the main benefits and features for Income Protection cover. If there is any inconsistency between the information in this PDS and the Policy, the terms and conditions of the Policy will prevail.

Income Protection cover will provide you with a monthly Income if you become Totally or Partially Disabled due to injury or sickness and are unable to work.

You have the option of applying for Income Protection cover on the following basis:

- Income Protection Basic
- Income Protection Plus Options.

### Amount of Cover

You can apply for an amount of cover of up to 84% of your monthly Income (75% payable as a benefit plus up to 9% mandated superannuation contribution) up to a maximum of \$30,000 per month.

Any application for Income Protection cover is subject to acceptance by the Insurer and will commence from the date the Insurer accepts your application. Details of your cover including your Sum Insured will be stated on the Policy Insurance Certificate issued to you by AGI.

### Monthly Benefit

In the event of claim we will pay a Monthly Benefit based on the lesser of:

- 1 the Sum Insured stated in your Policy Insurance Certificate;
- 2 75% of your Pre-Disability Income (plus up to 9% mandated superannuation contribution paid directly to your nominated superannuation fund); and
- 3 \$30,000 per month.

### Total Disability Benefit

We will pay a Monthly Benefit in arrears if you are Totally Disabled as a result of an injury or sickness.

The Monthly Benefit is payable in accordance with the selected Waiting Period and Benefit Period and subject to the Maximum Monthly Benefit, less any Benefit Offset amounts.

At the end of the Waiting Period, the Monthly Benefit will be paid each month in arrears during the period you are entitled to be paid. For a part month, we will pay one-thirtieth of the Monthly Benefit for each of the days you are entitled to be paid.

In respect of the Total Disability of any one Insured Member, the Total Disability Monthly Benefit will continue to be paid until the earliest of the events described under Termination of Income Protection Benefit Payments on page 10.

### Partial Disability Benefit

In the event you are Partially Disabled, a proportionate Monthly Benefit will be paid monthly in arrears.

The proportional Monthly Benefit in relation to the Partial Disability Benefit is calculated in accordance with the following formula:

$$\frac{A - B}{A} \times C$$

Where:

A is your Pre-Disability Income;

B is your actual Income earned during the month of Partial Disability; and

C is the Monthly Benefit.

If you are Partially Disabled, the Partial Disability Monthly Benefit will continue to be paid until the earliest of the events described under Termination of Income Protection Benefit Payments on page 10.

### Claims Escalation Benefit

In the event of a claim, the Monthly Benefit will be indexed annually each year by the lesser of 5% and the Consumer Price Index increase. Escalation will apply following 12 continuous payments of either Total or Partial Disability benefits, measured from the date when benefits first commenced and each subsequent 12 months you are paid a Monthly Benefit.

This benefit only applies where a 5 Year Benefit Period or To Age 65 Benefit Period has been selected. This does not apply to the 2 year Benefit Period.

### Recurrent Disability

If you have returned to work following payment of a Monthly Benefit and you make a subsequent claim arising from the same or related cause within 12 months of returning to work, we will treat your claim as a continuation of the previous claim.

The Waiting Period will be waived however the Benefit Period will be adjusted to take into account prior claim payments.

If you have returned to work following payment of a Monthly Benefit and you make a subsequent claim arising from the same or related cause outside of 12 months of returning to work, we will treat your subsequent claim as a new claim. The Waiting Period will recommence and the Benefit Period will be treated as though no previous claim had been submitted.

## Concurrent Disability

If you are Totally Disabled due to more than one injury or sickness, whether related or not, only one Monthly Benefit will be payable for any one period of disablement.

## Return to Work During the Waiting Period

In respect of Total Disability, you are permitted to attempt to return to work once, performing your usual duties for up to five consecutive days during the Waiting Period.

Where you do return to work during the Waiting Period, for five consecutive days or less, the Waiting Period will be extended by the total number of days you have attempted to return to work.

Where you do return to work during the Waiting Period, for more than five consecutive days, the Waiting Period starts again.

## Death Whilst on Claim

If you die while we are paying you a Monthly Benefit under the Policy, an additional lump sum benefit equal to three Monthly Benefit payments will be paid.

## Rehabilitation Expenses

Where you attend a rehabilitation program which incorporates a return to work plan approved by us, we will pay the cost of that program by up to a maximum amount of six Monthly Benefit payments.

Rehabilitation expenses will relate to rehabilitation programs approved by us designed to rehabilitate the Insured Member to return to his or her pre-disablement occupation or retrain them into another occupation.

## Rehabilitation Incentive Benefit

If you return to full-time paid employment after attending a rehabilitation program that is approved by us, and you remain in full-time paid employment for six consecutive months, we will pay a Rehabilitation Incentive Benefit equal to three times the Monthly Benefit and \$30,000, whichever is the lesser. We will pay this benefit once only.

## Waiver of Premium Benefit

Whilst you are being paid a Monthly Benefit, we will waive premiums related to the period you are entitled to be paid a Monthly Benefit.

## Exclusions

Benefits are not payable for Income Protection cover which is caused wholly or partly, directly or indirectly by:

- a) declared war or any act of war;
- b) active service in the armed forces of any country or international organisation\*;
- c) any deliberate self-inflicted injury/sickness or attempted suicide or self-destruction while either sane or insane;
- d) uncomplicated pregnancy, childbirth or miscarriage; or
- e) any other exclusions imposed by the Insurer on your cover as a result of the underwriting process.

\* Note: In the case that you are enrolled in the Australian Army Reserve, exclusion b) above is only applicable where you have been called up for active service.

## Termination of Income Protection Cover

Cover will terminate on the earliest of the date:

- you reach the Cover Expiry Age;
- you die;
- the Policy is terminated;
- 60 days after premiums cease to be paid in respect of your cover;
- you cease to be a member of the SMSF;
- you cancel your IP cover;
- you cancel your Death cover; and
- where you are not an Australian permanent resident, the date you are no longer permanently in Australia or not eligible to work in Australia.

## Termination of Income Protection Benefit Payments

Income Protection benefit payments shall cease upon the earliest of the following events:

- a) the date you reach the Cover Expiry Age;
- b) the date you die;
- c) the expiry of the Benefit Period;
- d) the date you no longer satisfy the Total Disability or Partial Disability definitions; and
- e) the date for a person, who is not an Australian permanent resident, is no longer permanently in Australia, or eligible to work in Australia.

## Interim Accidental Cover

Interim Accidental Cover will be provided whilst you are being underwritten for cover and will apply from the date we receive your application for cover until the earlier of:

- us either accepting or rejecting your application;
- you cancelling or withdrawing your application;
- 90 days elapsing from the date we receive your application; and
- the date cover would have otherwise ceased under the Policy.

A benefit will be paid in the event of Accidental Injury resulting in your disability. The maximum amount we will pay is the lesser of \$15,000 per month and the amount of cover applied for.

The maximum Benefit Period for Interim Accidental Cover will be the Benefit Period applied for.

No benefit will be payable if, during the Interim Accidental Cover period, disablement is caused directly or indirectly by:

- you engaging in any sport or pastime that we would not normally cover at standard rates or terms; or
- other excluded events under the Policy.

## Section 5 – Income Protection Plus Options

Income Protection Plus Options provides all the basic benefits of Income Protection Basic plus a number of additional ancillary benefits providing more comprehensive cover to individuals.

### Accommodation Benefit

The Accommodation Benefit will be payable if you become Totally Disabled and are more than 100 kilometres from home, or on the advice of your Medical Practitioner, you travel to a place more than 100 kilometres from home. The Accommodation Benefit will assist an immediate family member to be accommodated near you, provided you are confined to bed due to an injury or sickness. We will pay the lesser of the actual accommodation cost and \$250 a night, for up to 30 days in any 12 month period, for each night the immediate family member is required to stay away from home.

### Family Care Benefit

The Family Care Benefit is payable if, as a result of Total Disability, you are totally dependent on an immediate family member for your essential everyday needs and consequently, the family member's income is reduced. We will pay the amount of the reduction in the family member's pre-tax monthly income, or up to 50% of your Monthly Benefit (whichever is less) for up to three months, starting from the end of the Waiting Period.

### Home Care Benefit

The Home Care Benefit will be payable if, after the Waiting Period, you are Totally Disabled, confined to or near a bed, other than in a hospital or a similar institution that provides nursing care, and you are totally dependent upon a paid professional home carer. We will reimburse the lesser of \$150 a day and 100% of the Monthly Benefit for up to six months to help cover the cost, provided you remain totally dependent upon the professional home carer and we are not already paying the Accommodation Benefit, Family Care Benefit or Nursing Care Benefit in respect of you.

### Nursing Care Benefit

- a) Where you suffer an injury or sickness and as a consequence become Totally Disabled and require nursing care or hospitalisation during the Waiting Period, a Nursing Care Benefit will be paid provided you:
  - i) are under the care of a registered nurse visiting at least once a day;
  - ii) remain in or near a bed for a substantial part of each day; and
  - iii) such confinement is for a period of more than 48 continuous hours.
- b) We will pay a Nursing Care Benefit equal to 1/30th of the Monthly Benefit for each day you have been and remain Totally Disabled during the Waiting Period and confined as defined above.

- c) The Nursing Care Benefit shall cease on the earliest of the following:
  - i) the expiration of the Waiting Period;
  - ii) 90 days continuous confinement; and
  - iii) you cease to be under the care of a registered nurse visiting you at least once a day.

### Overseas Assistance Cover

If, while you are travelling or residing outside of Australia, you suffer Total Disability for a period in excess of three months, we will reimburse the cost of a single standard economy airfare to Australia upon the most direct available route and three times the Monthly Benefit, whichever is the lesser. The amount of this benefit will be reduced by any other reimbursements which you are entitled to receive in respect of the transportation (such as benefits provided by private medical and health insurance and travel insurance).

### Specific Injury Benefit

Where you are aged less than 65 and first suffer a Specific Injury referred to in Table A on page 13, after Income Protection cover commences under the Policy, we will pay a Specific Injury Benefit. The Specific Injury Benefit will still be paid even if are working.

The amount of the Specific Injury Benefit is equal to the Monthly Benefit and is payable until the earlier of:

- i) the expiration of the Benefit Payment Period as set out in Table A on page 13;
- ii) the expiration of your Benefit Period as specified in your Policy Insurance Certificate;
- iii) the date your cover is terminated;
- iv) the date you die; and
- v) the date you reach the Cover Expiry Age.

If you are also eligible to claim a Trauma Benefit at the same time as a Specific Injury Benefit, you will be paid only for the benefit with the longest payment period.

The Specific Injury Benefit starts to accrue from the date when the Specific Injury is first suffered and will be paid to you monthly in advance. There is no Waiting Period to be served prior to a Specific Injury Benefit being payable.

The Specific Injury Benefit is paid instead of any other benefits under the Policy. If you are still disabled at the end of the relevant Benefit Payment Period referred to in Table A on page 13, any further benefit payments will be determined in accordance with the terms and conditions of the Policy and payable from the end of any remaining days to be served within the Waiting Period until such time as one of the conditions under Termination of Income Protection Benefit Payments on page 10 has been met.

Table A

Specific Injury	Benefit Payment Period
Paralysis (diplegia, hemiplegia, paraplegia, quadriplegia)	60 months
Loss of use of both feet, both hands or the sight of both eyes	24 months
Loss of use of a hand and a foot, a hand and an eye, or a foot and an eye	24 months
Loss of use of an arm or a leg	18 months
Loss of use of a foot, or a hand, or the sight in one eye	12 months
Loss of use of the thumb and the index finger on the same hand	6 months
Fracture of the leg above the knee, or the pelvis	3 months
Fracture of the upper arm or the shoulder bone	2 months

'Loss' means the total and permanent loss of:

- use of the hand from the wrist or the foot from the ankle joint; or
- use of the arm from the elbow or the leg from the knee joint; or
- use of the thumb and index finger from the first phalange joint; or
- sight (to the extent of 6/60 or less) in the eye.

'Fracture' means any bone fracture requiring the application of a plaster cast or an immobilising device.

## Trauma Benefit

Where you are aged less than 65 and suffer from a listed Trauma Event referred to in Table B below, for the first time since Income Protection cover commenced for you under the Policy, we will pay a Trauma Benefit in the form of a lump sum that equates to three Monthly Benefit payments.

Notwithstanding the Survival Period requirements (as described on page 14) there is no Waiting Period to be served prior to a Trauma Benefit being paid. If you are still disabled at the end of the Waiting Period, any further benefit payments will be determined in accordance with the terms and conditions of the Policy and payable from the end of any remaining days to be served within the Waiting Period until such time as one of the conditions under Termination of Income Protection Benefit Payments on page 10 has been met.

Table B

Trauma Event	Qualifying Period
Accidental HIV Infection	90 days
Alzheimer's Disease	nil
Aplastic Anaemia	nil
Bacterial Meningitis	nil
Benign Brain Tumour	90 days
Blindness	nil
Cancer	90 days
Cardiomyopathy	nil
Chronic Liver Disease	nil
Chronic Lung Disease	nil
Coma	nil
Coronary Artery By-pass Surgery	90 days
Dementia	nil
Diplegia	nil
Heart Attack	90 days
Heart Valve Surgery	90 days
Hemiplegia	nil
Kidney Failure	nil
Loss of Hearing	nil
Loss of Independence	nil
Loss of Limbs and Sight of One Eye	nil
Loss of Speech	nil
Major Burns	nil
Major Head Trauma	nil
Major Organ Transplant	90 days
Motor Neurone Disease	nil
Multiple Sclerosis	nil
Muscular Dystrophy	nil
Occupationally Acquired Hepatitis B or Hepatitis C Infection	90 days
Other Serious Coronary Artery Disease	90 days
Paraplegia	nil
Parkinson's Disease	nil
Pneumonectomy	nil
Pulmonary Arterial Hypertension (primary)	90 days
Quadriplegia	nil
Rheumatoid Arthritis	nil
Stroke	90 days
Surgery to Aorta	90 days
Terminal Illness	90 days
Viral Encephalitis	nil

Refer to Section 10 for definitions for all Trauma Events.

The Trauma Benefit will be paid in addition to any other benefit insured under the Policy, with exception of the Specific Injury Benefit.

If you are also eligible to claim a Specific Injury Benefit at the same time as a Trauma Benefit, the benefit equivalent to the longest payment period will be paid.

The Trauma Benefit is payable once only in respect to any Insured Member.

### **Qualifying Period**

No Trauma Benefit will be paid within the corresponding Qualifying Period (noted in Table B on page 13) if one of the Trauma Events for you occurs after cover:

- commences;
- increases; or
- has been reinstated.

In the circumstances of an increase in the Monthly Benefit, the Qualifying Period will only apply to that amount of the Monthly Benefit which has increased.

### **Survival Period**

To be eligible for a Trauma Benefit, you must survive for 14 days after suffering or being diagnosed with a Trauma Event.

### **Assessment of the Trauma Benefit**

A claim made pursuant to the Trauma Benefit will not be payable unless the conditions and the date thereof is confirmed in writing by Medical Practitioners and/or legally qualified pathologists, after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and results of any other diagnostic procedures performed on the Insured Member. Any such diagnosis must be confirmed by us.

## Section 6 – General Information

### Who administers the Policy?

Australian Group Insurances Pty Ltd (AGI) administers and distributes the product. They are also the Policy Owner and are responsible for the day to day operation of the master Policy including the maintenance of records of Insured Members, collection of premium payments and administration of benefit payments.

If you have any questions about the Policy, please contact the Administrator:

#### Australian Group Insurances Pty Ltd

Level 5a, 201 Kent Street  
Sydney NSW 2000  
Email: smsf@agigroup.com.au

### How to Apply

The SMSF Master Insurance Plan is distributed through Australian Group Insurances Pty Ltd (AGI).

AGI will assist you with a quotation and the application process.

You can apply for cover by:

- completing the relevant application form located in this PDS;
- completing and submitting an application online via the AGI on-line facility (available for Limited Underwriting Questionnaire only).

Type of Cover	Form
Up to \$500,000 Death and TPD cover (< age 60)	Limited Underwriting Questionnaire Apply online
Up to \$1.25 million Death and TPD cover (< age 60) Income Protection cover < \$10,000 per month (< age 60)	Short Form Personal Statement
Death and TPD cover > \$1.25 million Income Protection cover > \$10,000 per month All applications if applicant is aged 60 or over All applications for TPD Own Occupation	Full Personal Statement

In addition to the above, there may be other medical requirements depending on the level of cover you are applying for.

### Health and other Information

We will ask for medical and other information about you such as health, income, occupation, residency, travel details, lifestyle and pastimes. We will treat this information as confidential. This information will enable us to assess:

- your eligibility for the type of cover you have selected;
- any exclusions or special conditions that may apply to your cover;

- the correct premium of your policy.

In some cases, we may request additional information including further medical evidence depending on your personal situation.

### Overseas Cover

Cover is provided 24 hours a day seven days a week subject to the terms below.

### Overseas Claims Assessment

We will, wherever possible, use our unrivalled network of overseas life insurance companies to gather the information necessary to assess claims overseas, however, we reserve the right to require that you return to Australia (at your expense) for claim assessment and examination prior to payment of any benefit. We may cease to pay benefits where a claimant does not return to Australia.

### Travelling or Holiday Overseas

Where you are travelling or holidaying outside of Australia, your cover will continue without restriction. In the event of a claim, you may be required to return to Australia (at your own expense) during the claims assessment process.

Insurance cover is subject to continuing remittance of insurance premiums whilst overseas.

### Individual Transfer Option – transferring insurance cover from another insurer

You have the option of transferring any existing Death, TPD or Income Protection cover from your individual insurance or employer sponsored superannuation arrangement into the SMSF Master Insurance Plan if you are aged less than 65.

The maximum amount of cover that may be transferred is \$2 million for Death and TPD cover and \$20,000 per month for Income Protection cover subject to your total cover not exceeding the Maximum Cover available under the Policy.

For Income Protection cover, the Waiting Period and Benefit Period which applied under the other policy will be applied under this Policy. Where the Waiting Period offered under the other policy is different to the available Waiting Periods under this Policy, your Waiting Period will be rounded up to the next longest Waiting Period. Where the Benefit Period offered under the other policy is different to the available Benefit Period offered under this Policy, your Benefit Period will be rounded down to the nearest Benefit Period.

To transfer your existing cover and to review full terms and conditions, complete the Insurance Transfer Form located in this PDS.

## Section 7 – Premiums, Fees and Charges

### Premiums

Your premiums are calculated based on the following factors:

- Age next birthday;
- Gender;
- Smoker or Non Smoker;
- Amount of cover;
- Type of cover;
- Waiting Period selected;
- Benefit Period selected;
- Stamp duty (where applicable);
- Occupation Category; and
- Any special factors that we may apply upon underwriting your application.

Premiums are stepped which means your premiums will increase each year in line with your age until the Cover Expiry Age.

### Premium guarantee

The premium rates under this Policy are guaranteed until 20 November 2014 subject to Wartime Premium and Tax or Imposts provisions noted below.

### Wartime Premium

In the event of any war which involves an act of invasion of the states and/or territories of Australia in which the Commonwealth of Australia's armed forces are involved, we reserve the right to alter the premium rates under this Policy.

### Tax or Imposts

Where we believe that we will become liable for any tax or other imposts levied by any Commonwealth or State government, authority or body in connection with this Policy, we may vary or otherwise adjust any amounts (including the premium) under this Policy in the manner and to the extent that we determine to be appropriate to take account of the tax or impost.

### Changes to fees and charges

We retain the right to vary any fees and charges, at our discretion. Future Government charges may also vary which may affect your premium. Any change, except changes to Government charges, will be advised to you in writing 30 days prior to the change taking effect. Your policy will not be singled out for an increase in fees or charges.

### Occupation Category

Occupational Category	Description
Professional	White Collar professionals performing no manual duties (e.g. doctor, lawyer, accountant). Usually those with a tertiary qualification or registered with a professional body (they must be using these qualifications in their occupation) and earning a minimum income of \$80,000 per annum.
White Collar	Clerical, administration and managerial occupations involving office duties only and who do less than 10% light manual duties (e.g. administrator, book-keeper, computer operator).
Light Blue Collar	Certain light-manual skilled workers (e.g. photocopy/TV repairers, purchasing officer, travelling sales representatives, claims/loss assessor, business owners in non-hazardous industries involved in light manual work (e.g. coffee shop owner) and supervisors of medium Blue Collar workers).
Blue Collar	Qualified tradespeople involved in non-hazardous industries doing light manual work (e.g. cabinet-maker (qualified), carpenter (qualified), plumber (qualified), mechanic (qualified)).
Heavy Blue Collar	Unskilled workers and Blue Collar workers in heavy manual occupations who have no unusual accident or health hazard (e.g. cleaners, bricklayers, fencing contractors).

### Stamp Duty

Stamp duty may be payable in accordance with the stamp duty rates applicable in the state or territory in which you live. These rates currently vary between 0% and 11% depending on your state or territory.

### Policy Fee

A policy fee of \$75 per year per membership is payable to AGI in addition to the premiums paid by you.

### Administration Fees

AGI receives an Administration Fee of up to 25% plus GST of insurance premium to help cover the costs of administering this Policy. This fee is included in the premiums paid by you.



## Commissions

Your financial adviser may receive commission payments on an annual basis of up to 25% plus GST on insurance premiums paid by you. The amount of commission is agreed upon between you and your financial adviser and is included in the premium. Your adviser may not receive commission but may instead charge you a fee, which will be negotiated directly between you and your adviser.

The total of the Administration Fee and Commission will not exceed 40% (excluding GST).

## Premium payment methods

Premiums are deducted monthly in advance. If you choose to pay your premiums annually in advance, your premiums will be discounted by 3%.

## Section 8 – Important Information

### Guaranteed Renewable

Provided you pay the appropriate premium in full when due, each benefit under the Policy is guaranteed renewable each year to the Cover Expiry Age of that benefit regardless of any changes that may occur to your health, occupation or pastimes and whether a claim has been made.

### Lapse and Reinstatement

If you do not pay your premium within 60 days of the premium due date, your cover will lapse.

If your cover lapses, you may apply to reinstate cover upon supplying such proof as we may require of your continued good health and eligibility for insurance and upon payment of the unpaid premium as the Administrator determines.

The Policy may be cancelled by us in accordance with the provisions of the Life Insurance Act or any relevant legislation.

### Cooling off period

A 28 day cooling off period applies to this Policy. The cooling off period commences from the date a Policy Insurance Certificate is sent to you by the Administrator. If you are not satisfied with the benefits provided within this Policy, then you may request to cancel it in writing and return it to AGI within 28 days of receiving it. Any premiums or policy fee you have paid will be refunded.

### Cancelling your cover

You are allowed to cancel your cover under the Policy at any time. Where premiums have been paid in advance from the date of cancellation, or where the cancellation of your cover under the Policy or a benefit is a result of a claim being paid, we may refund you the unexpired portion of the premium and policy fee. Any voluntary request to cancel your cover must be made in writing to AGI and must be signed by the Insured Member.

### Making a claim

You must advise AGI in writing within a reasonable period of time of an event that is likely to give rise to a claim. Once notified of a claim, AGI will provide you with claim forms which must be completed and returned together with any other information or documentation we may require. This may include relevant health certificates, Medical Practitioners' reports, Employer reports and any other related evidence to the claim. We will be responsible for any expenses incurred in obtaining further medical evidence required to assess your claim.

We reserve the right to require assessment or any medical examination to be conducted in Australia as part of our consideration of a claim. You will be responsible to pay any associated costs with returning to Australia for claim assessment.

If a claim arises during a period where no premiums have been paid to us, but is nevertheless within the 60 day grace period, no benefit in respect of the claim will be admitted until all premiums have been paid.

### Selection of wrong product

You may choose an insurance product that does not meet your needs. You should read this PDS carefully to prevent this from occurring. You may wish to consult a financial adviser for assistance.

### Inadequate amount of insurance

You may select the correct insurance product for your needs, but may not choose enough cover. This might cause you to suffer financial hardship after receiving a benefit payment. You will need to assess your needs carefully to ensure that this does not occur. Again, a financial adviser may be able to help you.

### Inability to obtain an increase in cover

You may not be able to obtain an increase in cover because of your health or circumstances, now or in the future. You should therefore ensure you do not allow your existing cover to lapse or to be cancelled until new insurance cover is firmly in place.

### Taxation

As your individual situation may differ, we recommend you consult with your taxation adviser on tax issues arising from this product.

Please be aware that the Insurer may be required to deduct PAYG withholding payments from Income Protection benefits paid to you.

### Statutory fund

The SMSF Master Insurance Plan will be written in the AIA Australia Statutory Fund No. 1.

### Disclosure of information

We may disclose your personal information to:

- another member of the AIA group of companies (whether in Australia or overseas);
- your adviser;
- our contractors and third party service providers, e.g. Medical Practitioners and reinsurers;
- financial institutions you nominate;
- mail houses and archive companies; and
- all parties relevant to administer this product.

We will only disclose your personal information to these parties for the main purpose for which it was collected. There are some circumstances when we are entitled to disclose your personal

information to third parties without your authorisation, for example to law enforcement agencies or government authorities to protect our interests or to report illegal activities.

## AIA Australia Privacy Statement

AIA Australia Limited (ABN 79 004 837 861, AFSL 230043) follows the National Privacy Principles developed under the Privacy Amendment (Private Sector) Act 2000.

You can read about our privacy policies and procedures at [www.aia.com.au](http://www.aia.com.au)

We will collect personal information about you to:

- a) process your application(s);
- b) administer and manage your policy including claims; and
- c) facilitate our business operations.

## Access to your information

If you would like to have access to your personal information held by us, please write to:

Policy Services Manager  
AIA Australia Limited  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

You can also ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

There may be some situations when we are unable to provide you with access to your personal information for legal reasons. If this is the case, we will provide you with a written explanation.

## Any questions or concerns about privacy

If you have any questions or concerns about your personal information, please write to:

Compliance Manager  
AIA Australia Limited  
PO Box 6111  
ST KILDA ROAD CENTRAL, VIC 8008

Our internal dispute resolution process deals with customer complaints about our compliance with the National Privacy Principles. The process aims to handle complaints fairly and quickly and is free for users.

If you have a privacy complaint, you should write to our Compliance Manager. We aim to resolve your complaint within 45 days of receipt.

If you are not satisfied with the outcome of the process, you can then take your complaint to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner  
GPO Box 5218  
Sydney, NSW 2001

or call the Privacy Hotline on 1300 363 992.

## Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, 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 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 your non-disclosure is fraudulent, the insurer may elect to avoid the contract at any time from its inception. 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 Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

## Your questions or concerns

If you have any questions or concerns about your cover under this Policy, please contact Australian Group Insurances Pty Ltd first via email at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au) or AIA Australia direct on 1800 333 613. We will promptly investigate your enquiry. If necessary, we will refer you to our Internal Dispute Resolution Committee (IDRC).

Internal complaints are normally resolved within 45 days. In special circumstances we may take longer. If this is the case, we will advise you.

Should you not be satisfied with our response to your concerns, then you may then take the matter up with the independent Financial Ombudsman Service (FOS). Details are as follows:

Financial Ombudsman Service (FOS)  
GPO Box 3  
MELBOURNE VIC 3001  
Telephone: 1300 78 08 08  
Facsimile: (03) 9613 6399  
Email: [info@fos.org.au](mailto:info@fos.org.au)

## Electronic Communications

AIA Australia and AGI will generally communicate with you electronically. These types of communications include but are not limited to:

- a) electronic mail ("email") to the email address that you have notified to AGI;
- b) making a notice available for you to access on AGI's website;
- c) any other method of electronic communication; and/or
- d) ordinary mail to the address on AGI's records.

You should ensure that:

- a) you check your email regularly for notices and other communications from AGI;
- b) your email address details held by AGI remains current (or otherwise notified to us); and
- c) emails from AGI to your email address are not blocked.

Providing you with electronic statements does not alter your obligations under any terms and conditions of your Policy. There will be occasions where communications will be sent by post to your nominated street address.

You can request to receive copies of notices and other documents by contacting AGI via email at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au) or notify AGI in writing.

## Section 9 – Definitions

### Accident or Accidental Injury

'Accident' or 'Accidental Injury' shall mean a physical injury which occurs whilst the Policy is in force that is caused solely and directly by violent, visible, external and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

### At Work

Means:

- a) you are engaged in your normal duties, without limitation or restriction due to injury or sickness, and are working normal hours on the day cover is to commence;
- b) you are not restricted by injury or sickness from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may be on a full-time, part-time, contract or casual basis; and
- c) you are not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

You will be considered to be At Work if on the applicable date, as the context requires, you are on employer approved leave for reasons other than injury or sickness, and not taking into account the leave, are able to meet the At Work definition.

### Benefit Offset

The Monthly Benefit payable to an Insured Member will be reduced by any amount which is paid, or required to be paid, under workers' compensation, transport accident compensation, social security or similar legislation in relation to the injury or sickness of the Insured Member. The Monthly Benefit will also be reduced by any paid Income Protection benefits (or similar) from us or any other insurance company.

Additionally, where an Insured Member receives continued remuneration from the employer while being paid a Monthly Benefit (e.g. renewal commission) or paid sick leave, any such amounts will also be considered a Benefit Offset.

If any of the above payments are paid in the form of a commuted lump sum, we will convert these to an equivalent monthly payment deemed to be 1/60th of the lump sum payment and offset benefit entitlements by this equivalent monthly benefit for a period of 60 months from the date of the lump sum payment.

### Benefit Period

The maximum period for which Income Protection benefits will be paid in respect of an Insured Member for any one period of Total Disability, or if applicable for any period of Total and Partial Disability.

### Child

Means the natural child, the stepchild or the adopted child of the Insured Member.

### Consumer Price Index (CPI)

The percentage increase in the average Consumer Price Index (All Groups) for the eight capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date the Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the Consumer Price Index as defined above, such other index that we shall consider appropriate shall be adopted for the purposes of the Policy.

### Cover Expiry Age

Death cover: age 80

TPD cover: age 70

Income Protection cover: age 65

### Gainfully Employed

Means the person is employed or self employed for gain or reward in any business, trade, profession, vocation, occupation or employment.

### Income (Employed Persons)

Means your pre-tax income paid to you by an employer including salary, fees, regular bonuses, regular commissions, regular overtime, fringe benefits and salary sacrificed superannuation contributions but excluding mandatory superannuation contributions and unearned income (eg. investment or interest income). Bonuses, overtime earnings and commissions will be calculated based on the average of the last three years received by you from an employer.

### Income (Self Employed Persons)

Means the income generated from the business due to your personal exertion or activities for the last 12 months less your share of necessarily incurred business expenses for the last 12 months. Income does not include unearned income such as dividends, interest, rental income or proceeds from the sale of assets but does include ongoing regular bonuses, regular management fees and regular commissions. Bonuses and commissions will be calculated based on the average of the last three years bonuses and commissions.

### Insured Member

Means a person who is a member of a SMSF and is accepted by us for insurance cover in accordance with the Policy.

## Marriage

Means:

- a marriage or customary union as recognised in terms of the laws of Australia; or
- two adults who are in a relationship as a couple (whether or not legally married to each other), regardless of their sex, where the two adults live with each other on a permanent and genuine domestic basis and have done so for a continuous period of at least two years.

## Medical Practitioner

Means a legally qualified and registered doctor of medicine. It does not include you, your employer, an employee of your employer or your immediate family or business partner/s.

## Monthly Benefit

The amount we pay if you made a valid Income Protection claim and is determined at time of claim.

## Non Smoker

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

## Partial Disability or Partially Disabled

Means immediately following a period of Total Disability of at least 14 consecutive days, and solely due to that same injury or sickness, the Insured Member, after the Waiting Period has been served:

- is unable to perform one or more of the essential and substantial duties of his or her usual occupation; and
- is earning an Income from his or her usual or any other occupation which is less than his or her Pre-Disability Income; and
- remains under the regular care and attendance of a Medical Practitioner and is following the advice of that Medical Practitioner in relation to that injury or sickness.

## Policy

Means the master insurance policies issued to the Policy Owner.

## Policy Insurance Certificate

The Policy Insurance Certificate issued to an Insured Member by AGI which details the insurance cover held under this Policy.

## Policy Owner

Means Australian Group Insurances Pty Ltd (ABN 97 140 572 434, AFSL 379565)

## Pre-Disability Income

For an employee means the average gross monthly Income earned by the Insured Member over the 12 months immediately prior to becoming disabled.

For a self employed person means the greater of the gross monthly Income generated by the business or practice due to the Insured Member's personal exertion or activities, less their share of necessarily incurred business expenses over the last 12 months immediately prior to becoming disabled and the latest financial year prior to becoming disabled.

## Sum Insured

The amount of Death only, Death and TPD, TPD only or Income Protection cover as agreed upon between the Insurer and Insured Member and noted on the Insured Member's Policy Insurance Certificate.

## Terminal Illness

Means the diagnosis of the Insured Member with an illness which in the opinion of two Medical Practitioners (at least one being a specialist) approved by the Insurer, is likely to result in the death of the Insured Member within 12 months of the diagnosis regardless of any treatment that may be undertaken.

## Total & Permanent Disablement – Standard Occupation Definition

If you are aged less than 65, and

- working, on average, a minimum of 15 hours or more in each and every normal working week for a period of at least three months immediately prior to disablement; or
- unemployed for less than three months immediately prior to disablement; or
- on leave without pay for less than 12 months immediately prior to disablement

the following Total & Permanent Disablement definition will apply:

You will be deemed to be totally and permanently disabled if, in the opinion of the Insurer, you:

- suffered a disability through injury or sickness, for which you:
  - have been prevented from performing any work, paid or unpaid, for an uninterrupted period of at least three consecutive months solely due to the same injury or sickness; and
  - are attending and following the advice of a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
  - after consideration of all the medical evidence and such other evidence as the Insurer may require, have become incapacitated to such an extent as to render you unlikely ever to be able to engage in your own occupation and any occupation for which you are reasonably suited by education, training and experience.

or

- b) whilst insured under this Policy, suffered the permanent loss of use of two limbs, or the permanent loss of the sight of both eyes, or the permanent loss of use of one limb and the permanent loss of sight of one eye (where limb is defined as the whole hand or whole foot).

## Total & Permanent Disablement – Activities of Daily Living Definition

If you are:

- working, on average, less than 15 hours in each and every normal working week for a period of at least three months immediately prior to disablement; or
- aged 65 or over; or
- unemployed for more than three months immediately prior to disablement; or
- on leave without pay for more than 12 months immediately prior to disablement

the following Total & Permanent Disablement definition will apply:

You are deemed to be totally and permanently disabled if, in the opinion of the Insurer, you:

- a) for a period of three consecutive months after the occurrence of the injury or sickness, are continuously, totally and permanently unable to perform at least two of the following activities of daily living as certified by a Medical Practitioner:
- **Bathing:** the ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person;
  - **Dressing:** the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them without the standby assistance of another person;
  - **Eating:** the ability to feed yourself once food has been prepared and made available, without the standby assistance of another person;
  - **Toileting:** the ability to get to and from and on and off the toilet without the standby assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate;
  - **Transferring:** the ability to move in and out of a chair without the standby assistance of another person.

or

- b) whilst insured under this Policy, suffered the permanent loss of use of two limbs, or the permanent loss of the sight of both eyes, or the permanent loss of use of one limb and the permanent loss of sight of one eye (where limb is defined as the whole hand or whole foot).

## Total & Permanent Disablement – Home Duties Definition

If you are aged less than 65 and are wholly engaged in full-time unpaid domestic duties in your own residence, you will be deemed to be totally and permanently disabled, if in the opinion of the Insurer;

- a) suffered a disability through injury or sickness, for which you:
- i) have been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least three consecutive months; and
  - ii) are attending and following the advice of a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
  - iii) at the end of the period of three months, after consideration of all medical evidence and such other evidence as AIA Australia may require, you have become incapacitated to such an extent as to render you likely to require indefinite ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment.

or

- b) whilst insured under this Policy, suffered the permanent loss of use of two limbs, or the permanent loss of the sight of both eyes, or the permanent loss of use of one limb and the permanent loss of sight of one eye (where limb is defined as the whole hand or whole foot).

## Total & Permanent Disablement – Own Occupation Definition

If you are aged less than 65, and

- working, on average, a minimum of 15 hours or more in each and every normal working week for a period of at least three months immediately prior to disablement; or
- unemployed for less than three months immediately prior to disablement; or
- on leave without pay for less than 12 months immediately prior to disablement

the following Total & Permanent Disablement definition applies subject to you satisfying the definition of 'professional' or 'senior management' on the next page.

You are deemed to be totally and permanently disabled if, in the opinion of the Insurer, you have:

- a) suffered a disability through injury or sickness, for which you:
- i) have been prevented from performing any work, paid or unpaid, for an uninterrupted period of at least three consecutive months solely due to the same injury or sickness; and

- ii) are attending and following the advice of a Medical Practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
- iii) after consideration of all the medical evidence and such other evidence as the Insurer may require, have become incapacitated to such an extent as to render you unlikely ever to be able to engage in your own occupation.

or

- b) whilst insured under this Policy, suffered the permanent loss of use of two limbs, or the permanent loss of the sight of both eyes, or the permanent loss of use of one limb and the permanent loss of sight of one eye (where limb is defined as the whole hand or whole foot).

Where:

**'occupation'** means:

- for a 'professional' or a person in 'senior management', the person's occupation based on the general area of expertise of the person; and
- for all others, an occupation for which you are reasonably suited by education, training and experience.

**professional'** means a person who:

- has an accredited higher education qualification;
- belongs, or is eligible to belong, to a professional body;
- earns a base salary greater than \$80,000 per annum; and
- works only in an office environment and in a sedentary capacity.

**'senior management'** means a person who:

- is part of the senior management of the employer;
- earns a base salary greater than \$80,000 per annum; and
- only works in an office environment and in a sedentary capacity.

However, if you are working, on average, less than 15 hours in each and every normal working week for a period of at least three months immediately prior to disablement or are aged 65 or over, or unemployed for more than three months immediately prior to disablement or on leave without pay for more than 12 months immediately prior to disablement, then the Activities of Daily Living TPD Definition will apply.

## Total Disability or Totally Disabled

If an Insured Member is working, on average, a minimum of 15 hours or more in each and every normal working week for a period of at least three months immediately prior to disablement, the following Total Disability definition will apply:

Disablement resulting solely from injury or sickness which occurs while the Policy is in force and as a result of which the Insured Member:

- i) is unable to perform one or more essential and substantial duties of his or her usual occupation, necessary to producing Income; and

- ii) remains under the regular care and attendance and is following the advice of a Medical Practitioner in relation to that injury or sickness; and

- iii) is not engaged in any occupation, whether paid or unpaid.

However, if an Insured Member is working, on average, less than 15 hours in each and every normal working week for a period of at least three months immediately prior to the disablement, or unemployed for more than three months immediately prior to disablement or on leave without pay for more than 12 months immediately prior to disablement, the following Total Disability definition will apply.

Disablement resulting solely from injury or sickness which occurs while the Policy is in force and as a result of which the Insured Member:

- i) remains under the regular care and attendance and is following the advice of a Medical Practitioner in relation to that injury or sickness; and
- ii) is not engaged in any occupation, whether paid or unpaid; and
- iii) is continuously and totally unable to perform at least two of the following activities of daily living as certified by a Medical Practitioner:

- **Bathing:** the ability to wash themselves either in the bath or shower or by sponge bath without the standby assistance of another person;
- **Dressing:** the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them without the standby assistance of another person;
- **Eating:** the ability to feed themselves once food has been prepared and made available, without the standby assistance of another person;
- **Toileting:** the ability to get to and from and on and off the toilet without the standby assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate;
- **Transferring:** the ability to move in and out of a chair without the standby assistance of another person.

## Waiting Period

Means the number of continuous days, which must elapse before Monthly Benefits begin to accrue.

The Waiting Period commences from the later of the following:

- the date the Insured Member is first examined and certified by a Medical Practitioner as Totally Disabled in relation to an injury or sickness that gave rise to the claim; and
- the date the Insured Member ceased work due to that injury or sickness.

If an Insured Member consults a Medical Practitioner within seven days of ceasing work due to the injury or sickness, then the Waiting Period will commence from the date the Insured Member ceased work.



## Section 10 – Trauma Medical Definitions (Income Protection Cover)

### Accidental HIV Infection

Means infection with the Human Immunodeficiency Virus (HIV) acquired by accident or violence during the course of the Insured Member's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the Policy.

Any accident giving rise to a potential claim must be reported to the Insurer within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. The Insurer must be given access to test independently all blood samples used, if it requires. The Insurer retains the right to take further independent blood tests or other medically accepted HIV test.

### Alzheimer's Disease

Means the diagnosis of Alzheimer's Disease as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment.

Significant cognitive impairment means deterioration in the Insured Member's mini-mental state examination, or equivalent thereof, scores to 20 or less.

### Aplastic Anaemia

Means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

- a) blood production transfusion;
- b) marrow stimulating agents;
- c) immunosuppressive agents; or
- d) bone marrow transplantation.

### Bacterial Meningitis

Means the diagnosis of the Insured Member with Bacterial Meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. 'Significant' shall mean at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association. Diagnosis must be confirmed by a consultant neurologist. Bacterial Meningitis in the presence of HIV is excluded. All other forms of meningitis including viral, are excluded.

### Benign Brain Tumour

Means a non-cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit, resulting in either:

- a) at least 25% impairment of whole person function, as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association; or
- b) the Insured Member being totally and permanently unable to perform any one of the following 'Activities of Daily Living':
  - i) bathing;
  - ii) dressing;
  - iii) eating;
  - iv) toileting; or
  - v) transferring.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

### Blindness

Means that as a result of disease or accident and certified by an ophthalmologist, the:

- a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the
- b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the
- c) combination of visual defects results in the same degree of vision impairment as that occurring in a) or b) above.

### Cancer

Means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- a) tumours which are histologically described as pre-malignant or showing the changes of 'carcinoma in situ';
- b) 'carcinoma in situ of the breast' is excluded;
- c) melanomas of less than 1.5 mm thickness, without ulceration as determined by histological examination;

- d) all hyperkeratoses or basal cell carcinomas of the skin;
- e) cutaneous squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than five cm in greatest diameter;
- f) Polycythemia Rubra Vera requiring treatment by venesection alone; and
- g) tumours treated by endoscopic procedures alone.

Skin cancer – where diagnosed by an appropriate specialist acceptable to the Insurer, the Insurer will pay:

- a) 100% of the Sum Insured for melanomas where the tumour is with ulceration or is diagnosed as 1.5 mm or greater in Breslow's depth of invasion; and
- b) 10% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed stage T3N0M0 under the TNM Classification system; and
- c) 100% of the Sum Insured for cutaneous squamous cell carcinomas where the tumour is diagnosed at greater than T3N0M0 or any T N1, 2 or 3 or metastases are present.

## Cardiomyopathy

Means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

## Chronic Liver Disease

Means end stage liver failure, together with two of the following conditions:

- a) permanent jaundice;
- b) ascites; or
- c) hepatic encephalopathy.

Such disease directly related to alcohol or drug abuse is excluded.

## Chronic Lung Disease

Means end stage respiratory failure requiring permanent oxygen therapy with FEV 1 test results consistently showing less than one litre.

## Coma

Means total failure of cerebral function characterised by total unarousable, unresponsiveness to external stimuli, persisting continually with the use of a life support system for a period of at least 96 hours. It must result in significant permanent loss of cerebral function as determined by a recognised consultant neurologist acceptable to the Insurer.

For the purposes of this definition, 'significant' shall mean at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Excluded from this definition is coma induced medically or resulting from alcohol or drug abuse.

## Coronary Artery By-pass Surgery

Means the actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease). The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

## Dementia

Means the diagnosis of Dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the Insured Member's mini-mental state examination or equivalent thereof, scores to 20 or less.

Dementia as a result of alcohol or drug abuse is excluded.

## Diplegia

Means the total and permanent loss of function of both sides of the body due to spinal cord injury or disease, or brain injury or disease.

## Heart Attack (myocardial infarction)

Means the death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by:

- a) typical rise and fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit; PLUS
- b) acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain);

OR

- c) new serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or Left Bundle Branch Block (LBBB).

If the above tests are inconclusive, the Insurer will consider other appropriate and medically recognised tests.

Other acute coronary syndromes including but not limited to angina pectoris are excluded.

## Heart Valve Surgery

Means the actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the cover commencement date or last reinstatement date of the Policy. Valvotomy is specifically excluded.

## Hemiplegia

Means the total and permanent loss of function of one side of the body due to spinal cord injury or disease, or brain injury or disease.

## Kidney Failure

Means end stage renal failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

## Loss of Hearing

Means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of injury or sickness, as certified by an appropriate medical specialist.

## Loss of Independence

Means:

- a) A condition as a result of injury or sickness, where the Insured Member is totally and irreversibly unable to perform at least two of the following five 'Activities of Daily Living'. The condition should be confirmed by a consultant physician.

### Bathing

Means the ability of the Insured Member to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Insured Member will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.

### Dressing

Means 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. The Insured Member will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

### Eating

Means the ability to get nourishment into the body by any means once it has been prepared and made available to the Insured Member without the standby assistance of another person.

### Toileting

Means 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. The Insured Member will be considered able to toilet himself or herself even if he or she has an ostomy and is able

to empty it himself or herself, or if the Insured Member uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.

### Transferring

Means the ability to move in and out of a chair or bed without the standby assistance of another person. The Insured Member will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used;

or

- b) Cognitive impairment, meaning a deterioration or loss in the Insured Member's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:
- short or long term memory;
  - orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year);
  - deductive or abstract reasoning.

The Insured Member would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six-month period, the Insured Member must, in the Insurer's opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person;

or

- c) Loss of Limbs and Sight of One Eye (see definition below).

## Loss of Limbs and Sight of One Eye

Means the total and irrecoverable loss by the Insured Member of any of the:

- use of both hands;
- use of both feet;
- use of one hand and one foot;
- use of one hand and the sight of one eye;
- use of one foot and the sight of one eye.

## Loss of Speech

Means the complete and irrecoverable loss of the ability to speak as a result of injury or sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.

## Major Burns

Means the Insured Member has suffered third degree burns to:

- at least 20% of the body surface;
- whole of both hands, requiring surgical debridement and/or grafting; or

- whole of the head requiring surgical debridement and/or grafting.

## Major Head Trauma

Means an accidental head injury resulting in neurological deficit, as certified by a consultant neurologist acceptable to the Insurer, causing at least a permanent 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

## Major Organ Transplant

Means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.

## Motor Neurone Disease

Means the unequivocal diagnosis of Motor Neurone Disease confirmed by a consultant neurologist.

## Multiple Sclerosis

Means the unequivocal diagnosis of Multiple Sclerosis confirmed by a consultant neurologist, evidenced by:

- More than one episode of well defined neurological deficit, and
- Residual neurological impairment persisting for a continuous period of at least six months.

## Muscular Dystrophy

Means the unequivocal diagnosis of Muscular Dystrophy, confirmed by a consultant neurologist.

## Occupationally Acquired Hepatitis B or Hepatitis C Infection

Means the Insured Member is infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst the Insured Member is performing the usual duties of his or her normal occupation and involves contact with a body substance which puts the Insured Member at risk of transmission of the infections.

This benefit will only be paid if all the following conditions for payment are satisfied. The Insurer requires that:

- the Insured Member reports the accident to the Insurer within 48 hours after it happens;
- the Insured Member is tested for infections within 48 hours after the accident and the results are negative;
- a Medical Practitioner diagnoses the Insured Member to be:
  - positive to Hepatitis C within 180 days after the accident; or
  - positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis;
- the Insured Member complies with all infection control precautions that apply;

- the Insured Member is vaccinated or immunised for the infections as required by the Insurer; and
- all tests be carried out according to the procedures the Insurer specifies.

## Other Serious Coronary Artery Disease

Means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

## Paraplegia

Means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

## Parkinson's Disease

Means the unequivocal diagnosis of idiopathic Parkinson's Disease as confirmed by a consultant neurologist and requiring treatment. All other types of Parkinsonism are excluded.

## Pneumonectomy

Means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

## Pulmonary Arterial Hypertension (Primary)

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

## Quadriplegia

Means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

## Rheumatoid Arthritis

Means widespread joint destruction with major deformity of three or more of the following joint areas:

Hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet.

The condition must result in the permanent inability to perform any three of the following Activities of Daily Living:

- a) Bathing;
- b) Dressing;
- c) Eating;
- d) Toileting;
- e) Transferring.

## Stroke

Means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- a) There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- b) Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient ischaemic attack, vasculitis or an inflammatory disease is excluded.

## Surgery to the Aorta

Means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

## Terminal Illness

Means the diagnosis of the Insured Member with an illness which in the opinion of an appropriate specialist physician approved by the Insurer, is likely to result in the death of the Insured Member within 12 months of the diagnosis regardless of any treatment that may be undertaken.

## Viral Encephalitis

Means the diagnosis of the Insured Member with encephalitis due to direct viral infection of the central nervous system. The encephalitis must produce neurological deficit causing permanent and significant functional impairment certified by a consultant neurologist. 'Significant' shall mean at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Encephalitis in the presence of HIV infection is excluded.



# SMSF Master Insurance Plan Direct Debit Request Service Agreement



The following is your Direct Debit Service Agreement with us. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (**DDR**).

## Definitions

- **account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
- **AGI** means Australian Group Insurances Pty Limited (ABN 97 140 572 434, AFSL 379565), our appointed service provider to provide administration services for the purposes of your DDR.
- **agreement** means this Direct Debit Request Service Agreement between you and us.
- **business day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **debit day** means the day that payment by you to us is due.
- **debit payment** means a particular transaction where a debit is made.
- **direct debit request** means the Direct Debit Request between us and you.
- **us, our or we** means **AIA Australia Limited (ABN 79 004 837 861, AFSL 230043) (Direct Debit User ID 000142)**, (the **Debit User**) who you have authorised by submitting a Direct Debit Request.
- **you** means the customer who submitted the Direct Debit Request.
- **your financial institution** means the financial institution nominated by you via the DDR at which the account is maintained.

## 1. Debiting your account

By submitting a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. The Direct Debit Request and this agreement contain the terms of the arrangement between us and you. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request, except where:

- (a) we have agreed to a temporary variation in accordance with your instructions at section 3 of this agreement; or
- (b) if a credit tribunal or other legal tribunal has instructed us to vary the arrangement; or
- (c) if the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day.

If you are unsure about which day your account has or will be debited you should ask your financial institution.

## 2. Amendments by us

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days' written notice. We reserve the right to cancel this agreement if the first debit from your account is returned unpaid or two or more debit attempts are returned unpaid by your financial institution.

## 3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing either AGI or us with at least fourteen (14) days' notification in writing or by telephoning AGI on (02) 9253 7909 during business hours or arranging it through your own financial institution.

## 4. Your obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request. If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us; and
- (c) you will need to arrange for the payment to be made by another method, or for funds to be made available in your account by an agreed time so that we can debit your account.

You should check your account statement to verify that the amounts debited from your account are correct. If we are liable to pay Goods and Services Tax ('**GST**') on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## 5. Dispute

If you believe that there has been an error in debiting your account, you should notify either AGI directly on (02) 9253 7909 or us on 1800 333 613 and confirm that notice in writing with AGI as soon as possible so that we can resolve your query more quickly.

Alternatively, you can take it up with your financial institution direct. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly.

We will also notify you in writing of the amount by which your account has been adjusted. If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance and, if we are unable to resolve the matter, you can refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

## 6. Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before submitting the Direct Debit Request if you have any queries about how to submit the Direct Debit Request.

## 7. Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

## 8. Notice

If you wish to notify us in writing about anything relating to this agreement, you should write to either AGI or us:

**Australian Group Insurances Pty Ltd**  
Level 5a, 201 Kent Street  
Sydney NSW 2000  
Email: [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au)

**AIA Australia Limited**  
PO Box 6111  
St Kilda Road Central VIC 8008

We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request. Any notice will be deemed to have been received on the second business day after posting.

# Application forms





# SMSF Master Insurance Plan Short Personal Statement

Death and TPD cover up to \$1,250,000 and/or  
Income Protection cover up to \$10,000 per month



Policy Ref No.   
(Office use only)

If you:

- are aged 60 or older; or
- require more than \$1,250,000 Death and Total & Permanent Disablement (TPD) insurance cover; or
- are applying for TPD Own Occupation definition; or
- require more than \$10,000 per month of Income Protection cover;

please complete the Full Personal Statement form available in the SMSF Master Insurance Plan PDS or at [www.agi.com.au](http://www.agi.com.au)

SMSF Provider Code:

Member No:   
(Office use only)

## Life Insured (please provide your current details)

Title  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)  Gender  M  F

Date of birth

Daytime contact No.  Email address

Postal Address

State  Postcode  Country

## Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund

ABN

Trustee Type  Corporate  Individual (Life Insured is Trustee)

Name of Corporate Trustee (if applicable)

Trustee's Postal Address

Suburb  State  Postcode

## Type of Insurance

Is this a new application for insurance or an application to increase your existing insurance cover with the SMSF Master Insurance Plan?  New  Increase

Cover	Sum Insured	Policy to be held
Death	\$ <input type="text"/>	Within SMSF

<b>Total &amp; Permanent Disablement (TPD)</b>		
TPD cover	\$ <input type="text"/>	Within SMSF

### Income Protection (IP) – as a non-superannuation policy

Income Protection cover (per month) (minimum \$1,000, maximum \$30,000)  \$ (limited to 84% of your monthly Income. That is your cover cannot be greater than 75% of your monthly Income plus up to an additional 9% of your monthly Income if you elect to cover mandatory superannuation contributions. For example, if your monthly Income is \$5,000 the maximum level of cover you may apply for is 75% x \$5,000 plus 9% x \$5,000)

Superannuation contribution benefit  % What % of your cover indicated above represents a super contribution component?

**IP Plus Options** provides ancillary benefits, including Accommodation Benefit, Family Care Benefit, Home Care Benefit, Nursing Care Benefit, Overseas Assistance Benefit, Specific Injury Benefit and Trauma Benefit.

Benefit Period  2 years (to age 65 if earlier)  5 years (to age 65 if earlier)  To Age 65

Waiting Period  30 days  60 days  90 days

... continued

Send your completed form to AGI at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au)

The SMSF Master Insurance Plan is distributed and administered by  
Australian Group Insurances Pty Ltd (AGI) ABN 97 140 572 434 AFSL 379565  
Product Issuer: AIA Australia Limited ABN 79 004 837 861 AFSL 230043



# Personal Questionnaire

Please complete all parts of this Short Personal Statement. If required, please attach any appendices.

1. Are you a permanent resident of Australia? .....  Yes  No

2. Occupation  Industry

Daily duties at work (including % time spent performing each duty i.e. manual duties)


Employment status  Full time  Part time  Casual  Contractor

How many hours per week do you work?

Gross Annual Income \$

3. (a) Height  cm (b) Weight  kg

4. At the date of this application, 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 sickness (even if you are not currently working on a full time basis or are unemployed)?.....  Yes  No

5. Have you smoked tobacco or any other substance in the last 12 months?.....  Yes  No

If 'Yes', please state forms and daily quantities

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

7. 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 metres), motor racing or any other hazardous activity?.....  Yes  No

8. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for:  
• high blood pressure, chest pains, high cholesterol, heart complaint or stroke  
• diabetes or abnormal blood sugar  
• mental or nervous disorder including stress, anxiety, depression  
• epilepsy, fits of any kind, multiple sclerosis, paralysis, other neurological condition  
• back or neck disorder, joint disorder, arthritis or loss of limb  
• loss of sight or blindness  
• cancer, lump or tumour of any type  
• liver disease (including hepatitis B or C), kidney or bladder disorder, bowel or stomach disorder?.....  Yes  No

9. Have you ever:  
• suffered from AIDS or been infected with the HIV virus, or  
• used intravenous drugs, or had sexual activity with someone you know or suspect to be HIV positive?  
• worked as a sex worker or engaged in sexual intercourse with a paid sex worker or intravenous drug user, or  
• engaged in unprotected male to male sexual activity? .....  Yes  No

If you answered 'Yes' to any of questions 4 to 9 above, please complete the Full Personal Statement available in the SMSF Master Insurance Plan PDS or at [www.agi.com.au](http://www.agi.com.au)

## Declaration and Agreement

**Your Duty of Disclosure** – Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, 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 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 your 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 Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

**Privacy Statements** – The Privacy Statements of AIA Australia and AGI can be obtained by visiting [www.aia.com.au](http://www.aia.com.au) and [www.agi.com.au](http://www.agi.com.au) respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you in the normal course of our business, being used as in the manner set out in these Privacy Statements.

### General Declarations

I, the trustee or corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Statements and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Statements.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

**Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee**

Date

X

DD / MM / YY



# SMSF Master Insurance Plan Full Personal Statement



Policy Ref No.   
*(Office use only)*

SMSF Provider Code:

Member No:   
*(Office use only)*

## Disclosure Notice

**Your Duty of Disclosure** – Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, 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 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 your 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 Insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

## Life Insured *(please provide your current details)*

Title  Mr  Mrs  Miss  Ms  Other

Surname  Given Name(s)

Date of Birth  Gender  F  M

Daytime contact no.  Email address

Postal address

State  Postcode  Country

Occupation  Industry

Daily Duties (Including % time spent performing each duty, i.e. manual duties)

Employment status  Full time  Part time  Casual  Contractor

How many hours per week do you work?

Gross Annual Income \$

## Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund

ABN

Trustee Type  Corporate  Individual (Life Insured is Trustee)

Name of Corporate Trustee *(if applicable)*

Trustee's Postal Address

Suburb  State  Postcode

... continued

Send your completed form to AGI at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au)

## Type of Insurance

Is this a new application for insurance or an application to increase your existing insurance cover with the SMSF Master Insurance Plan?  New  Increase

Cover	Sum Insured	Policy to be held
Death	\$ <input type="text"/>	Within SMSF

### Total & Permanent Disablement (TPD)

TPD cover	\$ <input type="text"/>	Within SMSF
TPD own occupation definition	\$ <input type="text"/>	As a non-superannuation policy

### Income Protection (IP) – as a non-superannuation policy

Income Protection cover (per month) (minimum \$1,000, maximum \$30,000)	\$ <input type="text"/>	(limited to 84% of your monthly Income. That is your cover cannot be greater than 75% of your monthly Income plus up to an additional 9% of your monthly Income if you elect to cover mandatory superannuation contributions. For example, if your monthly Income is \$5,000 the maximum level of cover you may apply for is 75% x \$5,000 plus 9% x \$5,000)
---	-------------------------	---

Superannuation contribution benefit  % What % of your cover indicated above represents a super contribution component?

**IP Plus Options** provides ancillary benefits, including Accommodation Benefit, Family Care Benefit, Home Care Benefit, Nursing Care Benefit, Overseas Assistance Benefit, Specific Injury Benefit and Trauma Benefit.

**Benefit Period**  2 years (to age 65 if earlier)  5 years (to age 65 if earlier)  To Age 65

**Waiting Period**  30 days  60 days  90 days


## Personal History

- 1) Please state your: Height?  cm and Weight?  kg Yes No
- 2) Are you a permanent resident of Australia?
- 3) Have you smoked any tobacco or any other substance in the last 12 months?    
If YES, please state forms and quantities
- 4) Do you drink alcohol?    
If YES, what type of alcohol?  How much (daily intake)?
- 5) Do you intend to work, live or travel overseas?    
If YES, please state the destination, duration, frequency and purpose of travel
- 6) Have you ever engaged or are you ever likely to engage in aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (e.g. motor racing, football – all codes, martial arts, scuba diving)?    
If YES, please provide details

### At the date of this application:

- 7) 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 sickness (even if you are not currently working on a full time basis or unemployed)? Yes No
- 8) Have you ever had back or neck pain for 7 or more consecutive days, or have you ever had mental/nervous/stress disorders, cancer, blindness or deafness?
- 9) In the last 3 years, have you had any medical advice or treatment, taken prescribed (excluding for colds or flu) or illicit drugs or been hospitalised for any injury or sickness?
- 10) Are you under any treatment by diet, medication, sedative, drugs?
- 11) Has any company ever declined, deferred, applied special or modified conditions or cancelled any proposal to insure you for life or disablement policy?

If you answered YES to any of the above questions (7–11), please give full details.

... continued 

# Medical History

## SECTION A – Medical Details

Yes No

- 1) Have you ever had or received treatment for or had symptoms of:
- High blood pressure or blood disorder e.g. leukaemia, anaemia or haemophilia?
  - Heart, vein or circulatory disorder, including chest pain, heart attack, stroke, heart murmur, raised cholesterol or rheumatic fever?
  - Mental or nervous disorder (e.g. stress, depression, insomnia), fainting, epilepsy, fits of any kind, paralysis, multiple sclerosis, migraines, brain disorder, psychiatric treatment/counselling or neurological disorder?
  - Gout, arthritis, rheumatism, skeletal injury, spine/neck disorder, cartilage or ligament injury, bone fracture or hernia?
  - Back or neck pain, whiplash, sciatica or any muscle or joint disorder?
  - Asthma, bronchitis, tuberculosis, pleurisy or other respiratory disorder?
  - Stomach, intestinal or rectal disorder, ulcer, bleeding from bowel, gall bladder?
  - Diabetes, thyroid or prostate disorder?
  - Cancer, tumour or any form of breast lump (even if you have not seen a doctor)?
  - Impairment/disorder of hearing or sight (other than short or long sightedness fully correctable by glasses) or loss of any limb?
  - Hepatitis B or C or have you ever been told you are a Hepatitis B or C carrier?
  - Dermatitis, psoriasis or any skin disorder?
  - Liver, kidney or bladder disease, including renal colic or stone, blood in urine or reproductive organ disorder?
  - Sexually transmitted diseases?
  - Drug or alcohol dependence?
  - Any other medical condition not mentioned above?
  - Females only**
    - Female organ disorder (including abnormal:- pap smear, breast ultrasound or mammogram)?
    - Are you currently pregnant?  
If YES, date of expected delivery

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## SECTION B – Further Medical Background

Yes No

- Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation?
- During the last five years have you:
  - Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional?
  - Been in hospital, clinic or nursing home?
  - Been advised to have an operation?
  - Had any tests, including blood tests, ECG, x-rays or genetic tests?
  - Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquilisers?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**If you answered YES to ANY of the questions in Sections A or B, please complete all Sections below. Otherwise, complete Section D onwards.**

## SECTION C – Answers in Detail

- 1) If you answered YES to ANY question in sections A or B, please provide details in the schedule below. If there is insufficient space, please provide a signed and dated supplementary statement.

Question Reference (Section A or B)	Tests, or nature of condition or complaint	Commencement Date	Duration	Time off work	Degree of Recovery (%)	Full details of treatment and results (include type of operations)	Full name and address of doctor or hospital (if any)

... continued

# Medical History (continued)

## SECTION D – Personal Doctor's Details (please provide current details)

If no personal doctor, please state name/address of last clinic or medical centre attended.

Name  Date of last consultation  How long have you been a patient?  yrs/mths

Address  State  Postcode

Telephone  Facsimile

Email (if known)  ABN (if known)

Please state the reasons and results of your last consultation.

.....

.....

.....

## SECTION E – Other Details

Yes No

- 1) Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)?

If YES, please provide the policy details in the schedule below.

Commencement Date	Insurer	Type of Cover	Amount of Cover	*To be Replaced 'Y' or 'N'
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

\*For policies to be replaced, please attach a copy of the policy document or other proof of existing insurances and terms of acceptance.

## SECTION F – Family History

Yes No

- 1) Have any of your parents, brothers or sisters (living or deceased) had Huntington's disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic disease or any other hereditary disorder?

If YES, please provide details in the schedule below.

Relation	Condition/Illness	Age at Onset (approximately)	Age at Death (if applicable)
.....	.....	.....	.....
.....	.....	.....	.....

Yes No

- 2) Have any of your parents, brothers or sisters (living or deceased) been diagnosed prior to age 65 with any of the following conditions: Diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease?

If YES, please provide details in the schedule below.

Relation	Condition/Illness For Cancer – Specify Type	Age at Onset (approximately)	Age at Death (if applicable)
.....	.....	.....	.....
.....	.....	.....	.....

... continued 

## Further Income Details (Complete only if Income Protection is required)

- 1) a) Please state your monthly Income from your current occupation (net of business expenses but before tax)?  
DO NOT INCLUDE INVESTMENTS AND MANDATORY SUPERANNUATION.
- **SELF EMPLOYED**  
Means the Income generated from the business due to your personal exertion or activities for the last 12 months less your share of necessarily incurred business expenses for the last 12 months. Income does not include unearned income such as dividends, interest, rental income or proceeds from the sale of assets but does include ongoing regular bonuses, regular management fees and regular commissions. Bonuses and commissions will be calculated based on the average of the last three years bonuses and commissions.
  - **EMPLOYED**  
Means your pre-tax Income paid to you by an employer including salary, fees, regular bonuses, regular commissions, regular overtime, fringe benefits and salary sacrificed superannuation contributions but excluding mandatory superannuation contributions and unearned income (e.g. investment or interest income). Bonuses, overtime earnings and commissions will be calculated based on the average of the last three years received by you from an employer.
- Principal Occupation: Current Year \$  per month Previous Year \$  per month
- b) How long have you been at your current occupation?  years  months
- c) How much of the above Income will continue if you are disabled? \$
- i) For how long?  years/months
- ii) State source of Income (e.g. sick leave, director's fees, Income Protection insurance, profit share from the business)
- 2) If you become disabled, would you receive Income from **other** sources?  Yes  No  
If YES:  
a) How much? \$  per month  
b) For how long?  years/months  
c) State source of Income
- 3) Do you also perform another occupation?  Yes  No If YES, describe the daily duties of this occupation (including manual work)
- 4) Do you receive any unearned Income?  Yes  No If YES, how much? \$  per month  
(e.g. from investments such as rental property or dividends?)
- 5) What was your previous occupation?
- 6) Are you self-employed or employed by your own company?  Yes  No  
If YES:  
a) Date your business started  DD / MM / YY  
b) How long have you been self-employed?  years/months  
c) What percentage of your work is: i) Freelance?  % ii) Contract?  %  
d) How many people do you employ?
- 7) Has your business or practice had a net operating loss in the last 2 years?  Yes  No  
If YES, please provide copies of Profit & Loss Statements for the last 2 years.
- 8) Have you or any business with which you were associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?  Yes  No  
If YES, when  DD / MM / YY Date of discharge  DD / MM / YY
- 9) Do you work at home?  Yes  No If YES, state percentage of the time  %
- 10) Do you earn commission or bonuses?  Yes  No If YES, state percentage of total Income  %

## AIDS Declaration

I hereby declare that:

- I am not suffering from Acquired Immune Deficiency Syndrome (AIDS) and I am not infected with the HIV virus and I am not carrying antibodies to the HIV virus;
- I have not used intravenous drugs, I have not engaged in male to male anal sexual activity and I have not worked as or had sexual intercourse with a paid sex worker; and
- I have not had sexual intercourse with someone I know or suspect to be HIV positive.

I am ABLE to declare that ALL the above statements are true.

I am UNABLE to declare that ALL the above statements are true.\*

\*If unable, a Confidential Supplementary Personal Statement is required.

**Before signing, one of the above boxes must be ticked.**

Signature of Life Insured

X

Date

DD / MM / YY

## Privacy Statements

The Privacy Statements of AIA Australia and AGI can be obtained by visiting [www.aia.com.au](http://www.aia.com.au) and [www.agi.com.au](http://www.agi.com.au) respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you in the normal course of our business, being used as in the manner set out in these Privacy Statements.

## Declaration and Agreement

I, the trustee or the corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Statements and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Statements.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

**Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee**

Date

X

DD / MM / YY

## Medical Authority

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history.

**Signature of Life Insured**

X

Date

DD / MM / YY





# SMSF Master Insurance Plan Individual Insurance Transfer



Policy Ref No.   
(Office use only)

Use this form if you wish to transfer your current insurance cover with another retail insurer or superannuation fund to the SMSF Master Insurance Plan. Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions. If your application is accepted, you will be allocated the same level of cover provided to you by your existing fund subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover.

If you have any questions, please call AGI on (02) 9253 7909 or email [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au).

SMSF Provider Code:

Member No:   
(Office use only)

## Important Information

AIA Australia agrees to provide individual transfer terms for Death/Total & Permanent Disablement (TPD) cover and Income Protection cover on the following basis:

- The maximum amount of cover that can be transferred per life insured is:
  - \$2 million for Death only or Death and TPD cover
  - \$20,000 per month for Income Protection cover.
- The Waiting Period (WP) and Benefit Period (BP) will be matched to the SMSF Master Insurance Plan offer. If the current WP is different, the life insured's WP will be rounded up to the next longest WP offered in the SMSF Master Insurance Plan offer, e.g. a 45 day WP will be rounded up to a 60 day WP. For BP, a life insured will receive the equivalent of their current BP, or if not available in the SMSF Master Insurance Plan, the lesser BP offered in the SMSF Master Insurance Plan.
- The level of cover provided to the life insured will be the level of cover currently held through their current fund/insurer and only where the current insurer's acceptance terms were less than or equal to +100% extra mortality or two exclusions for Death/TPD and Income Protection cover.
- For Death/TPD and Income Protection cover, if an exclusion is transferred from your current fund/insurer, the exclusion wording of AIA Australia will apply.
- The life insured has not received nor is eligible for a TPD or Income Protection benefit from another insurance arrangement.
- The life insured is aged less than 65.
- The life insured is not terminally ill with a life expectancy of less than 12 months.
- The life insured is Gainfully Employed and physically capable of undertaking gainful employment for at least 30 hours per week.
- The life insured must meet the eligibility criteria for insurance cover as set out in the PDS.
- The life insured does not continue the cover under another insurance arrangement.
- The life insured provides a copy of an up-to-date statement, letter or email produced by their current fund/insurer dated within the last 30 days, as evidence of cover currently held with the current fund/insurer.
- The life insured's replacement cover will not commence in the SMSF Master Insurance Plan until the later of:
  - AIA Australia accepting the life insured's application, and
  - the existing insurance cover with the current fund/insurer being cancelled.
- The applicant/life insured completes this Individual Insurance Transfer form to AIA Australia's satisfaction.
- Occupational classifications will be based on the classifications used by the SMSF Master Insurance Plan.
- Ratings and premiums may change to adapt to AIA Australia's ratings and premiums.

... continued

Send your completed form to AGI at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au)

## Life Insured *(please provide your current details)*

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>				Given Name(s)	<input type="text"/>
Date of Birth	<input type="text" value="DD / MM / YYYY"/>		Gender	<input type="checkbox"/> F	<input type="checkbox"/> M	
Daytime contact No.	<input type="text"/>		Email address	<input type="text"/>		
Postal address	<input type="text"/>					
	State		Postcode	Country	<input type="text"/>	
Occupation	<input type="text"/>		Industry	<input type="text"/>		
Daily Duties (Including % time spent performing each duty, i.e. manual duties)						
<input type="text"/>						
Do you work full or part time?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	How many hours per week do you work?	<input type="text"/>		
Gross Annual Income	\$ <input type="text"/>					

## Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund	<input type="text"/>				
ABN	<input type="text"/>				
Trustee Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual (Life Insured is Trustee)			
Name of Corporate Trustee (if applicable)	<input type="text"/>				
Trustee's Postal Address	<input type="text"/>				
	Suburb	State	Postcode		

## Your Existing Fund or Insurance Company's Details

You should check with your existing fund or insurance company for information about your benefits in that fund or insurance policy including information on exit, transfer, withdrawal and other fees, any insurance cover you may have, and the availability of investment options. You should do this so that you fully understand the effects of transferring your benefits.

*Please select the appropriate option below.*

- I am transferring my insurance cover from a super fund  
 I am transferring my insurance cover from an insurance company

Member account or policy number	<input type="text"/>				
Fund or insurance company's name	<input type="text"/>				
Fund or insurance company's postal address	<input type="text"/>				
	Suburb	State	Postcode		
Fund or insurance company's telephone no.	<input type="text"/>				
Name of employer (if applicable)	<input type="text"/>				
Industry (if applicable)	<input type="text"/>				

**Confirmation**

- Please confirm that all of the following statements are true and correct:
  - I will cancel my existing insurance cover under my existing fund/insurance policy.
  - I will not be transferring the cover under my existing fund/insurance policy to any other division or section of the existing fund or to any other fund, other than the SMSF Master Insurance Plan.
  - I will not effect a continuation option, or subsequently reinstate cover within the existing fund or with the existing insurer or any other divisions or associated fund of the existing fund or any other retail insurance arrangement.

I confirm that all three statements above are true and correct and agree to abide by these requirements.....  Yes  No

*If you answered 'No', you will not be eligible to transfer your existing insurance cover from your existing fund/insurance policy to the SMSF Master Insurance Plan. You are not required to complete the remainder of this section of the form.*

- Are you currently 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 sickness (even if you are not currently working on a full time basis)? .....  Yes  No
- Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD or Income Protection benefit with AIA Australia, another superannuation fund or life insurance policy? .....  Yes  No
- Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? .....  Yes  No

*If you answered 'Yes' to any of the above questions (2, 3 or 4), you will not be eligible to transfer your existing insurance cover from your current fund/insurance policy to the SMSF Master Insurance Plan. You are not required to complete the remainder of this form.*

- Is your cover under the existing fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?.....  Yes  No

*If you answered 'Yes', please provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the existing insurer or fund advising you of the acceptance of your cover subject to these additional terms.*

If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a loading of more than +100% extra mortality, then cover for that benefit cannot be transferred to the SMSF Master Insurance Plan.

**Death and Total & Permanent Disablement (TPD) cover**

- I confirm that my current level of cover under the existing fund/insurance policy is as follows:

Death cover \$

TPD cover \$

*The maximum amount you can transfer in total is \$2 million for Death only or Death & TPD cover.*

Do you currently have an Own Occupation\* TPD definition in your existing fund/insurance policy?

No – your TPD cover in the SMSF Master Insurance Plan shall be held within your SMSF.

Yes – please select from the following options:

Retain the Own Occupation TPD definition. Your TPD cover will be held as a non-superannuation policy.

Change to a Standard Occupation TPD definition. Your TPD cover will be held within your SMSF.  
Note that the Own Occupation definition is not available for TPD cover held within your SMSF.

\*Own Occupation TPD is only available to Professional and Senior Management occupations. See the SMSF Master Insurance Plan Product Disclosure Statement for the definition of occupations that fall under Professional and Senior Management categories. An additional premium will be applied to your TPD cover. Own Occupation will only be available to members if the TPD Own Occupation definition held with the existing fund/insurer meets the definition within the SMSF Master Insurance Plan.

You must obtain and attach an up to date statement (such as an acceptance certificate, letter or email) from your existing fund/insurer confirming the type and level of cover, or any loadings or exclusions currently held with the existing fund/insurance policy. All written evidence must be produced and dated within the last 30 days.

I understand that the transfer of my current Death and TPD cover if accepted by AIA Australia, will be subject to the terms and conditions of the SMSF Master Insurance Plan.

**Income Protection insurance cover**

- To be eligible for Income Protection cover under the SMSF Master Insurance Plan you must be Gainfully Employed and working at least 15 hours per week.

Income Protection cover per month \$  (maximum amount of cover you can transfer is \$20,000 per month)

Current Benefit Period  (please complete)

Current Waiting Period  (please complete)

I understand that the transfer of my current Income Protection cover once accepted by AIA Australia, will be subject to the terms and conditions of the SMSF Master Insurance Plan and that my Income Protection Benefit Period and Waiting Period (if applicable) will be matched to the SMSF Master Insurance Plan offer where possible.

You must obtain and attach an up to date statement (such as an acceptance certificate, letter or email) from your existing fund/insurer confirming the type and level of cover, or any loadings or exclusions currently held with the existing fund/insurance policy. All written evidence must be produced and dated within the last 30 days.

## Declaration and Agreement

### Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, and on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, transfer, vary or reinstate a contract of insurance. Any disclosure that you have, may have made, or ought to have made at the inception of a contract of life insurance being extended, varied, reinstated or transferred must be made as part of your application for the insurer to accept your application for cover. A transfer of any existing insurance cover does not release an applicant from the Duty of Disclosure under the Insurance Contracts Act 1984.

### 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 at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

### Privacy Statements

The Privacy Statements of AIA Australia and AGI can be obtained by visiting [www.aia.com.au](http://www.aia.com.au) and [www.agi.com.au](http://www.agi.com.au) respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you in the normal course of our business, being used as in the manner set out in these Privacy Statements.

### Declaration

I, the trustee or corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Statements and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Statements.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

- I understand that if I do not fully complete, sign and date this *Individual Insurance Transfer form*, I will not be eligible to transfer my current cover to the SMSF Master Insurance Plan.
- I understand that if AIA Australia accepts my application, my current amount of cover as at the transfer date under my existing fund/insurer will be replaced with an equal amount of cover under the SMSF Master Insurance Plan but subject to a total maximum of \$2 million for Death only or Death and TPD cover and \$20,000 per month for Income Protection cover.
- I understand that following the transfer, my total insurance cover (ie transferred amount plus my insurance currently held with the SMSF Master Insurance Plan) cannot exceed the maximum cover amounts provided by AIA Australia for each benefit, otherwise my transferred cover may be restricted to the maximum cover amount.
- I understand that my replacement cover will not commence in the SMSF Master Insurance Plan until the later of:
  - AIA Australia accepting my application, and
  - cancellation of my current insurance cover under my existing fund/insurance policy.
- I understand that AIA Australia and AGI may undertake appropriate enquiries and investigations to verify the answers I have provided.
- I understand that AIA Australia or AGI may investigate whether any premium loadings, restrictions and exclusions may have applied in the existing fund/insurance policy.
- I agree to provide AIA Australia and AGI with access to the health and/or financial evidence I provided to any existing fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to an existing fund or insurer may be acted upon by AIA Australia.
- I understand, should it become apparent to AIA Australia or AGI that I have not responded truthfully or satisfied the requirements that I confirmed above, then any insured benefit that may be payable to me, my beneficiaries or my estate under the SMSF Master Insurance Plan may be reduced by the insured amount paid or payable by my existing fund; an associated section or division of the existing fund, or any other fund, or retail insurance arrangement, or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.
- The information contained in this Individual Insurance Transfer form (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld.
- I understand that if AIA Australia accepts my application, the terms existing conditions as outlined in the SMSF Master Insurance Plan master Policy held by AGI will apply, and the terms and conditions of my former fund and/or my existing insurer will cease to apply.
- I understand that AGI is the owner of the master Policy effected with AIA Australia and that I will become an Insured Member under that master Policy.
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until AIA Australia has accepted the risk.

Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee

Date

X

DD / MM / YY



SMSF Master Insurance Plan  
**Superannuation  
 Policy Payment**

Policy Number: MP5010



Please provide your SMSF bank account details for payment of cover held within your SMSF.

Member No:

**Direct Debit Request**

**Request and Authority to debit the account named below to pay AIA Australia Limited**  Monthly  Yearly

*Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.*

I/We

	Title	Surname or Company Name	Given Name or ABN
Account holder 1	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Title	Surname or Company Name	Given Name or ABN
Account holder 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

**request and authorise** AIA Australia Limited (Direct Debit User ID 142) to debit my nominated account through the Bulk Electronic Clearing System and pay to AIA Australia Limited the amount due for my insurance cover under the Policy each month or yearly as applicable.

**Insert details of account to be debited**

Name account is held in

BSB number  -  Account number

**Acknowledgment** I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia Limited as set out in this Request and in the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which account is held**

Financial institution name

Address  Postcode

**Insert your signature**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Send your completed form to AGI at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au)



# SMSF Master Insurance Plan Non-Superannuation Policy Payment

Policy Number: MP5011



Please provide your bank account details for payment of cover held as a non-superannuation policy.

Member No:

## Direct Debit Request

**Request and Authority to debit the account named below to pay AIA Australia Limited**  Monthly  Yearly

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

	Title	Surname or Company Name	Given Name or ABN
Account holder 1	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Title	Surname or Company Name	Given Name or ABN
Account holder 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

**request and authorise** AIA Australia Limited (Direct Debit User ID 142) to debit my nominated account through the Bulk Electronic Clearing System and pay to AIA Australia Limited the amount due for my insurance cover under the Policy each month or yearly as applicable.

**Insert details of account to be debited**

Name account is held in

BSB number  -  Account number

**Acknowledgment** I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia Limited as set out in this Request and in the Direct Debit Request Service Agreement.

**Insert the name and address of financial institution at which account is held**

Financial institution name

Address  Postcode

**Insert your signature**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Send your completed form to AGI at [smsf@agigroup.com.au](mailto:smsf@agigroup.com.au)

