

# Asgard Personal Protection Package

## Supplementary Product Disclosure Statement (SPDS)



**Asgard**

This SPDS, dated 1 July 2015, replaces the SPDS dated 1 July 2014 and supplements information contained in the Product Disclosure Statement (PDS) for Asgard Personal Protection Package (APPP) dated 28 March 2011.

This SPDS is issued by BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 (BTFM). BTFM takes full responsibility for the whole of this SPDS.

This SPDS should be read together with the above mentioned PDS before making a decision in relation to APPP.

### **A. General information**

#### **Change of Trustee and Responsible Entity (RE) for Asgard Super and Investment Accounts**

Effective on and from 1 July 2013, Asgard Capital Management Limited ABN 92 009 279 592 AFSL 240695 (Asgard) retired as the Trustee/RE (as relevant) of the Asgard Super Accounts and the Asgard Investment Accounts (the Asgard accounts).

BTFM has been appointed as the new Trustee/RE (as relevant) for all the Asgard accounts. Asgard will continue to act as the custodian and administrator of the Asgard accounts and as the administrator of the APPP policies offered in this PDS.

In this PDS, any reference to Asgard as Trustee or Issuer should be taken to be a reference to BTFM, except where it relates to a custodial or administrative function. As a result, the following changes have been made to the PDS:

**On the inside front cover of the PDS, replace the seven bullet points following ‘In this PDS:’ with the following:**

- ‘AIA Australia’ and ‘the Insurer’ refer to AIA Australia Limited ABN 79 004 837 861 AFSL 230043.
- ‘the Trustee’ means BTFM in its capacity as trustee and RE (as relevant) of the Asgard accounts.
- ‘the Administrator’ of insurance policies offered in this PDS is Asgard.
- Asgard’s contact details are:  
Postal address: Customer Relations  
PO Box 7490  
Cloisters Square  
WA 6850  
  
Phone: 1800 998 185  
Facsimile: (08) 9481 4834  
Website: [www.asgard.com.au](http://www.asgard.com.au)
- BTFM’s contact details are:  
Level 20, 275 Kent Street  
Sydney, NSW 2000

- ‘Asgard Investment Account’ refers to the following products:
  - an Asgard Managed Profiles Investment Account
  - an Asgard Separately Managed Accounts – Funds Investment Account
  - an Asgard eWRAP Investment Account
  - an Asgard Infinity eWRAP Investment Account
  - an Asgard Elements Investment Account
  - an eCASH Account
  - a CASH Connect Account
  - an Asgard Trustee Funds Account

including badged versions of the products (where relevant) distributed by an Australian financial services licensee with who BTFM has an arrangement.

- ‘Asgard Super Account’ refers to the following products:
  - an Asgard Managed Profiles Super Account
  - an Asgard Separately Managed Accounts – Funds Super Account
  - an Asgard eWRAP Super Account
  - an Asgard Infinity eWRAP Super Account
  - an Asgard Employee Super Account
  - an Asgard Elements Super Account

including badged versions of the products (where relevant) distributed by an Australian financial services licensee with whom BTFM has an arrangement.

All Asgard Super Accounts are part of the Asgard Independence Plan – Division 2 ABN 90 194 410 365.

- ‘we’, ‘us’ and ‘our’ refers to Asgard and BTFM as the context requires.
- ‘Personal Protection’ means the Asgard Personal Protection Package.
- Both BTFM and Asgard are subsidiaries of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714 (Westpac) and are members of the Westpac Group. Westpac and its subsidiaries are collectively referred to in this PDS as the ‘Westpac Group’.
- ‘You’ means an applicant for insurance under the relevant Master Policy and ‘your’ has a corresponding meaning; however, where the applicant is not the life insured, ‘you’ and ‘your’ are references to the Policy Owner where the context requires.

**On page 1 of the PDS, under the heading ‘Important information’;**

- **replace the first paragraph with the following:**  
AIA Australia is the issuer of APPP under the relevant Master Policies.
- **replace the third paragraph with the following:**  
Asgard and AIA Australia have consented to the inclusion in this PDS of references to them and statements attributed to them and this consent has not been withdrawn as at the date of the PDS.
- **Replace the text on the back cover of the PDS, with the following:**  
Customer Relations 1800 998 185  
Correspondence  
Customer Relations  
PO Box 7490  
Cloisters Square WA 6850

**B. Future of Financial Advice (FoFA) changes: No adviser remuneration payable for new policies inside Asgard Super from 1 July 2014**

From 1 July 2014, FoFA bans the payment of commissions for new insurance policies held through APPP within Super. For new APPP insurance policies within Super from 1 July 2014, Asgard will no longer pay commissions to advisers.

Members who are covered under an APPP Policy before 1 July 2014 can continue to hold their insurance cover after 1 July 2014. Adviser remuneration will continue to be paid in respect of these members where permitted by FOFA grandfathering relief.

For new APPP standalone insurance policies from 1 July 2014, Asgard will continue to pay commissions to advisers.

As a result, the following changes have been made to the PDS:

- **On Page 22, under the heading ‘Premiums’, ‘How your premium is calculated’ replace the table with the updated table below:**

Your premiums are based on the type and level of cover you choose along with various other factors such as, but are not limited to, the following:

Factor	How it may impact the cost of your cover
Age	Generally, the older you are, the higher the cost of your cover.
Gender	Mortality and illness rates differ between males and females, resulting in a premium rate difference.
Smoker status	Generally, smoker premiums are higher than non-smoker premiums.
General health history and current condition	The better the state of your health, the lower the cost of your cover.
Occupation	Each occupation has different duties associated with it. The greater the risk associated with the general duties of that occupation group, the greater the cost of cover for that occupation group.
Sporting or recreational activities	Certain sporting or recreational activities carry more risk than others. Generally, the riskier the sporting or recreational activities that you undertake, the higher the cost of your cover.
Waiting Period selected	Generally, the longer the Waiting Period is, the lower the cost of your cover.
Benefit Period selected	Generally, the longer the Benefit Period is, the higher the cost of your cover.
Monthly Benefit definition selected	If you select the Indemnity option, your premium rates are discounted by 10%.
Any loadings applied to your cover	Loadings increase the cost of your cover.
Premium payment factor	The more frequent your cover payment method is, the higher the cost of your cover.
Amount of cover	Generally, the greater your cover amount, the higher the cost of your cover. However, a premium discount is applied when your insurance cover exceeds a certain amount.

- **On Page 24, under the heading ‘Management fee’ replace the entire section with the following:**

Asgard receives a management fee of up to 11% (including GST) of insurance premium payments as remuneration for the administrative service it provides. Asgard is also entitled to a profit share payment from the Insurer.

- **On Page 24, delete the ‘Adviser commission’ section, including the heading.**

### C. Privacy statement

Privacy Laws regulate the handling of personal information about individuals. This includes the collection, use, storage and disclosure of personal information. In light of changes to Australian privacy laws, we are updating the information we provide to you about how we manage your information. As a result, the following changes have been made to the PDS effective from 1 July 2014:

**On Page 29, under the heading ‘Privacy statement’ replace the entire section up to ‘Alternative Forms of Remuneration Register’ with the content below.**

In this privacy statement reference to “we”, “us”, “our” means Asgard, the Trustee and the Insurer.

#### Why we collect your personal information

We collect personal information (including sensitive information e.g. health information) from you to process your application, provide you with your product or service, process any claims you make and manage your product or service. We may also use your information to comply with legislative or regulatory requirements in any jurisdiction, prevent fraud, crime or other activity that may cause harm in relation to our products or services, and help us run our business. We may also use your information to tell you about products or services we think may interest you.

If you do not provide all the information we request, we may need to reject your application or claim, or we may no longer be able to provide a product or service to you.

#### How we collect your personal information

We may collect your personal information from many places including your application form, correspondence with you or your financial adviser, our telephone calls with you, you using our websites or emailing us. We may also collect your information from:

- third parties such as your insurance representative, Medical Practitioner or health professional, accountant or employer;
- other members of the Westpac Group;
- or from a service provider engaged to do something for us or another member of the Westpac Group.

## Disclosing your personal information

We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf such as a service provider, and other organisations that assist us with our business. We may also disclose your personal information to:

- any person who acts on your behalf in relation to your investment, such as your fund manager, insurance representative or financial adviser;
- Medical Practitioners or health professionals; or
- reinsurers and claims investigators and others referred to in the Asgard Privacy Policy and the Insurer's Privacy Policy.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in the Asgard Privacy Policy and the Insurer's Privacy Policy.

As a provider of financial services, we have obligations to disclose some personal information to government agencies and regulators in Australia, and in some cases offshore. We are not able to ensure that foreign government agencies or regulators will comply with Australian privacy laws, although they may have their own privacy laws.

By using our products or services, you consent to these disclosures.

## Other important information

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in the Asgard Privacy Policy and the Insurer's Privacy Policy.

The Asgard Privacy Policy is available at [www.asgard.com.au](http://www.asgard.com.au) or by calling 1800 998 185. The Insurer's Privacy Policy available at [www.aia.com.au](http://www.aia.com.au) or by calling 1800 333 613. They cover:

- how you can access the personal information we hold about you and ask for it to be corrected;

- how you may make a complaint about a breach of the Australian Privacy Principles, or a registered privacy code, and how we will deal with your complaint; and
- how we collect, hold, use and disclose your personal information in more detail.

These privacy policies will be updated from time to time.

Where you have provided information about another individual, you must make them aware of that fact and the contents of this privacy statement.

We will use your personal information to contact you or send you information about other products and services offered by the Westpac Group or its preferred suppliers. If you do not wish to receive marketing communications from us please call Asgard on 1800 998 185.

## D. Insurance Definition changes: Superannuation Industry (Supervision) Regulation (SIS Regulation) changes

As a result of changes to the SIS Regulations, the definitions for Life Protection (Life), Total and Permanent Disability (TPD), Trauma Protection, Critical Trauma Protection and Salary Continuance have been amended. As a result, the following changes have been made to the PDS effective on and from 1 July 2014:

- **On page 6, page 11 and page 13, replace the paragraph following the heading 'Terminal Illness Benefit' with the following effective on and from 1 July 2014 to 30 June 2015 (inclusive):**

A terminal illness is defined as a disease or condition that, in the opinion of any two appropriate specialist Medical Practitioners (with one of these being a specialist practicing in an area related to your injury or illness) approved by the Insurer and having regard to the current treatment or such treatment that you may reasonably be expected to receive, is likely to lead to the your death within 12 months from the date you are diagnosed with the condition.

- **On page 8 of the PDS, under the heading 'Standard Occupation definition', replace parts (a), (c) and part (d) (ii) with the following:**

- a) you have suffered the permanent loss of:
  - the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle); or
  - the sight in both eyes; or
  - the use of one limb and sight in one eye; and
  - in the Insurer's opinion, after consideration of all relevant evidence, you are unlikely to ever engage in any occupation for which you are reasonably suited by your education, training or experience.
- c) you are unable to perform at least two of the following Activities of Daily Living:
  - Dressing – the ability to put on and take off clothing without assistance; or
  - Bathing – the ability to wash or shower without assistance; or
  - Toileting – the ability to use the toilet, including getting on and off, without assistance; or
  - Mobility – the ability to get in and out of bed and a chair without assistance; or
  - Feeding – the ability to get food from a plate into the mouth without assistance

where 'assistance' means the assistance of another person.

AND

in the Insurer's opinion, after consideration of all relevant evidence, you are unlikely to ever engage in any occupation for which you are reasonably suited by your education, training or experience.

- d) (ii) where at the date of disablement, you were not employed and were engaged in unpaid domestic duties at home, you:
  - as a result of illness or Injury, are under the care of a Medical Practitioner; and
  - are unable to perform those domestic duties; and
  - are unable to leave your home unaided; and

- have not engaged in any gainful employment for a period of three consecutive months after the occurrence of the illness or Injury; and
- at the end of the period of three months, in the Insurer's opinion, and after consideration of all relevant evidence, you are disabled to such an extent that you are unlikely to perform those domestic duties and engage in any occupation for which you are reasonably suited by your education, training or experience.

- **On page 9 of the PDS, replace the heading 'Own Occupation definition', and the first paragraph with the following:**  
**Own Occupation definition (available for stand-alone only)**

Depending on your occupation, you have the option of applying for the 'Own Occupation' TPD definition. Please note that this benefit is not available if the Policy is held through an Asgard Super product. You may apply for the 'Own Occupation' TPD definition through an Asgard Investment Account or on a stand-alone basis but additional premiums apply if you hold your TPD cover under an 'Own Occupation' definition.

- **On page 9 of the PDS, under the heading 'Home Duties definition', replace the last bullet point with the following:**  
at the end of the period of three months, in the Insurer's opinion, and after consideration of all relevant evidence, you are disabled to such an extent that you are unlikely to perform those domestic duties and engage in any occupation for which you are reasonably suited by your education, training or experience.

- **On page 15 of the PDS, change the heading 'Cover while unemployed or on leave' and replace the text in this section with the following:**  
**Cover while on leave**

If you've been on maternity, paternity or long service leave for 12 months or more immediately preceding a claim, then Totally Disabled means that, because of Sickness or Injury:

- you're unable to perform any occupation for which you are reasonably suited by education, training or experience;
- you're under the care and following the advice of a Medical Practitioner; and
- you're not currently working in any gainful occupation.

In addition:

- In addition, the Sickness or Injury must have caused you to temporarily cease to be gainfully employed or to temporarily cease receiving gain or reward under a continuing arrangement to be gainfully employed.
- **On page 15 of the PDS, replace the second paragraph under the heading 'Agreed Value', with the following:**  
Your Monthly Benefit is guaranteed subject to you providing us with satisfactory financial evidence in relation to your application and that it does not exceed 100% of your Pre-disability income at the time of claim.
- **On page 15 of the PDS, delete references to 'unemployed or' in the 'Benefits' table.**
- **On page 31 of the PDS, replace the text in the 'Activities of Daily Living' section with the following:**

You are unable to perform at least two of the following Activities of Daily Living:

- Dressing – the ability to put on and take off clothing without assistance; or
- Bathing – the ability to wash or shower without assistance; or

- Toileting – the ability to use the toilet, including getting on and off, without assistance; or
- Mobility – the ability to get in and out of bed and a chair without assistance; or
- Feeding – the ability to get food from a plate into the mouth without assistance

where 'assistance' means the assistance of another person.

AND

in the Insurer's opinion, after consideration of all relevant evidence, you are unlikely to ever engage in any gainful occupation for which you are reasonably suited by your education, training or experience.

- **On page 31 of the PDS, replace the text in the 'Agreed Value' section with the following:**

If you've chosen 'Agreed Value' as specified in the Policy Information Statement, the amount the Insurer will pay is the lesser of the Monthly Benefit shown in your Policy Information Statement (inclusive of any indexation increases, and less any benefit reductions if applicable) and 100% of your Pre-disability income. The is subject to financial evidence supporting the Monthly Benefit being provided at either application or claim stage.

- **On page 32 of the PDS, replace the first sentence and the following two bullet points under the heading 'Pre-disability income', with the following:**

Pre-disability income is the average monthly Income you received during the 12 months immediately prior to your disability.

- **On page 33 of the PDS add the following at the end of the sentences under "Total Disability":**

In addition, the Sickness or Injury must have caused you to temporarily cease to be gainfully employed or to temporarily cease receiving gain or reward under a continuing arrangement to be gainfully employed.

## E. Insurance Definition

### Clarification: 'Terminal Illness'

The following change has been made to the PDS (as modified by the SPDS dated 1 July 2014) to clarify the definition of "Terminal illness" effective from 1 July 2015:

- **On pages 6, 11 and 13 of the PDS (as modified by the SPDS dated 1 July 2014), replace the paragraph following the heading 'Terminal Illness Benefit' with the following:**

Terminal Illness means:

- a) two registered Medical Practitioners have certified, jointly or separately, and approved by the Insurer, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within a period (the certification period) that ends no more than 12 months after the date of the certification; and
- b) at least one of the Medical Practitioners is a specialist practicing in an area related to the illness or injury suffered by you; and
- c) for each of the certificates, the certification period has not ended.

# Personal Protection Package

Product Disclosure Statement

Issue date: 28 March 2011



## Product Disclosure Statement (PDS)

Preparation date: 24 March 2011

Issue date: 28 March 2011

This PDS contains information about the following types of insurance cover:

- Life Protection
- Total and Permanent Disablement
- Trauma Protection
- Critical Trauma Protection
- Salary Continuance/Income Protection
- Business Expenses Protection.

In this PDS:

- 'AIA Australia' and 'the Insurer' refer to AIA Australia Limited ABN 79 004 837 861 AFSL 230043.
- 'Asgard', 'the Trustee', 'the Administrator', 'we', 'us' and 'our' refer to Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695. Asgard is a wholly owned subsidiary of Westpac.

Asgard's contact details are:

Postal address: Customer Transactions  
PO Box 7490  
Cloisters Square WA 6850

Phone: 1800 998 185  
Facsimile: (08) 9481 4834  
Website: [www.asgard.com.au](http://www.asgard.com.au)

- 'Asgard Investment Account' refers to:
  - an Asgard Managed Profiles Investment Account
  - an Asgard Separately Managed Accounts – Funds Investment Account
  - an Asgard Elements Investment Account
  - an eCASH Account
  - a CASH Connect Account
  - an Asgard Trustee Funds Account.
- 'Asgard Super Account' refers to:
  - an Asgard Managed Profiles Super Account
  - an Asgard Separately Managed Accounts – Funds Super Account
  - an Asgard Employee Super Account
  - an Asgard Elements Super Account
  - an Asgard eWRAP Super Account
  - any other eWRAP Super Account (or version thereof) of which Asgard is the Trustee.

All Asgard Super Accounts are part of Asgard Independence Plan – Division 2 ABN 90 194 410 365.

- 'Personal Protection' means the Asgard Personal Protection Package.
- 'Westpac' refers to Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714. Westpac and its subsidiaries are collectively referred to in this PDS as the 'Westpac Group'.
- 'you' means an applicant for insurance under the relevant Master Policy and 'your' has a corresponding meaning; however, where the applicant is not the life insured, 'you' and 'your' are references to the life insured, where the context requires.

For a list of other terms used in this PDS, please refer to the Glossary section on pages 31 to 38.

This PDS is available from financial advisers across Australia. The offer or invitation to which this PDS relates is only available to persons receiving this PDS in Australia.

# What's inside

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### Updating the information in this PDS

This PDS is up to date as at the time of preparation, but is subject to change from time to time. Where a change of information is not materially adverse to your interests, Asgard may not issue a new PDS or a supplementary PDS for new clients. However, you will be able to find out about these changes by calling our Contact Centre on 1800 998 185 or, if you're an existing investor, by checking Investor *Online*. You can also obtain a paper copy of the updated information free of charge by contacting your financial adviser or us.

### Important information

Insurance cover through Personal Protection is offered by Asgard. AIA Australia is the issuer of this cover under the relevant Master Policies held by Asgard.

All of the insurance cover offered by this PDS is provided under, and is subject to the terms and conditions in, the Master Policies. A copy of the relevant Master Policy for your chosen insurance can be obtained by calling our Contact Centre on 1800 998 185 or by contacting your financial adviser. Further terms and conditions may also be set out in the Policy Information Statements given to you. No benefit will be paid unless the Insurer accepts the claim.

AIA Australia has consented to the inclusion in this PDS of references to them and statements attributed to them and this consent has not been withdrawn before the date of this PDS.

Asgard has been appointed by the Insurer to administer the insurance offered under the relevant Master Policy. As administrator, Asgard performs certain functions in relation to the insurance, including receiving and processing applications and collecting premiums on behalf of the Insurer. Asgard is your point of contact and will advise you of any changes to your insurance cover including the fees, charges or benefits applying to that cover.

Insurance benefits payable under the Master Policies are liabilities of the Insurer and the premiums for these insurance benefits are payable to the Insurer. They are not deposits in, nor liabilities of, and are not guaranteed by, any bank or company whether related to the Insurer or not.

All applications for insurance must be received on an application form attached to or accompanied by either a paper or an electronic copy of this current PDS. The information provided and statements made in this PDS should not be taken as the giving of financial product advice by either the Insurer or Asgard as they do not take into account your personal objectives, financial situation or needs. As a result, you should, before acting on the information, consider the appropriateness of the information having regard to these factors. The insurance cover types described in this PDS are not savings plans. The primary purpose of each type of cover is to provide a benefit upon specified events happening. If you terminate your cover (other than during the cooling-off period), your cover will cease and there will be no refund of any premiums paid.

This PDS provides information in relation to insurance cover only. Further information concerning the superannuation and investment products it refers to may be obtained from your financial adviser. Any references to superannuation or investment products are not to be taken as an offer of those products. To the extent permitted by law, the Insurer does not accept any liability in connection with these superannuation and investment products.

Information in this PDS is based on the continuance of present taxation and superannuation laws, current as at the date of preparation of this PDS.

# Asgard Personal Protection Package at a glance

Personal Protection provides a range of competitive insurance cover to suit your life insurance needs and is available both inside and outside the superannuation environment.

We recognise that your needs may change over time and therefore have designed our insurance cover to allow for you to change the type and level of cover you require. You should review your insurance arrangements regularly. Your financial adviser will be able to assist you with this.

The following tables outline the types of insurance cover available under Personal Protection and the benefits and features for each of the insurance cover types.

## Life Protection and Total & Permanent Disablement (TPD)

Insurance cover type	Life Protection	TPD
Available inside super	✓	✓
Available as non-super/stand-alone	✓	✓
When the benefit becomes payable	If the life insured <b>dies</b> or becomes <b>terminally ill</b> .	If the life insured becomes <b>totally and permanently disabled</b> .
What benefit is payable	Agreed lump sum	Agreed lump sum

### Eligibility

Entry age next birthday (years) between	11 and 75	16 and 64
Expiry age – anniversary of commencement date of insurance prior to age (years)	100	100 (From anniversary of commencement date of insurance prior to age 65, TPD Benefit will be converted to an Activities of Daily Living definition)

### Cover limits

Minimum cover amount	\$50,000	\$50,000
Maximum cover amount	No maximum	\$5,000,000 or \$1,500,000 for Home Duties

### Benefits

Death Benefit	✓	
Terminal Illness Benefit	✓	
Final Expenses Benefit (stand-alone only)	✓	
Guaranteed Future Insurability Benefit		
• Personal Events	✓	✓
• Business Events	✓	✓
TPD Benefit		
• Standard Occupation		✓
• Own Occupation		✓
• Home Duties		✓
Conversion to Activities of Daily Living		✓

### Features

Mortgage Acceptance Cover	✓	✓
Benefit indexation	✓	✓
Guaranteed upgrade	✓	✓
Guaranteed renewable	✓	✓
Interim cover	✓	✓
24 hour worldwide cover	✓	✓
Large cover discount	✓	✓

<b>Further information</b>	Refer to pages 6 and 7 of this PDS.	Refer to pages 8 and 9 of this PDS.
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## Trauma Protection and Critical Trauma Protection

Insurance cover type	Trauma Protection	Critical Trauma Protection
Available inside super		
Available as non-super/stand-alone	✓	✓
When the benefit becomes payable	If the life insured <b>dies</b> or is diagnosed with a <b>terminal illness</b> , or one or more of the defined <b>medical conditions</b> .	If the life insured dies or is diagnosed with a <b>terminal illness</b> , or one or more of the defined <b>medical conditions</b> .
What benefit is payable	Agreed lump sum (some events trigger a partial payment of the agreed lump sum).	Minimum 25% of agreed lump sum for localised cancer, myocardial infarction, or open chest surgery; or full agreed lump sum for all other medical condition definitions.

### Eligibility

Entry age next birthday (years) between	18 and 60	18 and 60
Expiry age – anniversary of commencement date of insurance prior to age (years)	70	70

### Cover limits

Minimum cover amount	No minimum	No minimum
Maximum cover amount	\$2,500,000	\$2,500,000

### Benefits

Death Benefit	✓	✓
Terminal Illness Benefit	✓	✓
Trauma Benefit	✓	
Critical Trauma Benefit		✓
Residual Critical Trauma Benefit		✓
Buy Back Benefit	✓	✓
Advancement Benefit	✓	

### Features

Benefit indexation	✓	✓
Guaranteed upgrade	✓	✓
Guaranteed renewable	✓	✓
Interim cover	✓	✓
24 hour worldwide cover	✓	✓
Large cover discount	✓	✓

<b>Further information</b>	Refer to pages 10 and 11 of this PDS.	Refer to pages 12 and 13 of this PDS.
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## Salary Continuance/Income Protection and Business Expenses Protection

Insurance cover type	Salary Continuance	Income Protection	Business Expenses Protection
Available inside super	✓		
Available as non-super/stand-alone		✓	✓
When the benefit becomes payable	If the life insured becomes <b>totally or partially disabled</b> and is unable to work due to <b>Injury or Sickness</b> .		If the life insured becomes <b>totally disabled</b> and is unable to work due to <b>Injury or Sickness</b> .
What benefit is payable	Monthly Benefit to replace lost income, can be Agreed Value or Indemnity.		Reimbursement of eligible business costs incurred while disabled, up to an agreed Monthly Benefit.
<b>Eligibility</b>			
Entry age next birthday (years) between	16 and 64		18 and 55
Expiry age – anniversary of commencement date of insurance prior to age (years)	65		65
<b>Cover limits</b>			
Minimum cover amount	\$1,000 per month		\$1,000 per month
Maximum cover amount	\$60,000 per month		\$25,000 per month
<b>Cover types</b>			
Waiting Period	30, 60 or 90 days		30, 60 or 90 days
Benefit Period	<b>Inside super</b> Two years or to age 65	<b>Stand-alone</b> To age 65	12 months
<b>Benefits</b>			
	<b>Inside super</b>	<b>Stand-alone</b>	
Agreed Value	✓	✓	
Indemnity option	✓	✓	
Total Disability Benefit	✓	✓	✓
Partial Disability Benefit	✓	✓	
Recurrent Disability Benefit	✓	✓	✓
Waiver of premium	✓	✓	✓
Increasing Claim Benefit	✓	✓	
Elective surgery		✓	✓
Rehabilitation Benefit		✓	
Rehabilitation Expenses Benefit		✓	
Specific Injuries Benefit		✓	
Crisis Benefit		✓	
Accommodation Benefit		✓	
Family Support Benefit		✓	
Home Care Benefit		✓	
Bed Confinement Benefit		✓	
Overseas Assist Benefit		✓	
Death Benefit		✓	
<b>Features</b>			
Benefit indexation		✓	✓
Guaranteed upgrade		✓	✓
Guaranteed renewable		✓	✓
Interim cover		✓	✓
24 hour worldwide cover		✓	✓
Large cover discount		✓	✓
<b>Further information</b>	Refer to pages 14 to 19 of this PDS.		Refer to pages 20 and 21 of this PDS.

# Insurance with Asgard



## Why do I need Asgard Personal Protection Package insurance?

Your most valuable asset is your health. If you suffer a serious Sickness or Injury, the financial security and quality of life of you and your family will be dramatically affected. As a result, you may:

- be unable to care for your children;
- disrupt your partner's work, as they support and care for you;
- incur additional expenses, such as rehabilitation and hospital care;
- jeopardise your retirement plans by cutting off your income prematurely.

Serious accidents, trauma and disease are all unexpected events. The Asgard Personal Protection Package is a way to protect yourself and your family should the unforeseen happen. It provides a means of protecting your family's lifestyle, their future and the assets you've worked hard for. The Asgard Personal Protection Package offers you a range of insurance products that can be tailored to your individual needs.

## Personal Protection inside super

You can hold Personal Protection inside the superannuation environment, through an Asgard Super Account, and pay the insurance premiums from this account each month.

Holding insurance inside super may provide you and your financial dependants with some taxation benefits. There are significant differences in the way benefits may be paid.

For further information on holding insurance through an Asgard Super Account, please refer to page 30.

## Personal Protection outside super

Personal Protection is also available as a stand-alone (non-super) insurance outside the superannuation environment.

When you hold stand-alone Personal Protection insurance, you can arrange for the insurance premiums to be deducted from a nominated Asgard Investment Account or paid separately.

**You should speak to your financial adviser to determine the best insurance arrangements for your circumstances.**

# Life Protection

Life Protection pays the agreed lump sum if you die or are diagnosed with a terminal illness.

You have the option to hold Life Protection:

- on its own; or
- in combination with TPD insurance cover ('Life & TPD Protection'). Please refer to pages 8 and 9 for further information on TPD cover.

## Benefits

### Death Benefit

Life Protection pays your cover amount (at the date of death) when you die. If you hold Life Protection in combination with TPD insurance cover, your Death Benefit is reduced by any benefits paid for TPD Protection prior to your death.

### Terminal Illness Benefit

A terminal illness is defined as any disease or condition that, in the opinion of an appropriate specialist Medical Practitioner approved by the Insurer and having regard to the current treatment or such treatment as you may reasonably be expected to receive, is likely to lead to your death within 12 months from the date you are diagnosed with your condition.

If you're diagnosed with a terminal illness before your insurance cover expires, the Insurer will pay your full Life Protection cover.

### Final Expenses Benefit (available for stand-alone only)

If you die before your insurance cover expires an advanced payment of the lesser of 10% of the cover amount or \$25,000 will be paid to help pay for any immediate financial expenses. We will need to see a certified copy of the death certificate before this benefit can be paid. Any payments made under this benefit will be deducted from your Death Benefit.

### Guaranteed Future Insurability Benefit

The Guaranteed Future Insurability Benefit allows you to apply for increases to the amount of the Life Protection cover and any TPD insurance cover (if applicable) on the occurrence of certain 'personal events' and 'business events' before age 55 without having to provide further evidence of health or insurability. A maximum number of increases apply. Please see the relevant Master Policy for terms and conditions applicable to all such increases.

#### Personal Events

The Personal Events covered are:

- marriage of the life insured;
- divorce of the life insured;
- the birth of a child where the life insured is a parent;
- the adoption of a child by the life insured;
- a dependent child of the life insured starting secondary school;
- a dependent child of the life insured starting university;
- the life insured becoming a Carer for the first time;
- completion of the first undergraduate degree by the life insured;
- a change in employment status of the life insured where the life insured's salary increases by at least \$10,000 a year;
- the taking out, or increasing of, a mortgage by the life insured (either alone or jointly with another person) on a home which is the primary residence of the life insured; and
- the anniversary of the insurance cover being in force for five years.

For the 'taking out, or increasing of, a mortgage' event, the Life Protection/TPD cover amount may be increased under this option by the lesser of:

- 50% of the original cover amount;
- the amount of the mortgage being taken out or increased; and
- \$250,000.

For other Personal Events, the Life Protection/TPD cover amount may be increased under this option by the lesser of:

- 25% of the original cover amount; and
- \$250,000.

#### Business Events

The Business Events covered are:

- increases in the value of the life insured's financial interest, including loan guarantees in a business, averaged over the last three years where the life insured is a key person in the business (eg working partner, director or significant shareholder);
- increases in the life insured's value to a business, averaged over the last three years, where the life insured is a key person in the business;
- increases in the value of the life insured's financial interest in a business, averaged over the last three years, where the insurance cover forms part of a written buy/sell, share purchase or business succession agreement and the life insured is a partner, shareholder or unit holder in the business; and
- where the insurance cover forms part of a loan guarantee from the life insured.

For a Business Event, the Life Protection/TPD cover amount may be increased under this option by the lesser of:

- 25% of the original cover amount;
- the increase in the value of the life insured's financial interest in the business or of the life insured's value to the business, whichever is appropriate, averaged over the last three years; and
- \$500,000.

#### Limitations and other information

An increase under the Guaranteed Future Insurability Benefit is subject to:

- an application in writing for an increase being received by us within 30 days of a Personal Event/Business Event or within 30 days of the insurance cover anniversary following a Personal Event/Business Event;
- the life insured being less than age 55 at the time of a Personal Event/Business Event;
- provision of evidence, satisfactory to the Insurer, of the Personal Event/Business Event. (The required evidence for each event is detailed in the application form for an increase under this benefit.);
- total death cover on the life insured (including the cover with the Insurer and any other organisation) being less than \$3,000,000; and
- total TPD cover on the life insured (including the cover with the Insurer and any other organisation) being less than \$3,000,000.

The maximum increase made from all circumstances under this benefit will be the lesser of:

- the original cover amount; and
- \$1,000,000.

If TPD Benefits are attached to Life Protection cover, the TPD cover cannot exceed the Life Protection cover.

Only one Guaranteed Future Insurability Benefit increase may be exercised in any 12 month period.

The premium will be adjusted based on the new cover amount in line with current rates.

This benefit is not available if a loading or an exclusion has been applied to your cover.

## Exclusions

A Death Benefit won't be paid where death is the result of:

- an intentional self-inflicted injury (whether you were sane or insane) within 12 months of the commencement or reinstatement of cover; or
- an exclusion which is specific to you and noted on your Policy Information Statement.

If death is the result of an intentional, self-inflicted injury committed within 12 months after an increase in your cover (not including indexation), the amount of the increase in cover will not be paid. A Terminal Illness Benefit won't be paid where any intentional self-inflicted injury or attempt at suicide causes the terminal illness, directly or indirectly.

## Mortgage Acceptance Cover

When you take out Life Protection at the same time as you take out a home loan, you may be eligible for immediate acceptance under the Mortgage Acceptance Cover.

Please refer to the Mortgage Acceptance Cover section on page 25 for further information on the Mortgage Acceptance Cover terms and conditions.

# Total & Permanent Disablement

Total and Permanent Disablement (TPD) cover pays the agreed lump sum if you become totally and permanently disabled.

You have the option to hold TPD:

- on its own ('TPD only'); or
- in combination with Life Protection ('Life & TPD Protection'). Please refer to pages 6 and 7 for further information on Life Protection cover.

The treatment of your Life Protection benefit varies depending on how your TPD is held. The following table outlines the difference.

Life & TPD Protection	TPD only
If a TPD Benefit becomes payable, your Life Protection cover is reduced by the amount of the TPD payment.	If a TPD Benefit becomes payable, any Life Protection cover held separately from your TPD cover is not reduced.
Premiums will be adjusted according to the new Life Protection cover level. If the Life Protection cover is reduced to nil, cover ceases.	Premiums for the Life Protection cover continue for the remaining life of the cover.

## Benefits

### TPD Benefit

If you become totally and permanently disabled, the Insurer will pay the TPD Benefit. There are different TPD definitions you can choose from when applying for the TPD cover, subject to your occupation, as outlined below.

#### Standard Occupation definition

Under the 'Standard Occupation' definition, TPD means either:

- (a) you have suffered the permanent loss of:
- the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle); or
  - the sight in both eyes; or
  - the use of one limb and sight in one eye.

OR

- (b) solely because of illness or Injury, you:

- have suffered at least 25% impairment of Whole Person Function;
- are not engaged in any occupation; and
- are disabled to such an extent that you are unlikely to ever be engaged in any occupation for which you are reasonably suited by your education, training or experience.

OR

- (c) you are unable to perform at least two of the following Activities of Daily Living:

- Dressing – the ability to put on and take off clothing without assistance; or
- Bathing – the ability to wash or shower without assistance; or

- Toileting – the ability to use the toilet, including getting on and off, without assistance; or
- Mobility – the ability to get in and out of bed and a chair without assistance; or
- Feeding – the ability to get food from a plate into the mouth without assistance

where 'assistance' means the assistance of another person.

OR

- (d) (i) where at the date of disablement, you were employed 15 or more hours a week (averaged over the 13 week period prior to the date of disablement or such shorter period if employed for less than 13 weeks immediately prior to the date of disablement), you:
- have been absent from employment as a result of illness or Injury for three consecutive months; and
  - in the Insurer's opinion, after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to ever again be engaged in any occupation for which you are reasonably suited by your education, training or experience.

OR

- (ii) where at the date of disablement, you were not employed and were engaged in unpaid domestic duties at home, you:
- as a result of illness or Injury, are under the care of a Medical Practitioner; and
  - are unable to perform those domestic duties; and

- are unable to leave your home unaided; and
- have not engaged in any gainful employment for a period of three consecutive months after the occurrence of the illness or Injury; and
- at the end of the period of three months, in the Insurer’s opinion, and after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to perform those domestic duties or engage in any gainful occupation.

#### Own Occupation definition

Depending on your occupation, you have the option of applying for the ‘Own Occupation’ TPD definition. Please note that additional premiums apply if you hold your TPD cover under the ‘Own Occupation’ definition.

The ‘Own Occupation’ definition of TPD is the same as the ‘Standard Occupation’ definition above, except clause (d)(i) is replaced with:

- (d) (i) where at the date of disablement, you were employed 15 or more hours a week (averaged over the 13 week period prior to the date of disablement or such shorter period if employed for less than 13 weeks immediately prior to the date of disablement), you:
- have been absent as a result of illness or Injury from employment for three consecutive months; and
  - in the Insurer’s opinion, after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to ever again engage in your own occupation.

#### Home Duties definition

Under the ‘Home Duties’ definition, TPD means where at the date of disablement, you were not employed and were engaged in unpaid domestic duties at home, you:

- as a result of illness or Injury, are under the care of a Medical Practitioner; and
- are unable to perform those domestic duties; and
- are unable to leave your home unaided; and

- have not engaged in any gainful employment for a period of three consecutive months after the occurrence of the illness or Injury; and
- at the end of the period of three months, in the Insurer’s opinion, and after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to perform those domestic duties or engage in any gainful occupation.

#### Conversion to Activities of Daily Living

Instead of the benefit expiring, the Insurer will convert the benefit to an ‘Activities of Daily Living’ definition at the anniversary of commencement date of insurance prior to your 65th birthday. This will enable you to keep your benefit until the anniversary of commencement date of insurance prior to your 100th birthday. Please refer to clause (c) under the ‘Standard Occupation’ definition section above for the definition that will apply to this benefit.

The cover amount for the Activities of Daily Living Benefit issued on conversion from the TPD Benefit will be the lesser of:

- TPD cover amount at the time the TPD Benefit ceases; and
- \$1,000,000.

#### Conditions

The following conditions apply to TPD:

- this cover is only available until the anniversary of the commencement date of your insurance immediately prior to age 100; and
- your TPD Benefit is payable once only.

If you hold Life & TPD Protection:

- your TPD Benefit cannot exceed your Death Benefit; and
- the amount payable under your Death Benefit or Terminal Illness Benefit will be reduced by any amount paid under your TPD Benefit.

#### Other eligibility conditions

In addition to meeting the entry age eligibility, you must be working at least 15 hours per week as a permanent or permanent part-time employee to be able to apply for the ‘Standard Occupation’ or ‘Own Occupation’ TPD definition.

#### Extension of cover during unpaid leave

While premiums are paid, TPD cover will continue without modification for the first 12 months that the life insured is on leave without pay from their usual employment.

After that time, the definition of TPD will alter depending on the circumstances of the life insured. If the life insured is:

- then performing unpaid domestic duties, the definition will revert to the ‘Home Duties’ definition described above; or
- not performing unpaid domestic duties and not otherwise working, the definition will revert to that described in sections a, b and c under the ‘Standard Occupation’ definition on page 8.

#### Exclusions

A TPD Benefit won’t be paid where your disability is:

- directly or indirectly caused by any intentional self-inflicted injury or any attempt at suicide; or
- due to an exclusion which is specific to you and noted on your Policy Information Statement.

#### Mortgage Acceptance Cover

When you take out TPD at the same time as you take out a home loan, you may be eligible for immediate acceptance under the Mortgage Acceptance Cover.

Please refer to the Mortgage Acceptance Cover section on page 25 for further information on the Mortgage Acceptance Cover terms and conditions.

# Trauma Protection

Trauma Protection pays a lump sum if you:

- die; or
- are diagnosed with a terminal illness; or
- are diagnosed with one of the specified trauma medical conditions.

Trauma Protection is **not** available through an Asgard Super Account.

## Benefits

### Trauma Benefit

The Insurer will pay your cover amount on the first occurrence of you suffering one of the specified trauma medical conditions listed in the table opposite. A medical condition is a Sickness or Injury that causes you great distress and disruption.

Your Trauma Benefit will expire on the anniversary of the commencement date of insurance immediately prior to age 70, with the exception of the Death and Terminal Illness components which will expire on the anniversary of the commencement date of insurance immediately prior to age 100.

Trauma medical conditions	
Alzheimer's disease	Major organ transplant
Angioplasty*^	Medically acquired HIV
Aorta surgery	Meningitis
Aplastic anaemia	Meningococcal disease
Benign brain tumour	Motor neurone disease
Blindness	Multiple sclerosis
Cancer*	Muscular dystrophy
Cardiomyopathy	Occupationally acquired HIV
Chronic kidney failure	Open heart surgery
Chronic liver disease	Out of hospital cardiac arrest
Chronic lung disease	Paralysis:
Coma	• Diplegia
Coronary artery bypass surgery*	• Hemiplegia
Dementia	• Paraplegia
Encephalitis	• Quadriplegia
Heart attack*	• Tetraplegia
Heart valve surgery*	Parkinson's disease
Loss of hearing	Pneumonectomy
Loss of independent existence	Primary pulmonary hypertension
Loss of limbs or sight	Severe burns
Loss of speech	Stroke*
Major head trauma	Triple vessel angioplasty

\* There is no Trauma Benefit payable for these conditions if the condition occurs, or first becomes apparent, during the first 90 days after your commencement date of insurance. If transferring existing cover to the Trauma Protection insurance cover with Asgard, this qualifying period is waived for conditions previously covered (for the amount of cover transferred).

^ Payment is 10% of the Trauma Benefit at the date of the event up to a maximum of \$25,000.

The Trauma Benefit is reduced by any amount payable and the premium is reduced accordingly.

Please refer to the 'Medical terms – Trauma Protection/Income Protection' section on pages 33 to 36 for the definitions of the above trauma medical conditions.

### **Cancer definition**

The definition of cancer (see page 33) provides for a partial payment of 10% of the cover amount, up to a maximum of \$25,000, payable on the occurrence of the following trauma events:

- carcinoma in situ;
- early stage chronic lymphocytic leukaemia;
- early stage melanoma; and
- early stage prostate cancer.

The Trauma cover amount is reduced by the amount of any payment made for these events.

The partial payment will be paid once only for each trauma event above. The Insurer will pay for multiple events up to a maximum of \$100,000.

### **Death Benefit**

If you die, your Trauma Benefit (at your date of death) will be paid to your estate.

On expiry of your Trauma Benefit on the anniversary of the commencement date of insurance immediately prior to age 70, the Insurer will continue your Death Benefit through Life Protection. Your Death Benefit will expire on the anniversary of the commencement date of insurance immediately prior to age 100.

### **Terminal Illness Benefit**

A terminal illness is defined as any disease or condition that, in the opinion of an appropriate specialist Medical Practitioner approved by the Insurer and having regard to the current treatment or such treatment as you may reasonably be expected to receive, is likely to lead to your death within 12 months from the date you are diagnosed with your condition.

If you're diagnosed with a terminal illness, the Insurer will pay your full Trauma Benefit.

### **Trauma Buy Back Benefit**

If you're paid a full Trauma Benefit, you have the option to buy back your Trauma cover amount as Life Protection cover, without providing further underwriting information. This option is available provided you notify us within 12 months from the payment date of the initial claim. Cover will be made available upon the 12 month anniversary of the claim.

### **Advancement Benefit**

The Advancement Benefit will be paid when the life insured is first diagnosed by a Medical Practitioner as suffering from:

- Motor neurone disease.
- Multiple sclerosis.
- Muscular dystrophy.
- Parkinson's disease.
- Primary pulmonary hypertension.

For the purposes of the Advancement Benefit only, these conditions have their normal medical meaning rather than the meaning defined in the 'Glossary' section under 'Medical terms – Trauma Protection/Income Protection' on pages 33 to 36.

The Advancement Benefit will also be paid if the life insured has been placed on a waiting list to receive a major organ transplant and that procedure is unrelated to any previous procedure or surgery undergone by the life insured.

The amount to be paid will be 25% of the cover amount, to a maximum payment of \$25,000. Only one Advancement Benefit will be paid in respect of the life insured. The Trauma Protection cover amount will be reduced by the Advancement Benefit paid.

### **Exclusions**

A Trauma Benefit won't be paid if your condition is:

- directly or indirectly caused by any intentional self-inflicted injury or any attempt at suicide; or
- due to an exclusion which is specific to you and noted on your Policy Information Statement.

A Death Benefit won't be paid where death is the result of:

- an intentional self-inflicted injury (whether you were sane or insane) within 12 months of the commencement or reinstatement of cover; or
- an exclusion which is specific to you and noted on your Policy Information Statement.

If death was the result of an intentional, self-inflicted injury committed within 12 months after an increase in your cover (not including automatic indexation), the amount of the increase in cover will not be paid.

A Terminal Illness Benefit won't be paid where any intentional self-inflicted injury or attempt at suicide causes the terminal illness, directly or indirectly.

# Critical Trauma Protection

Critical Trauma Protection pays part or all of the lump sum if you:

- die; or
- are diagnosed with a terminal illness; or
- are diagnosed with one of the specified critical trauma medical conditions.

Critical Trauma Protection is **not** available through an Asgard Super Account.

## Benefits

### Critical Trauma Benefit

The Insurer will pay your cover amount on the first occurrence of you suffering one of the specified critical trauma medical conditions listed in the following table. However, for certain critical trauma medical conditions (which are noted with an asterisk below), only 25% of the Critical Trauma Benefit may be payable on the first diagnosis of these conditions. Please refer to the 'Residual Critical Trauma Benefit' section below for further details on how the remaining 75% of the benefit will be paid.

The proportion of the Critical Trauma Benefit that is paid and the timing of payment depend on the type of critical trauma medical condition which has occurred.

If you're diagnosed as suffering from multiple critical trauma medical conditions, a Critical Trauma Benefit will only be paid for the critical trauma medical condition which gives rise to the largest benefit, but in any event, benefits will not exceed the value of the Critical Trauma Benefit or the Residual Critical Trauma Benefit, whichever is applicable.

Critical trauma medical conditions	
Alzheimer's disease	Multiple sclerosis
Aplastic anaemia	Muscular dystrophy
Benign brain tumour	Myocardial infarction (heart attack)**^
Cancer*	Occupationally acquired HIV
Cardiomyopathy	Open chest surgery to correct:**^
Cerebrovascular accident (stroke)^	• Coronary artery
Chronic liver disease	• Valve
Chronic lung disease	Paralysis:
Chronic renal failure (kidney failure)	• Diplegia
Coma	• Hemiplegia
Dementia	• Paraplegia
Encephalitis	• Quadriplegia
Loss of independent existence	• Tetraplegia
Loss of speech	Parkinson's disease
Major abdominal aortic surgery^	Primary pulmonary hypertension
Major head trauma	Severe burns
Major organ transplant	Total blindness
Motor neurone disease	Total deafness

\* Only 25% of the Critical Trauma Benefit may be payable on the first diagnosis of these critical trauma medical conditions.

^ There is no Critical Trauma Benefit payable for these conditions if the condition occurs, or first becomes apparent, during the first 90 days after your commencement date of insurance. If transferring existing cover to Critical Trauma Protection, this qualifying period is waived for conditions previously covered (for the amount of cover transferred).

Please refer to the 'Medical terms – Critical Trauma Protection' section on pages 36 to 38 for the definitions of the above critical trauma medical conditions.

### **Residual Critical Trauma Benefit**

If you claim for either localised cancer, myocardial infarction or open chest surgery and only 25% of your Critical Trauma Benefit is paid, the remaining 75% of your Critical Trauma Benefit is thereafter referred to as your Residual Critical Trauma Benefit.

#### **Localised cancer**

25% of your cover amount is payable on diagnosis, providing the Insurer hasn't previously paid any benefit under your insurance cover. The remaining 75% of your cover amount is payable in the event of your death or terminal illness, or on diagnosis of:

- a recurrence of the original cancer;
- a regional or distant cancer;
- a second unrelated cancer;
- another critical trauma medical condition (including myocardial infarction) or if you subsequently undergo open chest surgery.

#### **Myocardial infarction (heart attack)**

25% of your cover amount is payable on the first heart attack, providing the Insurer hasn't previously paid any benefit under your insurance cover. The remaining 75% of your cover amount is payable in the event of your death or terminal illness, or on diagnosis of:

- a sustained severe impairment of a cardiac function as evidenced by a left ventricular ejection fraction of under 40% measured by an echocardiogram (or other comparable technique), performed at least three months after your first heart attack; or
- a second heart attack which occurs at least three months after the first heart attack; or
- another critical trauma medical condition (including localised cancer) or if you subsequently undergo open chest surgery.

### **Open chest surgery**

25% of your cover amount is payable after the first surgical procedure, providing the Insurer hasn't previously paid any benefit under your insurance cover. The remaining 75% of your cover amount is payable in the event of your death or terminal illness or:

- if you undergo subsequent open chest surgery; or
- on diagnosis of another critical trauma medical condition (including localised cancer and myocardial infarction).

### **Death Benefit**

If you die, your Critical Trauma Benefit or Residual Critical Trauma Benefit (at your date of death) will be paid to your estate.

On expiry of your Critical Trauma Protection cover, the Insurer will continue your Death Benefit through Life Protection. Your Death Benefit will expire on the anniversary of the commencement date of insurance immediately prior to age 100.

### **Terminal Illness Benefit**

A terminal illness is defined as any disease or condition that, in the opinion of an appropriate specialist Medical Practitioner approved by the Insurer and having regard to the current treatment or such treatment as you may reasonably be expected to receive, is likely to lead to your death within 12 months from the date you are diagnosed with your condition.

If you're diagnosed with a terminal illness, the Insurer will pay your Critical Trauma Benefit or your Residual Critical Trauma Benefit.

### **Critical Trauma Buy Back Benefit**

If you are paid a full Critical Trauma Benefit, you have the option to 'buy back' your Critical Trauma cover amount as Death and Terminal Illness cover through Life Protection, without providing further underwriting information. An amount equal to one third of the benefit paid can be repurchased on each of the first, second, and third anniversaries of the date of payment of the full Critical Trauma Benefit or the Residual Critical Trauma Benefit.

### **Exclusions**

A Critical Trauma Benefit won't be paid if your condition is:

- directly or indirectly caused by any intentional self-inflicted injury within 13 months of the commencement or reinstatement of cover; or
- due to an exclusion which is specific to you and noted on your Policy Information Statement.

A Death Benefit won't be paid where death is a result of:

- an intentional self-inflicted injury within 13 months of the commencement or reinstatement of cover; or
- an exclusion which is specific to you and noted on your Policy Information Statement.

If death or the critical trauma medical condition was because of an intentional self-inflicted injury committed within 13 months after an increase in your cover (not including automatic indexation), the amount of the increase in cover will not be paid.

A Terminal Illness Benefit won't be paid where any intentional self-inflicted injury or attempt at suicide causes the terminal illness, directly or indirectly.

# Salary Continuance/ Income Protection

Both Salary Continuance and Income Protection replace up to 75% of your monthly Income if you become disabled through Sickness or Injury and are unable to work.

## Inside super

If you hold Personal Protection through an Asgard Super Account, Salary Continuance is the insurance cover available to you.

## Stand-alone

If you hold Personal Protection outside of an Asgard Super Account, Income Protection is the insurance cover available to you.

## Flexible options to suit your insurance needs

When applying for your Salary Continuance/Income Protection insurance cover, you have a range of options to choose from so it is tailored to suit your insurance needs. Your choices determine your Salary Continuance/Income Protection premium.

The following table shows the options available to you.

Factors	What it means	Choices available to you	
		Salary Continuance	Income Protection
Benefit Period	The Benefit Period is the maximum period of time for which a Monthly Benefit will be paid for any one Sickness, or any one Injury, whilst you're totally or partially disabled.	2 years or to age 65	to age 65
Waiting Period	The Waiting Period is the period you must wait to become eligible to receive a benefit payment.  Generally, the longer the Waiting Period you select, the lower the cost of your premium.	30, 60 or 90 days	
Monthly Benefit definition	The Monthly Benefit definition you select determines whether future changes to your income will affect your benefits.  If you select the Indemnity option, the premium rates are discounted by 10%.	Agreed Value or Indemnity	

Please refer to the 'Glossary' section on pages 31 to 38 for further details on each of the factors above.

## Benefits

The benefits vary between Salary Continuance and Income Protection. The following table outlines the benefits available to each type of cover.

Benefit	Salary Continuance	Income Protection
Total Disability Benefit – while unemployed or on leave	✓	✓
Partial Disability Benefit – while unemployed or on leave	✓	✓
Indemnity option	✓	✓
Waiver of premium	✓	✓
Recurrent Disability Benefit	✓	✓
Rehabilitation Benefit		✓
Rehabilitation Expenses Benefit		✓
Specific Injuries Benefit		✓
Crisis Benefit		✓
Accommodation Benefit		✓
Family Support Benefit		✓
Home Care Benefit		✓
Bed Confinement Benefit		✓
Overseas Assist Benefit		✓
Death Benefit		✓
Elective surgery		✓
Increasing Claim Benefit	✓	✓

### Monthly Benefit

The maximum Monthly Benefit is determined based on the life insured's monthly Income. The maximum that can be insured is:

- 75% of the first \$33,333 of your monthly Income; and
- 50% of the next \$20,000 of your monthly Income; and
- 20% of the next \$125,000 of your monthly Income as at the cover start date.

The minimum Monthly Benefit available is \$1,000 per month and the maximum Monthly Benefit available is \$60,000 per month.

Regardless of the Monthly Benefit definition you select, for amounts insured above \$30,000 per month, in the event of a claim the Monthly Benefit will be reduced to \$30,000 per month after two years.

### Agreed Value

Agreed Value means your Monthly Benefit is agreed with you at the time of application and is based on your income at that time inclusive of increases by the Indexation Factor.

Your Monthly Benefit is guaranteed subject to you providing us with satisfactory financial evidence in relation to your application.

If you do not provide financial evidence in relation to your application at the time of application, please note that if you make a claim, evidence must be provided before the Insurer will make any claim payments.

Benefit reductions for other sources of income may apply.

### Indemnity

If you select the Indemnity option, your Monthly Benefit is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement, inclusive of increases by the Indexation Factor; and
- your calculated monthly Pre-disability income as set out in the table below.

Percentage of income	Your monthly Pre-disability income prior to becoming totally disabled
75%	\$33,333
Plus 50%	the next \$20,000
Plus 20%	the next \$125,000

The Insured Monthly Benefit is not guaranteed. Financial evidence must be provided before the payment of any claim and must be satisfactory to the Insurer.

Benefit reductions for other sources of income may apply.

### Total Disability Benefit

If you're totally disabled (see page 33), the Insurer will pay the Monthly Benefit after your selected Waiting Period has ended. No benefit is paid during the Waiting Period.

You must be Disabled for the length of your chosen Waiting Period to qualify for this benefit. You may return to work in your previous capacity for a total of five consecutive days or less during the 30 day Waiting Period (or 10 consecutive days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days you work will be added to the length of your selected Waiting Period. This benefit will be paid to you monthly in arrears.

### Cover while unemployed or on leave

If you've been unemployed or on maternity, paternity or long service leave for 12 months or more immediately preceding a claim, then total disability means that, because of Sickness or Injury:

- you're unable to perform any occupation for which you are reasonably suited by education, training or experience;
- you're under the care and following the advice of a Medical Practitioner; and
- you're not currently working in any gainful occupation.

### Partial Disability Benefit

If you're partially disabled (see page 32) after your Waiting Period has ended, the Insurer will pay you a proportion of your Monthly Benefit based on the reduction in your Pre-disability income.

You must be totally disabled for at least 14 consecutive days during the Waiting Period to qualify for this benefit and Disabled for the balance of the Waiting Period. You may return to work in your previous capacity for a total of five consecutive days or less during the 30 day Waiting Period (or 10 consecutive days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days you work will be added to the length of your selected Waiting Period. This benefit will be paid to you monthly in arrears.

### Cover while unemployed or on leave

If you become unemployed or go on leave without pay while a partial disability benefit is payable, then partial disability means that, due to Sickness or Injury:

- you're not totally disabled and are only capable of working in your own occupation in a reduced capacity; or you're working in another occupation;
- your monthly Income is less than your Pre-disability income; and
- you're following the advice of a Medical Practitioner.

Sabbatical leave will not be considered as unemployment or leave.

### Recurrent Disability Benefit

A claim recurring from the same (or related) cause within 12 months will be treated as a continuation of the previous claim. The Waiting Period will be waived and benefits will start to accrue immediately.

### Waiver of premium

If you're totally or partially disabled for longer than your selected Waiting Period, you don't have to pay any premiums while receiving a Total or Partial Disability Benefit.

If you have Income Protection, premiums are also waived if you're receiving a Specific Injuries Benefit or Crisis Benefit.

### Increasing Claim Benefit

If you continue to receive benefits for more than 12 months, the Insurer will increase your Monthly Benefit by the Indexation Factor (to a maximum of 10%), on each anniversary of the date when benefits first started to accrue.

### Rehabilitation Benefit (available for Income Protection only)

The Rehabilitation Benefit will be payable if you're totally disabled and are participating in an approved rehabilitation program. The benefit payable is 50% of your Monthly Benefit for a maximum of 12 months. This is paid in addition to any other benefit. The Rehabilitation Benefit starts to accrue from the date you first participate in the program and is paid monthly in arrears.

### Rehabilitation Expenses Benefit (available for Income Protection only)

If you're totally or partially disabled and you're on a rehabilitation program that is approved by the Insurer prior to commencement, the Insurer will reimburse any rehabilitation expenses you incur as a direct result of:

- participation in such a rehabilitation program;
- engaging in, or attempting to engage in, an occupation.

This benefit starts to accrue when the rehabilitation expenses are incurred and is paid monthly in arrears for a maximum of six months. The amount payable will be reduced by any amounts that are reimbursed by others (for example, other insurers or government rehabilitation program).

#### Examples of rehabilitation expenses:

- the cost of wheelchairs and modifications to motor vehicles;
- the cost of structural changes to your home or office.

The cost of a rehabilitation program is not a rehabilitation expense under this benefit.

### Specific Injuries Benefit (available for Income Protection only)

The Insurer will pay the Specific Injuries Benefit if, as a result of an Injury, you suffer one of the events listed below. This benefit will be payable even if you have returned to work. The Specific Injuries Benefit commences from the date that the event occurs and is paid monthly in advance. There is no Waiting Period. The Monthly Benefit will be paid for the payment period shown in the table below. The maximum Monthly Benefit amount the Insurer will pay in relation to this benefit will be limited to \$30,000 per month.

If one Injury causes more than one of the listed events, the Insurer will pay only for the event with the longest payment period. If you're disabled at the end of the payment period, then a Total or Partial Disability Benefit will be paid subject to the conditions of the relevant Master Policy.

Specific event	Payment period
Paraplegia	60 months
Quadriplegia	60 months
<b>Total and permanent loss of use of:</b>	
both hands or both feet or sight in both eyes	24 months
one hand and one foot	24 months
one hand and sight in one eye	24 months
one foot and sight in one eye	24 months
one arm or one leg	18 months
one hand or one foot or sight in one eye	12 months
thumb and index finger from same hand	6 months
<b>Fracture of the following bones requiring a plaster cast or other immobilising device:</b>	
thigh (shaft)	3 months
pelvis (except coccyx)	3 months
skull (except bones of nose or face)	2 months
arm, between elbow and shoulder (shaft)	2 months
shoulder blade	2 months
leg (above the foot)	2 months
knee cap	2 months
elbow	2 months
collar bone	1½ months
forearm, between wrist and elbow (shaft)	1½ months

### **Crisis Benefit (available for Income Protection only)**

The Insurer will pay the Crisis Benefit if you suffer one of the conditions listed below. The benefit will be payable even if you are still working. However, the Insurer won't pay a benefit for any more than one crisis at one time.

Medical conditions
Aorta surgery
Cancer
Cardiomyopathy
Chronic kidney failure
Coronary artery bypass surgery
Diplegia
Heart valve surgery
Heart attack
Hemiplegia
Major head trauma
Major organ transplant
Multiple sclerosis
Open heart surgery
Out of hospital cardiac arrest
Primary pulmonary hypertension
Severe burns
Stroke

If the event giving rise to a claim is cancer, payments will only be made when the condition qualifies for a full cancer payment. That is, no partial payments will be made for trauma events such as carcinoma in situ. See the cancer definition on page 33.

Definitions of the above medical conditions can be found in the 'Glossary' under 'Medical terms – Trauma Protection/Income Protection' on pages 33 to 36.

The Monthly Benefit will be paid for a period of six months and will only be paid once in any 12 consecutive month period. If you're disabled at the end of the six month payment period, then a Total or Partial Disability Benefit will be paid subject to the conditions of the relevant Master Policy.

### **Accommodation Benefit (available for Income Protection only)**

The Insurer will reimburse the accommodation expenses of an immediate family member if you become totally disabled, are under medical advice, remain confined to bed, the immediate family member is accommodated near you, and:

- you're more than 100 kilometres from your place of residence; or
- you're required to travel more than 100 kilometres from your place of residence.

\$220 per day will be paid for each day your immediate family member has to stay away from home for up to 30 days in any 12 month period.

### **Family Support Benefit (available for Income Protection only)**

If you're totally disabled beyond the end of the Waiting Period, the Insurer will pay the Family Support Benefit for up to three months if:

- you're totally dependent upon an immediate family member to look after you at home; and
- that immediate family member's income is consequently reduced.

Each month the Insurer will pay an amount equal to the reduction in the immediate family member's income or 50% of your Monthly Benefit amount, whichever is less. The Family Support Benefit starts to accrue from the first day you qualify for the benefit after the Waiting Period has ended and is paid monthly in arrears.

### **Home Care Benefit (available for Income Protection only)**

The Insurer will pay a Home Care Benefit if you're still totally disabled after the Waiting Period has ended and you are:

- confined to, or near, a bed (other than in a hospital or a similar institution that provides nursing care), due to the condition that caused your total disability; and
- totally dependent on a paid professional housekeeper, other than an immediate family member, for your essential everyday home care needs; and
- not receiving the Family Support Benefit or the Accommodation Benefit.

The lesser of \$220 a day or 100% of your Monthly Benefit will be paid for a maximum of six months. The Home Care Benefit starts to accrue from the first day you qualify for the benefit after the Waiting Period has ended and is paid monthly in arrears.

### **Bed Confinement Benefit (available for Income Protection only)**

The Insurer will pay a Bed Confinement Benefit if you are totally disabled, and during the Waiting Period, you are:

- confined to bed;
- unable to perform at least one important income producing duty of your occupation due to being confined to bed;
- confined continuously for at least three days; and
- certified by a Medical Practitioner to require the continuous care of a registered nurse.

An amount equal to 1/30th of your Monthly Benefit will be paid for each day (including the first three days) that you continue to meet this definition for up to 90 days, but not beyond the end of the Waiting Period. This benefit is paid monthly in arrears.

### **Overseas Assist Benefit (available for Income Protection only)**

If you're totally disabled for at least a month while outside Australia and you decide to return to Australia because of the continuing total disability, the Insurer will pay an Overseas Assist Benefit during the Waiting Period.

This benefit is payable once only to a maximum of three times the Monthly Benefit Amount for any one claim and is not payable if you were disabled when you left Australia. The fare costs reimbursed will be in line with those that are medically necessary.

### **Death Benefit (available for Income Protection only)**

The Insurer will pay three times your Monthly Benefit if you die while entitled to receive a Total or Partial Disability Benefit, Specific Injuries Benefit or Crisis Benefit. The maximum Monthly Benefit amount the Insurer will pay in relation to this benefit will be limited to \$30,000 per month.

### **Elective surgery (available for Income Protection only)**

You'll receive a Total or Partial Disability Benefit if your disability results from agreeing to voluntarily undergo medical treatment such as:

- cosmetic or other elective surgery; or
- undergoing surgery to transplant your body organs to the body of another person.

This benefit is not payable for elective surgery that occurs within six months of taking out or reinstating your Income Protection cover. If elective surgery occurs within six months after an increase in your cover (not including automatic indexation), the amount of the increase in cover will not be paid.

### **Other eligibility conditions**

In addition to meeting the entry age eligibility, you also need to meet the below conditions to be eligible to apply for Salary Continuance/Income Protection cover.

### **Minimum working hours per week**

You must be working at least 15 hours per week as a permanent or permanent part-time employee to be able to apply for Salary Continuance/Income Protection. Salary Continuance/Income Protection is not available for casual employees.

### **More than one occupation**

If you have more than one occupation, your benefit will be based on the income you receive from your principal occupation only.

### **Working from home**

If you work from home, the Insurer will require details such as length of time in business, size of business, number of employees, form of payment/accounts, type of occupation, qualifications and duties performed.

### **Overseas or temporary residents**

Usually, only permanent residents of Australia who have been residing in Australia for more than two years are eligible.

### **Anticipated surgery or present disability**

If you're about to undergo surgery, or are currently disabled, the Insurer will only consider your application following your full recovery and return to full-time work.

### **Optional benefits**

#### **Business Expenses Protection (available for Income Protection only)**

If you're self-employed or a small business owner, for an additional premium you may choose to add Business Expenses Protection to your Income Protection cover. This cover pays a Monthly Benefit to reimburse you for certain business expenses should you become totally disabled. See pages 20 and 21 for further information about Business Expenses Protection.

### **Exclusions**

The Insurer won't pay a benefit that arises in connection with:

- war or an act of war (whether declared or not);
- any intentional self-inflicted injury or any attempt at suicide;
- normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, threatened miscarriage, participation in an IVF or similar program, and conditions commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, bladder problems or post-natal depression; or
- an exclusion which is specific to you and noted on your Policy Information Statement.

You won't be paid a benefit for any condition which is directly or indirectly caused by an Injury that first occurred, or Sickness that first became apparent, before your cover or increase in cover came into effect, unless you disclosed this information in your application for cover and the Insurer agreed to cover it.

### **Concurrent benefits**

If you're entitled to claim for both the Specific Injuries Benefit and the Crisis Benefit, the benefit with the longest payment period will be paid. You won't receive both benefits.

If you're entitled to the Specific Injuries Benefit or the Crisis Benefit, these benefits will be paid instead of a Total or Partial Disability Benefit or a Bed Confinement Benefit.

The Insurer won't pay a Home Care Benefit while you're receiving the Family Support Benefit or the Accommodation Benefit.

### **When are benefits paid?**

<b>Benefits</b>	<b>Benefits paid DURING Waiting Period</b>	<b>Benefits paid AFTER Waiting Period</b>
Total Disability Benefit		✓
Partial Disability Benefit		✓
Rehabilitation Benefit		✓
Rehabilitation Expenses Benefit		✓
Specific Injuries Benefit	✓	
Crisis Benefit	✓	
Accommodation Benefit	✓	
Family Support Benefit		✓
Home Care Benefit		✓
Bed Confinement Benefit	✓	
Overseas Assist Benefit	✓	
Elective surgery		✓

## Benefit reductions

If, due to your disability, you receive any other income which exceeds 10% of your Pre-disability income, the Insurer will reduce the Monthly Benefit that must be paid to you under your insurance cover by the amount received.

Such disability income may include:

- sick leave, where the life insured has accrued entitlements of at least 60 days at the commencement of the Waiting Period and chooses to use those entitlements during the Benefit Period. No adjustment will be made for accumulated sick leave where:
  - the life insured has less than 60 days accumulated sick leave; or
  - the life insured has at least 60 days accumulated sick leave but the life insured chooses not to use that leave during the Benefit Period;
- any payments resulting from a workers' compensation or motor accident claim or any claim you make under any state or federal legislation; or
- benefits from any other insurance that provides income payments due to Sickness or Injury.

Any payment in the form of a lump sum, or that is exchanged for a lump sum, will be treated as having a monthly equivalent of 1/60th of the lump sum over a period of 60 months. The reduction in the amount of a Monthly Benefit will only be made to the extent that:

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

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

- a lump sum (or part of a lump sum) paid as compensation for pain and suffering, or the loss of use of a part of the body; or
- a lump sum TPD Benefit.

If the estimate of your income at date of application for cover (or an increase in cover) was not true and correct, then the Insurer may:

- reduce the amount of your Monthly Benefit to a level that does not exceed 75% of your Pre-disability income when combined with other disability payments; or
- treat the cover as null and void if your true income was so low that the Insurer would not consider covering you under this insurance cover.

If your Monthly Benefit is reduced because of a benefit offset, a part of the premium paid to us in the last 12 months will be refunded in proportion to the reduction of your benefit.

# Business Expenses Protection

Business Expenses Protection is designed to assist self-employed individuals and small business owners by ensuring that certain expenses of their business will still be paid even if they become totally disabled and are unable to work due to Injury or illness.

Business Expenses Protection is **not** available through an Asgard Super Account.

## Flexible options to suit your insurance needs

You have the option to hold Business Expenses Protection:

- on its own; or
- as an additional benefit to Income Protection.

## Waiting Period

The Waiting Period is the period you must wait to become eligible to receive a benefit payment. When applying for your Business Expenses Protection insurance cover, you can select one of the following Waiting Periods:

- 30 days
- 60 days
- 90 days.

Generally, the longer the Waiting Period you select, the lower the cost of your premium.

Please refer to the 'Glossary' section on pages 31 to 38 for the definition of the Waiting Period.

## What business expenses are covered?

The following table shows what expenses are covered and not covered by Business Expenses Protection.

Business expenses covered	Business expenses not covered
<p><b>Business expenses are the regular normal operating expenses of your business or practice. They include, but are not limited to, the following:</b></p> <ul style="list-style-type: none"> <li>• accounting fees;</li> <li>• cleaning and laundry;</li> <li>• depreciation of plant and equipment;</li> <li>• electricity, telephone, heating and water costs;</li> <li>• insurance premiums;</li> <li>• leasing costs of equipment or motor vehicles;</li> <li>• net cost of locum – direct replacement for you from a source outside the business;</li> <li>• interest repayments under a loan for the purposes of the business;</li> <li>• interest payments under a mortgage;</li> <li>• property rates and taxes;</li> <li>• remuneration and associated costs of any non-income generating employee;</li> <li>• rent;</li> <li>• subscriptions to professional associations; and</li> <li>• other expenses specifically agreed to in writing.</li> </ul>	<p><b>Business expenses not covered under this benefit include, but are not limited to, the following:</b></p> <ul style="list-style-type: none"> <li>• depreciation on real estate;</li> <li>• payments for goods, stock in trade, plant or equipment;</li> <li>• remuneration, salaries, fees or benefits of income generating employees;</li> <li>• any amounts paid to you, an immediate family member or any joint owner of the business such as remuneration, salary, fees or benefits;</li> <li>• any expense that was not normally paid by yourself before your disability; and</li> <li>• any portion of business expense which is normally payable by someone else who has an interest in the business.</li> </ul>

## Benefits

### Total Disability Benefit

If you have a continuous period of total disability at the expiry of the Waiting Period, you'll receive the Total Disability Benefit. The Total Disability Benefit is the lesser of your Business Expenses Monthly Benefit and the actual business expenses incurred.

### Elective surgery

The Total Disability Benefit will be payable even if your total disablement results from cosmetic or elective surgery, or the transplant of organs to another person.

The Total Disability Benefit is not payable for elective surgery that occurs within six months of taking out or reinstating your Business Expenses Protection cover.

### Waiver of premium

If you're totally disabled for longer than the Waiting Period, the premiums paid during that period will be refunded and the Insurer will continue to waive your premiums until you're no longer totally disabled. Premium payments will recommence from the date your disablement ceases.

### Recurrent Disability Benefit

A claim recurring from the same cause within 12 months will be treated as a continuation of the previous claim. The Waiting Period will be waived and benefits will start to accrue immediately.

## Exclusions

The Insurer won't pay a benefit that arises in connection with:

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

You won't be paid a benefit for any condition which is directly or indirectly caused by an Injury that first occurred, or Sickness that first became apparent, before your cover or increase in cover came into effect, unless you disclosed this information in your application for cover and the Insurer agreed to cover it.

### Benefit reductions

Your benefit will be reduced by:

- your portion of the income derived from your business trading during that period;
- any income generated by a person hired to replace you; and
- any amounts received from another insurance policy covering your business expenses.

The Insurer will only reduce your benefit, because of other insurance, to the extent that the combined benefit and other insurance payment exceed 100% of your business expenses Monthly Benefit.

## What if your expenses are more than the benefit amount?

The Insurer will reimburse you for the covered expenses your business actually incurred, up to the amount of monthly cover you purchased.

## What if your monthly expenses are less than the benefit amount?

If your monthly expenses are less than the benefit amount, the Insurer will extend the Benefit Period for up to a further 12 months, while your disability continues, until your reimbursed expenses equal 12 times the Monthly Benefit.

## Benefit Period

The Total Disability Benefit is payable for a period of up to 12 months. The benefit will cease when the first of the following events occurs:

- you are no longer totally disabled;
- a total of 12 Business Expenses Monthly Benefits have been paid;
- the anniversary of the commencement date of insurance preceding your 65th birthday has been reached; or
- you die.

# Premiums and charges

## Premiums

### How your premium is calculated

Your premiums are based on the type and level of cover you choose along with various other factors such as, but are not limited to, the following:

Factor	How it may impact the cost of your cover
Age	Generally, the older you are, the higher the cost of your cover.
Gender	Mortality and illness rates differ between males and females, resulting in a premium rate difference.
Smoker status	Generally, smoker premiums are higher than non-smoker premiums.
General health history and current condition	The better the state of your health, the lower the cost of your cover.
Occupation	Each occupation has different duties associated with it. The greater the risk associated with the general duties of that occupation group, the greater the cost of cover for that occupation group.
Sporting or recreational activities	Certain sporting or recreational activities carry more risk than others. Generally, the riskier the sporting or recreational activities that you undertake, the higher the cost of your cover.
Waiting Period selected	Generally, the longer the Waiting Period is, the lower the cost of your cover.
Benefit Period selected	Generally, the longer the Benefit Period is, the higher the cost of your cover.
Monthly Benefit definition selected	If you select the Indemnity option, your premium rates are discounted by 10%.
Any loadings applied to your cover	Loadings increase the cost of your cover.
Your financial adviser remuneration	The amount of financial adviser remuneration agreed between you and your financial adviser is included in your premium. Therefore, the higher the remuneration amount is, the higher the cost of your cover.
Premium payment factor	The more frequent your cover payment method is, the higher the cost of your cover.
Amount of cover	Generally, the greater your cover amount, the higher the cost of your cover. However, a premium discount is applied when your insurance cover exceeds a certain amount.

Your premium is recalculated at each anniversary of the commencement date of insurance based upon your age and/or any increase in the cover arising from indexation increases.

You can obtain a copy of the current premium rates or an indicative quote free of charge by contacting your financial adviser or our Contact Centre on **1800 998 185**.

## Minimum premiums

### Inside super

There is no minimum premium if you hold Personal Protection inside the superannuation environment, through an Asgard Super Account.

### Stand-alone

If you hold Personal Protection as a stand-alone, the minimum premium for each type of insurance cover (excluding the Administration fee) is \$200 per annum.

## Administration fee

An administration fee is charged in addition to the premiums applicable for each type of insurance cover held. It covers the costs associated with establishing and maintaining your insurance cover.

### Inside super

If you hold Personal Protection through an Asgard Super Account, the administration fee is \$4.10 per month (including GST).

### Stand-alone

If you hold Personal Protection as a stand-alone, the administration fee varies depending on your premium payment frequency, as per set out below.

Premium payment frequency	Administration fee (including GST)
Monthly	\$4.40
Quarterly	\$13.20
Half-yearly	\$25.30
Annually	\$48.40

## Payment options and frequency charges

Premiums and charges are payable in advance.

### Inside super

If you hold Personal Protection through an Asgard Super Account, the insurance premiums and charges will be deducted from this account on a monthly basis. 6% of annual premium frequency charge is payable for each type of insurance cover held.

Asgard is not liable to meet the cost of your insurance. If you don't have enough cash in your Asgard Super Account, we may be required to sell a portion of your investments in your account to pay the premium. If your account balance is insufficient to cover the premiums, your insurance cover will cease.

If you need to make contributions to your Asgard Super Account to pay premiums, you must be eligible to do so. Generally, you can make contributions, if you are:

- under 65 years of age; or
- aged 65 or over and under age 75, and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made.

The premiums for your insurance will be placed in the Insurer's No.1 Statutory Fund and insurance benefits will be paid from that fund.

### Stand-alone

If you hold Personal Protection outside the superannuation environment, you can choose to pay the insurance premiums and charges monthly, quarterly, half-yearly or annually. However, if you choose to pay your premiums more frequently than annually, a frequency charge is charged in addition to the premiums to cover the cost of administering this.

The following table outlines the different payment methods available to you and frequency charge applicable.

Payment frequency	Payment methods available			Frequency charge
	Asgard Investment Account <sup>1</sup>	Direct debit	Cheque	
Monthly	✓	✓		6% of annual premium
Quarterly			✓	4% of annual premium
Half-yearly			✓	3% of annual premium
Annually			✓	Nil

<sup>1</sup> This option is only available if you nominate to link an Asgard Investment Account to your insurance cover.

## Large cover discount

A premium discount is applied when your insurance cover exceeds a certain amount.

For Salary Continuance, Income Protection or Business Expenses, the rate is reduced by 5% where the Monthly Benefit is \$5,000 or greater.

For Life Protection, TPD, Trauma Protection or Critical Trauma Protection, the rate is reduced by 10% where the cover amount is \$500,000 or greater.

## Non-payment of premiums and charges

If premiums and charges are not paid within 30 days of the premium due date, we will cease your insurance cover.

## Government taxes and charges

The Insurer will pass on, with immediate effect, any government taxes or charges relating to your insurance cover.

Stamp duty may be payable on your insurance cover in accordance with the stamp duty laws and practices.

The premium applicable to your insurance cover is input taxed for the purposes of the GST. This means there is no GST payable by you on the premiums payable.

Please contact your financial adviser or our Contact Centre on **1800 998 185** for further information on the government taxes and charges that may be applicable to your insurance cover.

### **Management fee**

Asgard receives a management fee of up to 11% (including GST) of insurance premium payments and may be entitled to a profit share payment for Life, TPD, Trauma and Critical Trauma Protection (if it is justified by the claims experience) from the Insurer as remuneration for the administrative service it provides.

### **Adviser commission**

Your financial adviser can receive up to 27.5% (including GST) of insurance premiums as commission. The amount of adviser commission agreed between you and your financial adviser is included in your premium.

### **Changes to the premium rates and charges**

Asgard and the Insurer reserve the right to vary the premium rates or any fees and charges at our discretion. Future government charges may also vary which may affect your premium, fees and charges.

Any change, except changes to government charges, will be advised to you in writing 90 days prior to the change taking effect.

### **Clearing account interest – stand-alone insurance**

If you hold Personal Protection as a stand-alone (non-superannuation), the premiums you pay pass through a clearing account in Asgard's name before being paid to the Insurer. Benefits paid by the Insurer can also pass through this clearing account. By completing an application, you agree that Asgard may retain the interest earned on the money passing through this clearing account. Any fees in relation to this account will be paid by Asgard.

# Mortgage Acceptance Cover

Under Mortgage Acceptance Cover, your application for insurance is immediately accepted subject to meeting the criteria under 'Limitations and other information' below, without the need for you to answer any health and personal questions or provide a personal statement or any underwriting evidence, which is normally required by the Insurer to assess the risk of insuring individuals.

## Types of insurance cover

Mortgage Acceptance Cover is available for:

- Life Protection; and
- TPD.

Insurance cover can be taken either inside or outside the superannuation environment.

## Limitations and other information

Provision of insurance cover under Mortgage Acceptance Cover is subject to all of the following conditions.

- An application for insurance cover being received by us within 30 days of a home loan approval.
- The life insured being:
  - the actual home loan borrower;
  - one of the home loan borrowers if the loan is in joint names;
  - if the home loan borrower is a Self Managed Superannuation Fund (SMSF) – one of the trustees (a certified copy of the current SMSF trust deed must be provided detailing the trustees)\*; or
  - if the home loan borrower is a company – one of the directors\*.

- Provision of evidence, satisfactory to the Insurer, of the home loan approval by a bank, credit union or building society confirming the name of the home loan borrower, the amount of the loan and the date of approval. Please note that a home loan pre-approval is **not** acceptable.
- If the home loan borrower is a company, you must provide one of the following:
  - a copy of the 'Application for Registration as an Australian Company' and, if relevant, a copy of any 'Change to Company Details' form lodged with ASIC evidencing the names of directors and other corporate officers; or
  - a copy of the most current annual statement and, if relevant, a copy of any 'Change to Company Details' form lodged with ASIC since the annual statement was filed.
- The amount of cover being the lesser of the amount of the home loan (as increased from time to time) and \$500,000;
- The life insured's occupation must be an insurable occupation as set out in the Asgard occupation list for TPD.
- All the other terms and conditions of the relevant Master Policy.

Insurance cover provided under Mortgage Acceptance Cover is subject to New Events for the first 12 months.

New Events means that the life insured is only covered for claims arising from a Sickness which first becomes apparent, or an Injury which first occurs on or after the date cover commenced or most recently commenced under the insurance cover.



After 12 months, full insurance cover applies subject to meeting the Active Employment definition. If the life insured is not in Active Employment after the first 12 months, cover will continue to be limited to New Events until the life insured returns to Active Employment. Please refer to the 'Glossary' section on page 31 for the definition of Active Employment.

## Exclusions

A benefit will not be paid if death or disability is caused directly or indirectly by:

- suicide or any attempt at suicide within 12 months of commencement of cover;
- an intentional self-inflicted act or injury; or
- hazardous pursuits that the Insurer would not usually cover under standard terms and conditions.

\*Only available where the insurance cover is taken outside the superannuation environment.

# Important information

## When will your insurance cover end?

Your insurance cover will end as soon as one of the following occurs:

- you have reached the cover expiry age;
- the premiums are not paid within 30 days of written notice of the premiums being due;
- you cease to be a member of the Asgard Super Account (if insurance is held inside super only);
- the Insurer terminates cover due to misrepresentation or non-disclosure;
- the Insurer admits a claim for a Death Benefit;
- you permanently retire from the workforce, except when this is a direct result of a Disability (Salary Continuance/Income Protection or Business Expenses only);
- you die (Salary Continuance/Income Protection or Business Expenses only);
- the full cover amount has been paid for the Critical Trauma Benefit and the Residual Critical Trauma Benefit (where applicable) (Critical Trauma Protection only);

- the Insurer admits a claim for a benefit (other than a partial payment) for you (Trauma Protection only);
- a benefit has been paid for Terminal Illness or TPD and there is no remaining Death Benefit (Life Protection);
- the insurance cover is cancelled in writing; or
- the relevant Master Policy is terminated.

In the event the relevant Master Policy ends, Asgard will endeavour to provide a replacement policy with another insurer under which cover will be continued on similar terms and conditions to that provided in the Asgard policy.

## Guarantee of upgrade

Future versions of the Asgard Personal Protection Package may be introduced. If this happens, your insurance cover will be automatically upgraded to the new terms and conditions within a reasonable timeframe, but only if you will not be disadvantaged by the upgrade.

## Guaranteed renewable

The Insurer guarantees to renew your insurance cover each year until the expiry date of the cover as long as you comply with the policy conditions and pay the required premium. This guarantee applies regardless of any change in your health or personal circumstances.

## Indexation

To help ensure the level of your insurance cover is not devalued by inflation, it will be automatically indexed each year by a minimum of 5% or the Indexation Factor, whichever is greater. Your premiums will increase accordingly.

The increase will be calculated on the anniversary of the commencement date of insurance. You can decline an increase at any time by writing to Asgard and requesting that indexation not be applied to your insurance cover for that particular year. This will not preclude you from future indexation of cover. Your cover will not be indexed if you are claiming a benefit from the cover.

The maximum sums insured attainable by application of indexation are:

Insurance cover type	Maximum sum insured
Life Protection	no maximum
TPD	\$5,000,000 or \$1,500,000 for Home Duties
Trauma Protection*	\$2,500,000
Critical Trauma Protection	\$2,500,000
Salary Continuance/Income Protection	\$60,000 per month

\* Automatic increases will cease at the anniversary of the commencement date of insurance prior to age 65.

### 24 hour worldwide cover

Your insurance cover provides worldwide cover, 24 hours a day, subject to any terms and conditions noted on your Policy Information Statement.

The Insurer may require you to return to Australia at your own expense for assessment in the event of a claim.

### Information on your cover

On acceptance of your application for insurance, you'll be provided with a Policy Information Statement which contains the information about your insurance cover. You should read this important document carefully and retain it for future reference. Further information is also available in the relevant Master Policy document which can be obtained by calling our Contact Centre on **1800 998 185** or by contacting your financial adviser. All the terms of your insurance are effective as soon as we issue your Policy Information Statement.

While we're processing your application, you'll be covered under the terms of the Interim Cover detailed on pages 39 and 40.

### Your duty of disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 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 that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

### Cooling-off period

If you're not completely satisfied with your cover, you may cancel it by notifying us in writing within 28 days of the issue date of your Policy Information Statement. You'll receive a refund of the amounts you have paid, unless you've made a claim before the end of those 28 days.

Where you hold insurance cover inside super, premiums deducted will be refunded to your super account and may be subject to the preservation rules of superannuation law. If this is the case, the refunded premiums cannot be paid to you in cash.

### Making a claim

Asgard must be notified within 30 days or as soon as practically possible of any event which is likely to give rise to a claim. If it can be shown that it was not possible to meet the time requirement for notification of the claim, then it must be provided as soon as is reasonably possible.

Once notified, Asgard will provide the relevant forms to be completed.

The claim form must be fully completed and returned to Asgard within 30 days of the event, together with such other information and documentation that the Insurer may require in order to consider the claim.

### Taxation

The taxation information contained in this PDS outlines general statements only, and is accurate as at the preparation date of the PDS. You should contact your taxation adviser for further information on current tax legislation and how it may impact you, taking into account your individual objectives, financial situation or needs.

### Inside super

#### Premiums

The superannuation fund will generally receive a tax deduction for all or part of the insurance premiums paid and Asgard passes the benefit of this deduction on to your superannuation account.

#### Taxation of death benefits

Death benefits can generally be paid as a lump sum or as a pension. The amount of tax payable on any benefit paid depends on how the benefit is paid and who receives the benefit.

Death benefits paid from a superannuation fund as a lump sum are tax free if paid to a dependant (as defined by tax legislation).

For tax purposes, a dependant includes your spouse or former spouse (including de facto spouse), your children under 18, a person who was wholly or substantially financially dependent on you at the time of your death and a person with whom you were in an interdependency relationship at the time of your death.

Death benefits paid as a lump sum to a non-dependant are assessable income. The element taxed in the fund will be taxed at the maximum rate of 15% plus the Medicare levy. The element untaxed in the fund will be taxed at the maximum rate of 30% plus the Medicare levy. There will be an untaxed element where the death benefit includes an insurance payment.

Death benefits may be paid as a pension to your dependants in some circumstances. Generally, a death benefit can only be paid as a pension to a spouse or to a child under the age of 18 years. If either you or your beneficiary are aged 60 or over at the time of your death, all payments made from the pension to your beneficiary will be tax free. If neither you nor your beneficiary are aged 60 or over at the time of your death, tax may be payable.

#### Taxation of TPD benefits

Your TPD benefit will be paid to your superannuation fund and, if you meet a condition of release of preserved benefits, may be paid to you as a lump sum or as a pension. The benefit will include a tax-free component and a taxable component. If you are under 60, the taxable component will be assessable income to you and you will receive a payment summary from your super fund detailing the tax-free and taxable components.

Please refer to the relevant Asgard Super Account PDS for further details on when you can access your benefits and conditions of release.

#### Salary Continuance benefits

Any benefit received from this insurance cover will be assessable income and subject to tax at your marginal tax rate plus Medicare levy of 1.5%.

#### Stand-alone

##### Premiums

The tax deductibility of premiums is summarised below.

Insurance cover type	Tax deductible?
Life Protection TPD	These premiums are generally not tax deductible for individuals effecting cover for personal protection.*
Trauma Protection Critical Trauma Protection	
Income Protection Business Expenses Protection	These premiums are generally tax deductible. There are certain exceptions.

\* Premiums paid for Life, TPD, Trauma and Critical Trauma Protection by a business for a revenue purpose may be tax deductible.

#### Benefits

The tax treatment of benefit payments is summarised below.

Type of cover	Income tax assessable?
Life Protection TPD	Payments made in the event of death or disability are generally not subject to income tax.*
Trauma Protection Critical Trauma Protection	Payments made in the event of a major trauma are generally not subject to income tax.*
Income Protection Business Expenses Protection	Payments made are generally treated as taxable income. There are certain exceptions.

\* Benefits paid for Life, TPD, Trauma and Critical Trauma Protection to a business for a revenue purpose will generally be assessed as income.

#### Policy variation

The Insurer may vary the provisions of a Master Policy or any benefit in certain circumstances outlined in a Master Policy.

Any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information you may request) and documents (including periodic reports) which Asgard or the Insurer is or may be required to give, or has agreed to give, to you relating to your insurance cover may be provided to you via Investor *Online* or any other electronic means chosen by Asgard or the Insurer.

#### Enquiries and complaints resolution

If you've any enquiries or complaints about your insurance cover, please contact your financial adviser or our Contact Centre on **1800 998 185**.

If you wish to lodge a complaint, please write to:

The Complaints Officer  
PO Box 7490  
Cloisters Square WA 6850

Asgard will endeavour to resolve your concern within 45 days and you'll be notified in writing of a decision in relation to your complaint.

If you're not satisfied with the decision or the handling of your complaint, you may lodge a complaint with the Superannuation Complaints Tribunal (SCT) for insurance cover held inside the superannuation environment or the Financial Ombudsman Service Limited (FOS) for insurance cover held as a stand-alone outside the superannuation environment.

#### Superannuation Complaints Tribunal (SCT)

The SCT is an independent body set up by the Commonwealth Government to help resolve complaints about the decisions of superannuation fund trustees.

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

The SCT can only deal with complaints which concern a particular member or former member of the superannuation fund. It cannot deal with complaints about the management of the fund as a whole.

To find out whether the SCT can handle your complaint and the type of information you need to provide, visit their website at [www.sct.gov.au](http://www.sct.gov.au) or contact them on 1300 884 144.

Alternatively, you can write to:

Superannuation Complaints Tribunal  
Locked Bag 3060  
Melbourne VIC 3001

#### Financial Ombudsman Service Limited (FOS)

FOS is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint.

To find out whether FOS can handle your complaint and the type of information you need to provide, visit their website at [www.fos.org.au](http://www.fos.org.au) or contact them on 1300 780 808.

Alternatively, you can write to:

Financial Ombudsman Service Limited  
GPO Box 3  
Melbourne VIC 3001  
or  
Facsimile: (03) 9613 6399

## Privacy statement

Asgard and the Insurer value your right to privacy. This statement explains why Asgard and the Insurer collect your personal information and how Asgard and the Insurer may use or disclose that information.

### Collecting personal information

Asgard and the Insurer collect information about you to provide products and services to you. In some situations, Asgard and the Insurer may collect your personal information from a third party such as your financial adviser, insurance representative, Medical Practitioner or health professional, accountant or employer. Asgard and the Insurer will only do so with your consent.

Unless required by law (information relating to applicable laws will generally be contained in our application or the explanatory material accompanying applications), you need not supply any of the personal information requested in the application or any other document or communication relating to the Asgard Personal Protection Package. However, without this information, Asgard and the Insurer may not be able to process the application or provide you with an appropriate level of service.

### Using personal information

Asgard and the Insurer use your personal information to manage and administer all products and services provided to you to facilitate internal business operations including confidential systems testing and maintenance and to meet regulatory and legal requirements. In addition:

- the Insurer uses your personal information to assess and process your application for insurance, process and investigate claims made against your insurance and provide you with information about other products or services that may be of interest or benefit to you; and
- Asgard may use your personal information or give access to personal information about you to members of the Westpac Group to:
  - analyse products and customer needs and develop new products; and
  - provide you with information on products and services provided by any member of the Westpac Group or other suppliers which may be of interest or benefit to you.

### Disclosing information

Depending on the type of product or service provided to you, Asgard and the Insurer may need to disclose your personal information to certain third parties. If so, Asgard and the Insurer will require those parties to protect your personal information in the same way Asgard and the Insurer do. For example, Asgard and the Insurer may disclose your personal information on a confidential basis to:

- external service providers that provide financial, legal, administrative or other services in connection with operating Asgard and the Insurer's businesses (for example, auditors, compliance consultants or mailing/archiving services for document mailing services and secure storage);
- government agencies (as part of our regulatory or statutory obligations); or
- where Asgard and the Insurer collect your information from someone else or another entity (such as a financial adviser or employer), to that person or entity. This may be provided by means of an electronic facility or service provided by Asgard or an external service provider, such as AdviserNET, or third party financial planning software.

In addition, the Insurer may need to disclose your personal information to:

- Medical Practitioners or health professionals for the purpose of assessing your application or claim;
- reinsurers and claims investigators; or
- your fund manager and your insurance representative.

In addition, Asgard may need to disclose your personal information to:

- its agents, contractors or third party service providers. For example, your personal information may be provided to your financial adviser or broker, their officers and licensed dealers, investment managers of the products you select, financial institutions nominated by you or to the Trustee of any superannuation fund from or to which you wish to transfer.

Your health or medical information will be disclosed where necessary only to service providers or authorised personnel who are directly involved in the assessment or administration of your application or insurance claim.

Your personal information will not be used or disclosed for any other purpose without your consent, except where required by law.

### Completing the application

By completing and signing the application, you consent to and authorise Asgard and the Insurer to collect, maintain, use, disclose and handle the personal information provided in the application and in all future communications in the manner set out in this privacy statement.

### Accessing information

You can ask Asgard and the Insurer for access to the personal information held by Asgard and the Insurer about you. You may ask Asgard and the Insurer at any time to correct this information where you believe it is incorrect or out of date. There will be no fee for requesting access to your information; however, Asgard and the Insurer may each charge you their reasonable costs of processing your request.

To access personal information the Insurer holds about you, or to obtain more information about your rights or the Insurer's privacy policy, please contact:

AIA Australia Limited  
553 St Kilda Road  
Melbourne VIC 3004  
Phone: (03) 9009 4000  
Facsimile: (03) 9009 4824  
Website: [www.aia.com.au](http://www.aia.com.au)

To access personal information Asgard holds about you, or to obtain more information about your rights or Asgard's privacy policy, please contact:

Customer Transactions  
PO Box 7490  
Cloisters Square WA 6850  
Telephone: 1800 998 185  
Facsimile: (08) 9481 4834  
Website: [www.asgard.com.au](http://www.asgard.com.au)

### Alternative Forms of Remuneration Register

We are required to comply with the Financial Services Council code of practice on alternative forms of remuneration ('the code') in the Wealth Management Industry. The code aims to eradicate any practices that may influence product providers and advisers to act outside of your best interests.

We are required by the code to maintain a register to record any material forms of alternative remuneration (being \$300 per item or more) which are paid and received by us. Registers are required to be maintained by fund managers, platform providers, representatives and licensees.

Our register is publicly available for inspection by you and a copy of the register can be requested by contacting us on 1800 998 185.

# Additional information about insurance through an Asgard Super Account

## **When are benefits paid?**

Any benefit payable is paid to Asgard and held on your behalf until payable under the terms of the Trust Deed for the Asgard Super Accounts. The payment of insured benefits by the Trustee is also subject to the relevant amount being received from the Insurer.

## **Life Protection and/or TPD**

Before a TPD or Terminal Illness Benefit can be paid to you, you must be permanently incapacitated as defined by superannuation law, or satisfy another condition of release.

## **Salary Continuance**

Before a Salary Continuance Benefit can be paid to you, you must be temporarily or permanently incapacitated as defined by superannuation law, or satisfy another condition of release.

## **Continuation option (only applicable to Life Protection and/or TPD)**

If you cease to hold an Asgard Super Account, you may continue to hold the equivalent insurance cover on a stand-alone basis. You can continue your equivalent insurance cover if you:

- have not joined the armed forces;
- have not left the employment of an employer; and
- have not made a claim for payment of a TPD or Terminal Illness Benefit.

The continuation process is simple and doesn't require you to provide any additional information or undergo further medical examinations, provided you don't want to increase the amount of your insurance cover. To effect the continuation option, you must apply in writing to Asgard within 60 days of ceasing to hold an Asgard Super Account.

# Glossary

## General terms

### Accidental Injury

Means bodily Injury caused solely and directly by accidental, external and visible means, independent of any other cause.

### Active Employment

You are in Active Employment if you are:

- employed to carry out identifiable duties;
- actually performing those duties; and
- in the opinion of the Insurer, not restricted by illness or injury 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 can be on a full-time, part-time, contract or casual basis.

OR

- not employed for reasons other than illness or injury, and in the opinion of the Insurer you are not restricted by illness or injury from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if you are not then working on a full time basis.

### Activities of Daily Living

- Dressing – the ability to put on and take off clothing without assistance.
- Bathing – the ability to wash or shower without assistance.
- Toileting – the ability to use the toilet, including getting on and off without assistance.
- Mobility – the ability to get in and out of bed and a chair without assistance.
- Feeding – the ability to get food from a plate into the mouth without assistance

where ‘assistance’ means the assistance of another person.

### Agreed Value

If you’ve chosen ‘Agreed Value’ as specified in the Policy Information Statement, the amount the Insurer will pay is the Monthly Benefit shown in your Policy Information Statement, inclusive of any indexation increases, and less any benefit reductions if applicable. This is subject to financial evidence supporting the Monthly Benefit being provided at either application or claim stage.

### Approved rehabilitation program

A program certified by your Medical Practitioner to be necessary for your rehabilitation which is approved by the Insurer, but excluding any program providing ‘hospital treatment’ or ‘ancillary health services’ within the meaning of the National Health Act 1953, or any other program which might cause this policy to cease to be exempt from the National Health Act 1973 or any succeeding Federal Act in connection with health insurance.

### **Benefit Period**

The maximum period of time for which a Monthly Benefit will be paid for any one Sickness or any one Injury whilst you are totally or partially disabled. The benefit period for Income Protection is the period up to the anniversary of the commencement date of insurance immediately prior to age 65.

The benefit period for Salary Continuance is either two years, or the period up to the anniversary of the commencement date of insurance immediately prior to age 65.

### **Business expenses Monthly Benefit**

The maximum total of your covered monthly business expenses that the Insurer has to reimburse to you, and is the amount shown in your Policy Information Statement.

### **Carer**

The primary caregiver who provides assistance to a family member with communication, mobility or self care to a disabled person or aged person for more than six months.

### **Disability or Disabled**

Means totally or partially disabled.

### **Home care needs**

Includes cooking, cleaning, shopping, banking and similar needs, but does not include the provision of nursing or similar services.

### **Immediate family member**

Your spouse or de facto spouse, parent or parent-in-law, child or sibling who is aged at least 18 years.

### **Income**

If you're self employed, a working director or partner in a partnership, this is the income generated by the business or practice directly due to your personal exertion or activities, less your share of necessarily incurred business expenses. If you're not self employed, a working director or partner in a partnership, this is the total value of remuneration paid by your employer including salary, fees, commission, bonuses, regular overtime and fringe benefits. While you're disabled, monthly Income will include any income that, in the Insurer's opinion, you could reasonably be expected to earn in your own occupation.

### **Indemnity**

If you've chosen 'Indemnity' as specified in the Policy Information Statement, the Monthly Benefit the Insurer pays is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement, inclusive of increases by the Indexation Factor; and
- 75% of the first \$33,333 of the life insured's monthly Pre-disability income (indemnity) at the start of the total disablement, plus 50% of the next \$20,000 of the life insured's monthly Pre-disability income (indemnity), plus 20% of the next \$125,000 of the life insured's monthly Pre-disability income (indemnity).

### **Indexation Factor**

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

### **Injury**

A physical Injury to the body arising from your involvement in an accident, occurring while your cover is in force.

### **Medical Practitioner**

A legally qualified Medical Practitioner other than you, an immediate family member or business partner. The Medical Practitioner must be registered in Australia or have qualifications equivalent to Australian standards.

### **Monthly Benefit**

The amount the Insurer pays you if you make a valid claim and is determined by which option you have chosen (Agreed Value or Indemnity) at time of application. Calculation of benefits payable at time of claim will be based on 1/30th of the monthly benefit to arrive at a daily benefit.

### **Non-smoker**

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

### **Own Occupation**

This is the occupation in which the life insured was working immediately prior to the Sickness or Injury causing disability, unless the life insured:

- was working in that occupation for less than 10 hours a week; or
- was unemployed or on sabbatical, long service, maternity or paternity leave for more than 12 months

in which case, Own Occupation will be any occupation for which the life insured is suited by education, training or experience.

If the life insured had been working in more than one occupation that meets these criteria, Own Occupation will include all of those occupations.

### **Partial disability**

Due to Sickness or Injury:

- (i) you are only able to work in your own occupation in a reduced capacity, or you are working in another occupation;
- (ii) your monthly Income is less than your Pre-disability income; and
- (iii) you are under the care and following the advice of a Medical Practitioner.

The amount of the partial disability for Salary Continuance/Income Protection equals:

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

where:

A = your Pre-disability income.

B = your monthly Income for the month in which disability is claimed.

### **Pre-disability income**

The larger of the following amounts:

- the highest average of your monthly Income in any consecutive 12 month period in the three years immediately before the most recent period of disability; and
- the average monthly Income you received during the 12 months before you applied for cover under this policy.

If work is not available to the life insured because of their Sickness or Injury, but they are able to perform an important income producing duty of their regular occupation to earn income, the Insurer will make a reasonable estimate of the life insured's monthly Income when the Insurer calculates the benefit.

If you continue to receive benefits for more than 12 months, this figure will be increased by the Indexation Factor every 12 months on the anniversary of the date that benefits commenced. If there is an indexed increase, the most recent indexed amount will be the minimum Pre-disability income for future claims.

### **Premium**

Specified in the Policy Information Statement and includes the premiums for the benefits attached to this Policy, the administration fee, any frequency and government charges.

### **Policy Information Statement**

A statement containing the individual details of your insurance cover.

### **Sickness**

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

### **Special terms**

A contractual term that may be imposed in relation to your cover which may include any restriction on the cover, exclusion, or rates of premium imposed according to underwriting practices.

### **Sum Insured**

The cover amount as shown in your Policy Information Statement.

### **Total disability**

Due to Sickness or Injury, you are:

- (i) unable to perform at least one important income producing duty of your regular occupation;
- (ii) not currently working in any gainful occupation; and
- (iii) under the care and following the advice of a Medical Practitioner.

### **Waiting Period**

The period that you have to be disabled before you qualify for a benefit. The Waiting Period begins on the date:

- that you first consult a Medical Practitioner about the condition causing the total disability; or

- when you first cease work due to the condition causing the total disability, as long as it is not more than seven days before you first consulted a Medical Practitioner about that condition and you provide reasonable medical evidence about when the total disability began.

## **Medical terms – Trauma Protection/Income Protection**

### **Alzheimer's disease**

The diagnosis of Alzheimer's disease by a consultant neurologist confirming dementia due to failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision to protect you or others.

### **Angioplasty**

The undergoing for the first time of angioplasty, atherectomy, laser therapy or insertion of a stent to the coronary arteries that is considered necessary by a cardiologist to treat coronary artery disease. Other intra arterial procedures or non-surgical techniques are specifically excluded.

### **Aorta surgery**

The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic Injury of the aorta is excluded.

### **Aplastic anaemia**

Bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

### **Benign brain tumour**

Means a non-cancerous tumour in the brain which gives rise to characteristic symptoms of intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment, resulting in at least a permanent 25% impairment of Whole Person Function or the life insured being totally and permanently unable to perform any one of the Activities of Daily Living. The presence of the underlying tumour must be confirmed by CT scan, MRI or other imaging studies.

### **Blindness**

The permanent loss of sight in both eyes due to Sickness or Injury to the extent of 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less.

### **Cancer**

Any malignant tumour characterised by the uncontrolled growth and spread of the malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable.

The following are included:

- leukaemia;
- Hodgkin's disease;
- malignant lymphoma;
- malignant bone marrow disorders;
- melanomas; and
- carcinomas in situ.

Note that for:

- melanoma where the Breslow thickness is up to 1.5mm or is less than Clark level 3; and
- carcinoma in situ

payment is restricted to 10% of the cover amount up to a maximum \$25,000. The trauma cover amount is reduced by the amount of any payment made for these conditions. A benefit is payable once only for each of these conditions.

### **Carcinoma in situ**

Means a carcinoma characterised by a focal autonomous new growth of carcinoma cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond basement membrane.

Only carcinoma in situ of the following sites is covered:

- Cervix – uteri – the tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0 (excluded are Cervical Intraepithelial Neoplasia (CIN) classification including CIN 1, CIN 2 and CIN 3.
- Fallopian Tube – the tumour must be limited to the tubal mucosa and classified as Tis according to the TNM staging method or FIGO Stage 0.
- Vagina – the tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.
- Vulva – the tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.
- Breast – the tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.
- Prostate – the tumour is confined within the prostate and histologically described as T1 according to the TNM staging method or a Gleason Score of either 2, 3, 4 or 5.

### **Cardiomyopathy**

Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, that is, Class 3 on the New York Heart Association Classification of cardiac impairment.

### **Chronic kidney failure**

The terminal stage of renal disease requiring permanent renal dialysis.

### **Chronic liver disease**

Permanent liver failure, together with permanent jaundice, ascites and encephalopathy. Disease related to alcohol abuse or intravenous drug use is excluded.

### **Chronic lung disease**

Permanent respiratory failure, with FEV1 test results of consistently less than 1 litre, requiring permanent oxygen therapy.

### **Coma**

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for at least four consecutive days and resulting in a neurological deficit which is of a permanent nature.

### **Coronary artery bypass surgery**

The actual undergoing of bypass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

### **Dementia**

The clinical confirmation of dementia (including Alzheimer's disease) due to failing brain functions, resulting in the need for continual assistance in the Activities of Daily Living, as confirmed by a Medical Practitioner specialising in neurology, psychogeriatrics, psychiatry or geriatrics. Dementia directly related to alcohol abuse is excluded.

### **Encephalitis**

Severe inflammation of brain substance which results in significant, permanent neurological sequelae. Encephalitis occurring in patients with HIV infection is excluded.

### **Heart attack**

The death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis is based on clinical electrocardiogram (ECG) and biochemical assessments with the following criteria being present:

- an electrocardiogram showing changes resulting from this occurrence; and
- a pathology test that confirms that cardiac enzymes have been elevated above generally accepted laboratory levels of normal.

Simple angina pectoris is excluded.

### **Heart valve surgery**

The undergoing of open heart surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities.

### **Loss of hearing**

The complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Sickness or Injury, as certified by an appropriate medical specialist.

### **Loss of independent existence**

As a result of a disease, Sickness or Injury, there is a permanent and irreversible inability to perform any two of the 'Activities of Daily Living' without assistance. Loss of independent existence due to alcohol, drug abuse or AIDS is excluded.

### **Loss of limbs or sight**

As a direct result of Injury, you have sustained the complete and irrecoverable loss of use of:

- both hands;
- both feet;
- one hand and one foot;
- blindness in both eyes whether aided or unaided;
- one foot and blindness in one eye, whether aided or unaided; or
- one hand and blindness in one eye, whether aided or unaided.

### **Loss of speech**

The complete and irrecoverable loss of the ability to speak (both natural and assisted), as a result of Sickness or Injury which must be established, and the diagnosis reaffirmed, after a continuous period of three months of such loss.

### **Major head trauma**

Injury to the head causing neurological deficit resulting in functional impairment of at least 25% as certified by a consultant neurologist.

### **Major organ transplant**

The human to human organ transplant from a donor to you of one or more of the following organs:

- kidney
- lung
- pancreas
- heart
- liver
- the transplantation of bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

### **Medically acquired HIV**

Accidental infection with Human Immunodeficiency Virus (HIV) which the Insurer believes, on the balance of probabilities, arose from one of the following medically necessary events, which must have occurred to the life insured in Australia and was performed by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the life insured;
- assisted reproduction techniques; or
- a procedure or operation performed by a medical/paramedical practitioner or dentist.

### **Meningitis**

The unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the brain, or the meninges of the brain resulting in permanent neurological deficit causing at least a permanent 25% impairment of Whole Person Function, or the life insured being totally and permanently unable to perform any one of the Activities of Daily Living.

### **Meningococcal disease**

The unequivocal diagnosis of meningococcal septicaemia resulting in at least a permanent 25% impairment of Whole Person Function, or the life insured being totally and permanently unable to perform any one of the Activities of Daily Living.

### **Motor neurone disease**

Motor neurone disease diagnosed by a consultant neurologist, with persistent neurological deficit resulting in the permanent loss of 25% of whole body function.

### **Multiple sclerosis**

The unequivocal diagnosis of multiple sclerosis by a consultant neurologist. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities resulting in a permanent loss of at least 25% whole body function.

### **Muscular dystrophy**

The unequivocal diagnosis of muscular dystrophy resulting in a permanent 25% impairment of whole body function.

### **Occupationally acquired HIV**

Infection with Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident occurring during the currency of your cover. The accident must occur during the course of carrying out normal occupational duties, with sero-conversion indicating HIV infection occurring within six months of the accident. Infection in any other manner, including sexual activity or recreational intravenous drug use, is specifically excluded.

An HIV antibody test must be taken within seven days after the accident and reported within 30 days and produce negative results. Access to all blood samples taken is required for independent test, with the right to take additional samples as necessary.

The benefit will not apply if:

- before the Injury, the Australian government has recommended an HIV vaccine for use in the occupation of the insured, but the insured has not taken this vaccine; or
- the Australian government has approved a treatment that renders the HIV virus inactive and non-infectious to others.

### **Open heart surgery**

Open heart surgery for treatment of cardiac defect(s), cardiac aneurism or benign cardiac tumour(s).

### **Out of hospital cardiac arrest**

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- cardiac asystole; or
- ventricular fibrillation with or without ventricular tachycardia.

### **Paralysis**

#### **Diplegia**

The total loss of function of both sides of the body due to Sickness or Injury where such loss of function is permanent.

#### **Hemiplegia**

The total loss of function of one side of the body due to Sickness or Injury, where such loss of function is permanent.

### **Paraplegia**

The permanent loss of use of both legs, or both arms, resulting from spinal cord Sickness or Injury.

### **Quadriplegia**

The permanent loss of use of both legs and both arms, resulting from spinal cord Sickness or Injury.

### **Tetraplegia**

The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain Sickness or Injury, or spinal cord Sickness or Injury.

### **Parkinson's disease**

The unequivocal diagnosis of Parkinson's disease by a consultant neurologist where:

- you are following the advice and treatment of a specialist neurologist; and
- the condition shows signs of progressive impairment and results in the loss of 25% whole body impairment.

### **Pneumonectomy**

The undergoing of surgery to remove an entire lung. This treatment must be deemed the most appropriate treatment and medically necessary.

### **Primary pulmonary hypertension**

Primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

### Severe burns

Tissue Injury caused by thermal, electrical or chemical agents causing third degree burns to at least:

- 20% or more of the body surface area as measured by 'The Rule of 9' of the Lund & Browder Body Surface Chart;
- both hands, requiring surgical debridement and/or grafting; or
- the face, requiring surgical debridement and/or grafting.

### Stroke

A cerebrovascular accident or incident producing neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. Transient ischaemic attacks, reversible ischaemic neurological deficit and cerebral symptoms due to migraine are excluded.

### Triple vessel angioplasty

Means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure.

### Whole Person Function

Means the Insured Person suffers 25% Whole Person Impairment based on the latest edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide approved by the Insurer. The 'Guides to the Evaluation of Permanent Impairment' covers every body system and provides a standardised approach to determine impairment assessment using patient history, physical examination and clinical tests.

The assessment of Whole Person Function will be undertaken by the appropriate certified specialist based on the insured person attaining maximum medical recovery.

### Medical terms – Critical Trauma Protection

#### Alzheimer's disease

The diagnosis of Alzheimer's disease by a consultant neurologist confirming dementia due to failure of the brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision to protect you or others.

#### Aplastic anaemia

Bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

#### Benign brain tumour

A life threatening non-cancerous tumour in the brain which gives rise to characteristic symptoms of intracranial pressure such as papilloedema, mental seizures and sensory impairment resulting in at least 25% permanent impairment of whole person function. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Excluded are acoustic neuromas, cysts, granulomas and malformations in or of the arteries or veins of the brain, haematomas and tumours on the pituitary gland or spine.

#### Cancer

The first diagnosis of one or more malignant invasive tumours, including leukaemia and myeloma but excluding other myeloproliferative disorders. The following tumours are excluded:

- Tumours showing the changes of 'carcinoma in situ' (including cervical dysplasia, CIN 1, CIN 2 and CIN 3) without stromal invasion.
- Malignant melanomas Clark Level 1 or 2 depth of invasion which are less than 1.5mm in thickness, as determined by histological examination.
- All hyperkeratoses or basal cell carcinomas of the skin.

- All squamous cell carcinomas of the skin unless they have spread to other organs.
- Prostatic cancers which are histologically described as TNM Classifications T1 (including T1a, T1b and T1c) or are of another equivalent or lesser classification.
- Chronic lymphocytic leukaemia Binet Stages A and B or Rai Stages 0, I and II.

#### Localised cancer

Cancer (as defined above) which when first diagnosed and made the subject of a claim under this policy is contained within the organ or structure of origin (the part of the body in which the cancer began), irrespective of its size, grade or any other histological feature such as vascular invasion and has not spread to other parts of the body either nearby or distant.

#### Regional or distant cancer

The tumour has spread outside the part of the body (or organ) where it began, either to adjacent or nearby structures (regional spread) or distant organs (metastases). Verification of occurrence or recurrence of disease outside the tissue of origin (regional lymph nodes or distant spread) would normally require histological confirmation as for the diagnosis of the primary tumour. However, under certain circumstances, information based only on clinical finding, imaging or laboratory tests may be acceptable if agreed by the Insurer's Chief Medical Officer.

#### Cardiomyopathy

The impaired ventricular function of variable aetiology, resulting in physical impairments to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment. Cardiomyopathy directly related to alcohol abuse is excluded.

#### Cerebrovascular accident (stroke)

Any cerebrovascular incident producing neurological sequelae, including infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excluding transient ischaemic attacks, migraine and reversible ischaemic neurological deficits.

### **Chronic liver disease**

End stage liver failure. The diagnosis must be based on the following criteria:

- a rapidly decreasing liver size;
- necrosis involving entire lobules;
- rapid degeneration of liver function tests;
- deepening jaundice; or
- liver disease secondary to alcohol usage or intravenous drug use is excluded.

### **Chronic lung disease**

End stage lung disease requiring permanent oxygen therapy. The diagnosis will include an FEV1 test result of less than one litre.

### **Chronic renal failure (kidney failure)**

End stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

### **Coma**

Total failure of cerebral function characterised by total unarousable unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least four days.

Coma directly related to alcohol abuse is excluded.

### **Dementia**

The clinical confirmation of dementia (including Alzheimer's disease) due to failing brain functions, resulting in the need for continual assistance in the Activities of Daily Living, as confirmed by a Medical Practitioner specialising in neurology, psychogeriatrics, psychiatry or geriatrics. Dementia directly related to alcohol abuse is excluded.

### **Encephalitis**

Severe inflammation of brain substance, which results in significant and permanent neurological sequelae as certified by a consultant neurologist.

### **Localised cancer**

See Cancer.

### **Loss of independent existence**

A condition as a result of a disease, Sickness or Injury whereby you are totally and irreversibly unable to perform at least two of the Activities of Daily Living.

### **Loss of speech**

The total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply, or to the speech centres of the brain whether caused by Injury, tumour or Sickness. The above must be certified by two appropriate medical specialists not less than 90 days after the ability to speak was first lost.

### **Major abdominal aortic surgery**

Means the actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using catheter techniques only are specifically excluded.

### **Major head trauma**

Neurological deficit resulting from trauma, causing at least 25% impairment of whole person function lasting more than three weeks from the date of the trauma, and likely to persist, as certified by a consultant neurologist.

### **Major organ transplant**

The transplant to the life insured of one or more of the following organs:

- kidney
- heart
- lung
- liver
- pancreas
- bone marrow.

### **Motor neurone disease**

Amyotrophic lateral sclerosis with significant persistent neurological deficit resulting in at least 25% permanent impairment of whole person function as certified by a consultant neurologist.

### **Multiple sclerosis**

Demyelination of nervous tissue. The diagnosis has to be made by a consultant neurologist confirming more than one episode of well defined neurological deficit with persisting permanent neurological abnormalities and with at least 25% impairment of whole person function (but not necessarily confined to a wheelchair). The diagnosis will be based on confirmatory neurological

investigations; for example, lumbar puncture, evoked visual responses, evoked auditory responses and NMR (Nuclear Magnetic Resonance) evidence of lesions of the central nervous system.

### **Muscular dystrophy**

The unequivocal diagnosis of muscular dystrophy by a consultant neurologist resulting in a permanent impairment of whole body function of at least 25%.

### **Myocardial infarction (heart attack)**

The occurrence of an acute myocardial infarction (that is the death of a portion of the heart muscle due to inadequate blood supply) as evidenced by new electrocardiograph changes associated with myocardial infarction and by the elevation of biochemical markers (such as Troponin or cardiac enzymes) of myocardial necrosis. Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are excluded as part of this definition.

### **Occupationally acquired HIV**

Infection by the Human Immunodeficiency Virus (HIV), acquired only via blood transfusion or accidental means during the course of carrying out the life insured's normal occupation with sero-conversion to HIV infection occurring within six months of the accident. Any accident giving rise to a potential claim must be reported within 30 days of the incident and be supported by a negative HIV antibody test within seven days of the incident. Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a Medical Practitioner is specifically excluded.

### **Open chest surgery**

In respect of any of the following:

- Coronary artery – being open chest surgery to correct or treat coronary artery disease (angioplasty, intra-arterial procedures and other non-surgical techniques are excluded).
- Repair or replacement of valves – being open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

**Paralysis****Diplegia**

The permanent and total loss of function of both sides of the body due to Injury or disease.

**Hemiplegia**

The permanent and total loss of function of one side of the body due to Injury or disease.

**Paraplegia**

The permanent and total loss of use of both legs resulting from Injury or disease.

**Quadriplegia**

The permanent and total loss of use of both arms and both legs resulting from Injury or disease.

**Tetraplegia**

The total and permanent loss of use of both arms and legs resulting from Injury or disease, together with loss of head movement.

**Parkinson's disease**

The fully developed, moderately disabling disease of the extrapyramidal system clinically confirmed by a consultant neurologist, and requiring continual assistance in the Activities of Daily Living. Idiopathic Parkinson's supranuclear palsy and cortico-basal degeneration are included. Iatrogenic Parkinsonism and Parkinsonism secondary to infection or trauma are excluded.

**Primary pulmonary hypertension**

Primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.

**Regional or distant cancer**

See Cancer.

**Severe burns**

The tissue Injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by 'The Rule of 9' of the Lund & Browder Body Surface Chart.

**Total blindness**

The complete and irrecoverable loss of sight in both eyes as currently defined by the Royal Blind Society and confirmed by an ophthalmologist.

**Total deafness**

The total, irreversible and irreparable loss of hearing both natural and assisted, in both ears as a result of disease, illness or Injury.

# Interim cover certificate

# Asgard

This certificate should be kept by the applicant.

Name of life insured

Name of applicant

Application date

AIA Australia Limited ABN 79 004 837 861 AFSL 230043 ('AIA Australia' or 'the Insurer') provides an Interim Accident Benefit Cover ('cover') while they are considering your application.

Cover is provided on the terms and conditions set out in this Interim Cover Certificate and the relevant Master Policy. You don't have to pay an extra premium for this cover. To the extent that they are relevant, the conditions in the relevant Master Policy you applied for relating to payment of a claim apply to your cover.

This cover does not apply to you if the insurance cover you're applying for is intended to replace an insurance cover you have with Asgard or the Insurer.

## 1. Commencement of cover

Cover commences on the date your fully completed application and payment of the first premium has been received by Asgard. Cover is subject to the cheque for your premium payment being credited to Asgard by the relevant financial institution.

## 2. Period of cover

Your cover will automatically end on the earliest of the following dates:

- 180 days from the date Asgard receives your application;
- the date the Insurer accepts your application on standard or special terms or declines your application;
- the date your application is withdrawn; or
- the date the Insurer advises Asgard that this cover is cancelled.

### 3. Cover provided

For the purposes of this cover, 'Accidental Injury' means bodily Injury caused solely and directly by accidental, external and visible means, independent of any other cause.

The circumstances in which the Insurer will pay a benefit under this cover and the amount of the benefit varies according to the benefits you applied for in your application, as set out below. A benefit is payable only once under this cover.

#### Life Protection

If you applied for Life Protection, the Insurer will pay a benefit if the life insured dies as a result of an Accidental Injury. The life insured must die within 90 days of the accident.

The amount of the benefit payable is the lesser of:

- \$5,000,000; and
- the amount of Death Benefit you applied for.

#### Total and Permanent Disablement (TPD) Protection

If you applied for TPD Protection, the Insurer will pay a benefit if the life insured becomes totally and permanently disabled as a result of an Accidental Injury. TPD has the meaning set out in the relevant Master Policy you applied for, but TPD must be the result of an Accidental Injury.

The amount of the benefit is the lesser of:

- \$3,000,000; and
- the amount of TPD Benefit you applied for.

#### Trauma Protection

If you applied for Trauma Protection, the Insurer will pay a benefit if the life insured survives for 14 days after they suffer one of the following medical conditions as a result of an Accidental Injury:

- Blindness
- Loss of limbs or sight
- Major head trauma
- Paralysis:
  - Diplegia
  - Hemiplegia
  - Paraplegia
  - Quadriplegia
  - Tetraplegia
- Severe burns.

The amount of the benefit is the lesser of:

- \$250,000; or
- the amount of Trauma Benefit you applied for.

#### Critical Trauma Protection

If you applied for Critical Trauma Protection, the Insurer will pay a benefit if the life insured dies within 60 days of an Accidental Injury occurring. The amount of the benefit is the lesser of:

- \$200,000; or
- the amount of Critical Trauma Benefit you applied for.

#### Salary Continuance/Income Protection

If you applied for Salary Continuance/Income Protection, the Insurer will pay a benefit if, as a result of an Accidental Injury, the life insured becomes totally or partially disabled for longer than the Waiting Period. Totally and partially disabled have the meanings as described in the 'Glossary' on pages 31 to 38 of the PDS, but must be the result of an Accidental Injury.

The amount of the benefit is the lesser of:

- \$25,000 per month; or
- the amount of Monthly Benefit applied for.

### 4. Exclusions

A benefit will not be paid if death or disability is caused directly or indirectly by:

- suicide or any attempt at suicide;
- self-inflicted injury or infection;
- the taking of alcohol or drugs other than prescribed by a Medical Practitioner;
- a physical condition which you knew about before this cover commenced;
- engaging in any pursuit or occupation that the Insurer would not normally cover on standard rates or terms;
- participation in criminal activity; or
- an act of war (whether declared or not).

### 5. Application for insurance

If you are eligible to make a claim under this cover, it will not prevent your application from being accepted. However, the Insurer will take into account the change in the life insured's health when assessing your application and may decline your application or apply special loadings, conditions and exclusions.

Asgard Capital Management Ltd  
ABN 92 009 279 592 AFSL 240695  
Fund ABN 90 194 410 365

Contact Centre 1800 998 185  
Customer Transactions,  
PO Box 7490, Cloisters Square WA 6850

# Asgard



Contact Centre 1800 998 185

Correspondence  
Customer Transactions  
PO Box 7490  
Perth WA 6850

Issued by  
Asgard Capital Management Ltd  
ABN 92 009 279 592  
AFSL 240695

# Asgard

# Personal Protection Package

Application booklet

Issue date:

1 July 2014

**Asgard**

# Personal Protection Package

## Application checklist

# Asgard

To avoid any delay in your Application process, please ensure you complete all the relevant sections and **send ALL PAGES** of the form to us by either:

mail: Customer Transactions, PO Box 7490, Cloisters Square WA 6850  
 fax: (08) 9481 4834  
 email: applicationinsurance@asgard.com.au

Please do not send us the original as well if you are sending your Application by fax or email.

Checked	Section	Mandatory	Only to be completed if
<b>Part 1 Personal information</b>			
<input type="checkbox"/>	A Application details	Yes	
<input type="checkbox"/>	B Life insured details	Yes	
<input type="checkbox"/>	C Applicant(s) details		You are applying for insurance outside super.
<input type="checkbox"/>	D Insurance cover details	Yes	
<input type="checkbox"/>	E Payment details		You are applying for insurance outside super.
<input type="checkbox"/>	F Adviser details	Yes	
<b>Part 2 Full personal statement</b>			
<input type="checkbox"/>	A Personal history	Yes	
<input type="checkbox"/>	B Family history	Yes	
<input type="checkbox"/>	C Doctor's details	Yes	
<input type="checkbox"/>	D Medical and health history	Yes	
<input type="checkbox"/>	E Present occupation	Yes	
<input type="checkbox"/>	F Further occupational information		You are applying for Salary Continuance, Income Protection and/or Business Expenses.
<input type="checkbox"/>	G Income details		You are applying for Salary Continuance or Income Protection.
<input type="checkbox"/>	H Business expenses		You are applying for Business Expenses Protection.
<input type="checkbox"/>	I Aviation Questionnaire		You answer <b>YES</b> to question 6 on Section A.
<input type="checkbox"/>	J Activities/Pursuits Questionnaire		You answer <b>YES</b> to question 6 on Section A.
<input type="checkbox"/>	K Asthma Questionnaire		You answer <b>YES</b> to question 1(b) on Section D.
<input type="checkbox"/>	L Spinal/Joints Disorder Questionnaire		You answer <b>YES</b> to question 1(h) on Section D.
<input type="checkbox"/>	M High Blood Pressure/ High Cholesterol Questionnaire		You answer <b>YES</b> to question 1(a) on Section D.
<input type="checkbox"/>	N Mental Health Questionnaire		You answer <b>YES</b> to question 1(e) on Section D.
<input type="checkbox"/>	O Check-up Questionnaire		You answer <b>YES</b> to question 2 on Section D.
<input type="checkbox"/>	P Multi-purpose Questionnaire		You answer <b>YES</b> to: <ul style="list-style-type: none"> <li>questions 3 to 6 on Section D and the degree of recovery is less than 100%; and/or</li> <li>questions 1(c), 1(d), 1(f), 1(g) and/or 1(i) on Section D.</li> </ul>
<input type="checkbox"/>	<b>Part 3 Declaration and signature</b>	Yes	
<b>Other requirements</b>			
<input type="checkbox"/>	Enclose copy of the quote	Yes	
<input type="checkbox"/>	Direct Debit Request		You are applying for insurance outside super and select Direct Debit as the payment method.
<input type="checkbox"/>	Enclose a cheque made payable to 'Asgard Capital Management Ltd' for the first insurance premium payment		You are applying for insurance outside super and select Cheque as the payment method.
<input type="checkbox"/>	Death benefit nomination		You are applying for insurance inside super and would like to make a death benefit nomination. For insurance policies outside of super/stand-alone, you cannot nominate beneficiaries. All benefits are paid in accordance to the Will (where relevant) For further information about death benefit nominations please refer to the current PDS for your Super Account.

On the cover: As a Senior Manager within our Product team, Prue manages the Asgard Product suite to ensure our products support financial advisers in running an efficient and profitable business.

# Personal Protection Package Application

# Asgard

Insurance cover through Asgard Personal Protection Package (APPP) is offered by BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 ('BTFM' or 'the Trustee') or Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695 ('Asgard') as applicable. Asgard is the Administrator of APPP and AIA Australia Limited ABN 79 004 837 861 AFSL 230043 ('the Insurer') is the issuer of this cover under a Master Policy held by Asgard or BTFM (as applicable).

To avoid any delay in your Application process, please ensure you complete all the relevant sections and **send ALL PAGES** of the form to us by either:

mail: Customer Transactions, PO Box 7490, Cloisters Square WA 6850

fax: (08) 9481 4834

email: [applicationinsurance@asgard.com.au](mailto:applicationinsurance@asgard.com.au)

Please do not send us the original as well if you are sending your Application by fax or email.

## Important information

Before completing this Application, please read the Product Disclosure Statement (PDS) and any Supplementary Product Disclosure Statement (SPDS) for Asgard Personal Protection Package for information on premiums and conditions. The Privacy Statement section sets out important information you should know about how the Trustee, Asgard and the Insurer handle your personal information.

Please read this Application carefully and correct any mistakes or omissions. All corrections must be initialled.

Where you are applying to increase insurance cover and you hold multiple Asgard Employee Super accounts (AESA) under the one client number, the insurance request(s) being made in this form will be applied to your AESA account where you currently hold insurance cover.

Where you are applying for new insurance cover and you hold multiple Asgard Employee Super accounts (AESA) under the one client number, and you do not specify which of your accounts this cover will apply to, the insurance request(s) being made in this form will be applied to your AESA MySuper account.

## Your duty of disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

## Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 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 that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**Questions?** Call our Contact Centre on **1800 998 185** or email [asgard.investor.services@asgard.com.au](mailto:asgard.investor.services@asgard.com.au)

**i** This symbol indicates you need to give us more information.







**D. Insurance cover details**

Please indicate the type and amount of insurance cover being applied for by ticking (✓) the appropriate box and completing the required information below.

**Life Protection**

Amount of cover ..... \$

Estimated premium quoted<sup>1</sup> ..... \$         per

**TPD Only**

Standard occupation     Own occupation<sup>2</sup>     Home duties

Amount of cover ..... \$

Estimated premium quoted<sup>1</sup> ..... \$         per

**Life & TPD Protection**

Amount of Life cover ..... \$

Amount of TPD cover<sup>3</sup> ..... \$

Estimated premium quoted<sup>1</sup> ..... \$         per

Standard occupation     Own occupation<sup>2</sup>     Home duties

**Salary Continuance (available inside super only)**

Amount of cover ..... \$         per month

Estimated premium quoted<sup>1</sup> ..... \$         per month

Waiting Period .....  30 days     60 days     90 days

Benefit Period .....  2 years     to age 65

Monthly Benefit definition .....  Indemnity<sup>4</sup>     Agreed Value cover<sup>5</sup>

(If no Monthly Benefit definition is selected, Agreed Value cover will apply.)

**Income Protection (available outside super only)**

Amount of cover ..... \$         per month

Estimated premium quoted<sup>1</sup> ..... \$         per

Waiting Period .....  30 days     60 days     90 days

Monthly Benefit definition .....  Indemnity<sup>4</sup>     Agreed Value cover<sup>5</sup>

(If no Monthly Benefit definition is selected, Agreed Value cover will apply.)

1 If you have a written quote, please attach a copy to this Application.  
 2 Own occupation is only available for some occupations as a stand-alone insurance (outside of super). Please refer to your financial adviser for the full list of eligible occupations. An additional premium will be applied to your TPD cover. TPD standard occupation will apply if own occupation is not selected.  
 3 The TPD cover amount cannot exceed the Life Protection cover amount.  
 4 If you select the Indemnity option, a 10% discount will be applied to your Salary Continuance/Income Protection premium rates.  
 5 In the event of a claim for an Agreed Value Salary Continuance/Income Protection benefit where financial verification is not provided with this Application, we will require proof of income at the date of claim.



**D. Insurance cover details (continued)**

**Business Expenses Protection** (available outside super only)

Amount of cover ..... \$         per month

Estimated premium quoted<sup>1</sup> ..... \$         per

Waiting Period .....  30 days     60 days     90 days

**Trauma Protection** (available outside super only)

Amount of cover ..... \$

Estimated premium quoted<sup>1</sup> ..... \$         per

**Critical Trauma Protection** (available outside super only)

Amount of cover ..... \$

Estimated premium quoted<sup>1</sup> ..... \$         per

<sup>1</sup> If you have a written quote, please attach a copy to this Application.

**E. Payment details – to be completed if applying for insurance outside super<sup>^</sup>**

Please indicate below the payment method and frequency you wish to apply for your insurance cover premiums and charges payment.

	Monthly	Quarterly	Half-yearly	Yearly
<b>Investment Account</b>	<input type="checkbox"/>			
Account number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>				

**Direct debit**

**i** Please complete and enclose the **Direct Debit Request form** with your Application.

**Cheque**

**i** Please enclose a cheque made payable to 'Asgard Capital Management Ltd' for the first payment with your Application.

**i** The premium(s) quoted with this Application is indicative only and subject to confirmation by the Insurer. We will confirm to you in writing the premiums and charges payable upon the acceptance of your Application.

<sup>^</sup> If the insurance cover being applied for is through an Asgard Super Account, you don't need to complete this section as the insurance premiums will be deducted from your Super Account on a monthly basis.



**F. Adviser details – financial adviser to complete**

Dealer name

Adviser's name

Adviser's phone (business)

Mobile

Asgard adviser's code.

 -   - 

Adviser commission (including GST)

 0% 5.5% 11% 16.5% 22% 27.5%

Note: Adviser commission is not available on new insurance policies within Super in accordance with FOFA legislation, from 1 July 2014. Adviser commission is payable on new and existing standalone policies and increases to existing FOFA grandfathered policies within Super.

Note: Where the insurance premium is deducted from an AESA MySuper account, commission will be set to nil, in line with government legislation. If not completed, new insurance policies will be set up with a commission rate of nil.

Advisers signature

Date

Dealer's stamp



## Part 2 – Full personal statement

### A. Personal history (of the life insured)

1. (a) Do you have, or are you applying for, life, disability or trauma insurance on your life (including any pending applications held with any insurer)?  Yes  No

If 'Yes', please complete the details below.

Policy number	Commencing date	Policy owner	Insurer	Type of cover	Amount of cover	Terms of acceptance (eg loading, exclusion)	Existing Salary Continuance/ Income Protection: Waiting Period/Benefit Period	To be replaced? Y or N
	/ /							
	/ /							
	/ /							
	/ /							
	/ /							

**Note:** If you intend to replace existing insurance cover with Asgard Personal Protection Insurance, we may require that you cancel your existing insurance cover. Your adviser can confirm when this requirement applies. In these cases, the replacement cover issued by the Insurer will only start when the existing insurance cover is cancelled. Failure to cancel your existing insurance cover within a reasonable time may make your Asgard Personal Protection Insurance cover void.

- (b) Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?  Yes  No

If 'Yes', please provide details below.

- (c) Have you ever claimed benefits from any source (eg accident, Sickness, workers' compensation, social security, disability insurance or pension)?  Yes  No

If 'Yes', please give the name of the company, date, amount and reason for each claim below.

Benefit type/ Source	Date claim made	Date claim finalised	Claim amount	Reason for claim

2. (a) Have you smoked tobacco or any other substance during the last 12 months?  Yes  No

If 'Yes', please state substance and quantity below. (Please note 'packet' is not sufficient details.)

- (b) Do you drink alcohol?  Yes  No

If 'Yes', please state weekly quantity and type below. (Please note 'social' is not sufficient details.)

- (c) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?  Yes  No

If 'Yes', please provide details below.

- (d) Within the last five years, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?  Yes  No

If 'Yes', please provide details below.

3. Females only: Are you pregnant?  Yes  No

If 'Yes', please provide estimated date child is due.

4. (a) What is your height?    cm

- (b) What is your weight?    kg



**A. Personal history (of the life insured) (continued)**

5. Do you intend to travel or reside overseas?  Yes  No  
 If 'Yes', please provide details below.

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /

6. Do you engage in or intend to engage in any of the following:  Yes  No

**i** If 'Yes', please complete **Section I (Aviation Questionnaire) and/or J (Activities/Pursuits Questionnaire)**.

- Abseiling
- Aviation (other than as a passenger on a recognised airline)
- Football (all codes)
- Long-distance sailing
- Hang gliding
- Scuba diving
- Motor racing
- Parachuting
- Powerboat racing
- Mountaineering
- Martial arts
- Any other hazardous activity?

7. Are you aware of any other circumstances or matters which may be relevant to the Insurer's decision whether to accept your Application?  Yes  No

If 'Yes', please provide details below.

**B. Family history (of the life insured)**

1. Have any of your immediate family (eg father, mother, brother or sister), prior to the age of 60 (living or dead), ever suffered from heart disease, breast cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease?  Yes  No

If 'Yes', please complete the details below.

	Condition/Illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			



**C. Doctor's details (to be completed by life insured in full)**

1. (a) Please provide details of your personal doctor below.

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

Name

Address

 State  Postcode 

Email

Phone

  

Facsimile

  

(b) What was the date of your last consultation?

(c) What was the reason for the consultation?

(d) What was the result?

(e) How long have you been attending this surgery or practice?

(f) If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name

Address

 State  Postcode 

Email

Phone

  

Facsimile

  

**D. Medical and health history (of the life insured)**

1. Have you **ever** suffered symptoms of, had, been told you have or received any advice, investigation or treatment of any of the following?

**i** If you answer 'Yes', please also complete the relevant section listed in red in the column on the far right.

**Section:**

- (a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke .....  Yes  No **M on page 23**
  - (b) Asthma, chronic lung disease, sleep apnoea or other respiratory disorder .....  Yes  No **K on page 21**
  - (c) Indigestion, gastric or duodenal ulcer or any bowel disorder .....  Yes  No **P on page 28**
  - (d) Diabetes, abnormal blood sugar, gout or thyroid disorder .....  Yes  No **P on page 28**
  - (e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder .....  Yes  No **N on page 25**
  - (f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches .....  Yes  No **P on page 28**
  - (g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia .....  Yes  No **P on page 28**
  - (h) Back or neck complaint, whiplash, sciatica or any other disorder of joints, bones or muscles .....  Yes  No **L on page 22**
  - (i) Psoriasis or eczema, skin disorder, defect in hearing or sight .....  Yes  No **P on page 28**
2. Have you had any routine examinations or check-ups in the last five years? .....  Yes  No **O on page 26**

**i** For each 'Yes' answer in questions 3 to 6, please provide full details in the table following question 6.

3. Have you ever suffered symptoms of, had, been told you have or received any advice, investigation or treatment for any of the following?

- (a) Cancer, cyst, breast lump (even if you have not seen a doctor) or tumour of any kind .....  Yes  No
- (b) Liver, kidney or bladder disorder, renal colic or stone .....  Yes  No
- (c) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia .....  Yes  No
- (d) Advice to restrict your diet or undergo surgery .....  Yes  No
- (e) Any other illness, disease or disorder .....  Yes  No
- (f) Hepatitis B or C or have you ever been told you are a hepatitis B or C carrier .....  Yes  No

4. Are you considering or have you been advised/referred to undergo further treatment investigation or procedure? .....  Yes  No

5. Have you had any other operation, accident, x-ray, pathology test or genetic test in the last five years? .....  Yes  No



**D. Medical and health history (of the life insured) (continued)**

**6. Females only:**

- (a) Have you ever had an ovarian abnormality, an abnormal pap smear, breast ultrasound or mammogram?  Yes  No
- (b) Have you ever had an abortion (miscarriage), stillbirth, complications of pregnancy or a child with congenital anomalies?  Yes  No

Question reference	Illness, Injury or tests	Date of illness/ Injury	Time off work	Degree of recovery %*	Results of tests	Reason and type of treatment including date of last symptoms	Full name and address of doctor or hospital (if any)
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					

\* **i** If the degree of recovery is less than 100%, please complete **Section P (Multi-purpose Questionnaire)**.

**7. AIDS statement**

**i** If 'Yes' to any of the questions below, please also complete the '**Confidential Lifestyle Questionnaire**' form available from your financial adviser or by contacting our Contact Centre on **1800 998 185**.

- (a) Have you suffered from Acquired Immune Deficiency Syndrome (AIDS) or been infected with the HIV virus or are you carrying antibodies to the HIV virus?  Yes  No
- (b) Have you ever used intravenous drugs, engaged in male to male anal sexual activity or worked as a paid sex worker?  Yes  No
- (c) Have you had sexual intercourse with someone you know or suspect to be HIV positive?  Yes  No



**E. Present occupation (of the life insured)**

1. (a) Please provide details of your **current and previous occupations** over the last five years, including any period **unemployed, travelling, studying**, etc.

	From	To	Occupation	Industry	Tick which is applicable			
					Employee of own company	Self-employed	Employee	Business partnership
Current occupation	/ /	present						
Previous occupations	/ /	/ /						
	/ /	/ /						
	/ /	/ /						

(b) What type of products or services do you or your employer sell?

(c) What trade, professional, business or tertiary qualifications do you have?

.....
.....
.....
.....

(d) What are the important income producing duties of your present occupation? Include all manual work performed.

Duties (type of work and daily duties performed)	% of time
Sedentary/Admin:	%
	%
	%
Manual:	%
	%
	%
Other:	%
	%
	100%

(e) State the location where you perform your duties.

Location (where do you perform your duties)	% of time
	%
	%
	%
	%
	%
	%
	%
	%
	%
	100%

(f) How many hours a week do you work?

How many weeks per year?





**F. Further occupational information (of the life insured) (continued)**

6. (a) When was the business purchased/started?
- (b) Please state what percentage of interest/shareholding you have in the business/practice?    %
- (c) What percentage of monthly business turnover is derived from your personal exertion?    %
7. How many people do you employ (excluding yourself)?
8. Please provide employee details (excluding yourself) in the table below.

Occupation of all business partners/employees	Family member Y/N	Daily duties	Full-time, part-time or contractor?	Monthly remuneration	% of interest in business

9. (a) Has your company had a net operating loss in the last two years?  Yes  No  
**i** If 'Yes', please provide details of your company's profit and loss statements for all entities.
- (b) Have you or any business with which you are/have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?  Yes  No  
 If 'Yes', please provide details including when this occurred.

Date of discharge:



**G. Income details (of the life insured)**

**Only to be completed if you are applying for Salary Continuance or Income Protection.**

**i** If you are applying for Agreed Value cover, please enclose proof of your income with your Application. Otherwise, we will request it at the date of claim.

1. What is your income from your current occupation? (Personal income is income earned by your personal exertion. Do not include investments.)

**(a) Employee**

Your income is the total remuneration paid by your employer including salary, fees, commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions (statutory or voluntary).

	Last financial year	Previous financial year
	3 0 0 6	3 0 0 6
Remuneration package	\$	\$

**(b) Self-employed (sole trader, business partner, employee of own company)**

Refer to the APPP PDS for the definition of Income.

	Last financial year	Previous financial year
	3 0 0 6	3 0 0 6
Gross business income/revenue	\$	\$
Less total business expenses	- \$	- \$
Net business profit/loss (before tax)	= \$	= \$
% share of net business income	%	%
Add backs (your own portion of personal salary/wages, superannuation contributions, spouse's income if income splitting and/or share of depreciation)	+ \$	+ \$
Total net earned income (before tax)	= \$	= \$

**Note: These figures disclosed should coincide with returns lodged with the Australian Taxation Office.**

2. (a) Is your current remuneration package or net income different than that stated above for the last financial year?  Yes  No  
If 'Yes', please state reasons for the change below.

(b) Current income ..... \$

3. Do you earn commission or bonuses? .....  Yes  No

If 'Yes', please state percentage of total income. .... %



**G. Income details (of the life insured) (continued)**

4. Will any of your income (from any source) continue if you become disabled?  Yes  No

If 'Yes', state source (eg sick leave, director's fees, salary, renewal or trail commission, salary continuance insurance, profit share from the business, etc).

(a) For how long will it continue?

(b) Amount of income (per month)..... \$ ,,

(c) Is there an agreement in place in the business/practice limiting profit share or other income in the event of disability?  Yes  No

If 'Yes', please provide details below.

5. Do you receive any unearned income from investments (eg rental property, dividends etc)?  Yes  No

If 'Yes', please state the amount per month (net of costs and expenses). *(Do not include negatively geared investments)*..... \$ ,,

Please state the source.

6. If you have a second occupation, please provide the following details.

Nature of occupation

Hours worked per week

Number of weeks worked per year?

Last financial year

Previous financial year

Net income (before tax)..... \$ ,,

\$ ,,



**H. Business expenses (of the life insured)**

**Only to be completed if you are applying for Business Expenses Protection.**

1. Please state the value of all monthly business expenses. (Do not include personal remuneration, mortgage principal, depreciation on real estate, cost of goods, wares and merchandise, equipment, fixtures and fittings, salaries of revenue producing employees.)

**i** Alternatively, the supply of copies of taxation returns and profit and loss statements for all entities associated with your business will be accepted in place of completing the details below.

**Eligible Expenses**

**Monthly Expenses**

(a) Rent, property rates and taxes*	\$	<input type="text"/>							
(b) Insurance of premises (eg fire, etc)*	\$	<input type="text"/>							
(c) Security costs*	\$	<input type="text"/>							
(d) Electricity, gas, water, heating, telephone and cleaning*	\$	<input type="text"/>							
(e) Mobile phone	\$	<input type="text"/>							
(f) Bank fees/charges, interest on business loans	\$	<input type="text"/>							
(g) Hire and lease of plant and equipment	\$	<input type="text"/>							
(h) Business insurance premiums (eg liability, professional indemnity)	\$	<input type="text"/>							
(i) Membership fees, publications and subscriptions to professional bodies	\$	<input type="text"/>							
(j) Accountant's and auditor's fees	\$	<input type="text"/>							
(k) Regular advertising expenses, postage, printing and stationery	\$	<input type="text"/>							
(l) Salaries and costs of employees who <b>do not</b> generate revenue (eg superannuation contributions, payroll tax, workers' compensation for employees who <b>do not</b> generate revenue)	\$	<input type="text"/>							
(m) Net cost of locum, ie cost to employ less revenue generated by locum	\$	<input type="text"/>							
(n) Other fixed business expenses – <b>please specify</b>	\$	<input type="text"/>							
.....	\$	<input type="text"/>							
.....	\$	<input type="text"/>							
.....	\$	<input type="text"/>							
(o) <b>Total Monthly Business Expenses</b>	\$	<input type="text"/>							

\*Not insurable if working from home.

2. What percentage of Monthly Business Expenses are you responsible for/liable to pay?  %



**Questionnaires (life insured to complete)**

Please complete:	If you answered 'Yes' to:
I. Aviation Questionnaire	Section A question 6
J. Activities/Pursuits Questionnaire	Section A question 6
K. Asthma Questionnaire	Section D question 1(b)
L. Spinal/Joints Disorder Questionnaire	Section D question 1(h)
M. High Blood Pressure/High Cholesterol Questionnaire	Section D question 1(a)
N. Mental Health Questionnaire	Section D question 1(e)
O. Check-up Questionnaire	Section D question 2
P. Multi-purpose Questionnaire	<ul style="list-style-type: none"> <li>Section D questions 3 to 6 and the degree of recovery is less than 100%; and/or</li> <li>Section D questions 1(c), 1(d), 1(f), 1(g) and/or 1(i).</li> </ul>

**I. Aviation Questionnaire**

1. Please state the number of hours flown where applicable:

**(a) Private flying**

Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(b) Commercial flying**

(excluding large mainstream carriers, eg Qantas)

Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(a) Agricultural flying**

Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are your flying activities:

Recreational, or  Required for your occupation?

Please provide details.



I. Aviation Questionnaire (continued)

3. (a) Name of aircraft flown.

(b) Make and model of the aircraft.

(c) **If pilot only.**

(i) Age of the aircraft flown.

(ii) Is the aircraft serviced and maintained in Australia?  Yes  No  
If 'No', where is the aircraft serviced?

4. Do you fly or intend to fly outside Australia?  Yes  No  
If 'Yes', please provide details.

5. Do you participate in or intend to participate in any flying activities such as aerobatics, stunt flying or exhibitions?  Yes  No  
If 'Yes', please provide details.

6. Have you ever been involved in aviation accidents?  Yes  No  
If 'Yes', please provide details.



**J. Activities/Pursuits Questionnaire**

If you engage in more than one activity/pursuit, please photocopy this section and complete a separate copy for each activity/pursuit.

1. Please describe the activity or pursuit.
2. Please advise the number of times you engage in the activity per year.
3. How many actual events/hours/trips/flights/dives/climbs/jumps/others, did you participate in over the last 12 months approximately?
4. What qualifications, certificates, licences, associations and club memberships do you hold?
5. How long have you been involved in this activity? .....
6. Where do you engage in this activity and in what locations?
7. Do you ever engage in this activity alone, or are you always with a group? .....
8. Do you compete in this activity? .....  Yes  No  
If 'Yes', please advise the level of competition and names of events.
9. Do you receive any payments for your involvement in this activity? .....  Yes  No  
If 'Yes', please advise details.
10. Please advise the maximum heights, speeds, depths the activity includes.
11. Are any of the above likely to change over the next two years? .....  Yes  No  
If 'Yes', please advise full details.
12. Are you involved in any record attempts? .....  Yes  No  
If 'Yes', please advise full details.
13. Are all recognised/standard safety measures and precautions followed? .....  Yes  No  
Please provide any additional details.
14. Please provide details including engine size and model for any cars, boats, planes (please state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.
15. Have you ever been involved in any accident/mishap whilst participating in this activity? .....  Yes  No  
If 'Yes', please advise details.





**L. Spinal/Joints Disorder Questionnaire**

1. Area of spine (eg neck, upper or lower back) and/or joints affected (eg left knee, right hip, shoulders, elbows, etc).

2. Please state the precise diagnosis.

3. When did symptoms first occur?

4. (a) What was the cause?

(b) Please describe your symptoms.

(c) Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs?  Yes  No

(d) State frequency and severity of attacks/symptoms prior to treatment.

5. Are you still experiencing symptoms?  Yes  No

(a) If 'No', date of last experienced symptoms.

(b) If 'Yes', how frequently have symptoms occurred since commencing treatment?

Daily  Weekly  Monthly  Other

6. (a) What is the nature of the treatment (eg medication, physiotherapy, exercise, etc)?

(b) Are you still receiving treatment?  Yes  No

(i) If 'No', when did you cease treatment?

(ii) If 'Yes', how often do you attend for follow-up and date of last consultation?

(c) Name and address of doctor or therapist consulted.

Name

Address

 State    Postcode    

7. Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition?  Yes  No

If 'Yes', please provide date(s) and full details including type of investigations, results and name of doctor.

8. Have you had any operation for this condition or is an operation being considered?  Yes  No

If 'Yes', please provide date(s) and full details including names of hospital and consultant/surgeon.



**L. Spinal/Joints Disorder Questionnaire (continued)**

9. (a) Have you ever been off work due to your symptoms? .....  Yes  No  
 If 'Yes', when and for how long?
- (b) Are your occupation duties restricted in any way? .....  Yes  No  
 If 'Yes', please provide details.
- (c) Is it necessary to avoid lifting or to restrict your daily activities in any way? .....  Yes  No  
 If 'Yes', please provide details.

**M. High Blood Pressure/High Cholesterol Questionnaire**

1. When was high blood pressure/high cholesterol first diagnosed?

2. What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?

Readings	Results	Date diagnosed
Blood Pressure		/ /
Total Cholesterol		/ /
HDL		/ /
LDL		/ /
Triglycerides		/ /

3. Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage
/ /		
/ /		
/ /		

4. Are you still on treatment? .....  Yes  No  
 If 'No', when was treatment discontinued and why?

5. Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results
/ /		
/ /		
/ /		



**M. High Blood Pressure/High Cholesterol Questionnaire (continued)**

6. Regarding the monitoring of your condition:

(a) Name of medical attendant:

(b) How often do you attend for follow-up?

(c) When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time.

(d) Have you suffered from any of the following conditions:

- (i) Eye disorder (other than short/long sightedness) .....  Yes  No
- (ii) Symptoms or disorder relating to heart or circulatory system .....  Yes  No
- (iii) Kidney disorder or protein in urine .....  Yes  No
- (iv) Dizziness, fainting episodes or stroke .....  Yes  No

If you answered 'Yes' to any of the above, please provide details:

Date	Symptoms	Investigations	Results
/ /			
/ /			
/ /			

(e) How long has your blood pressure/cholesterol been well controlled?

- < 6 months       6 months to 12 months       > 12 months

7. Please provide any additional information on your condition which you feel will be helpful in processing your Application.

**i** Please attach copies of any reports or results (eg x-ray, pathology, ultrasound, etc) you may have.



**N. Mental Health Questionnaire**

1. Please indicate the condition(s) you have had or received treatment for.

- Anxiety including generalised anxiety, panic or phobic disorder
- Eating disorder including anorexia nervosa, bulimia
- Depression including major depression or mild depression
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenic or any other psychotic disorder
- Stress, sleeplessness, chronic fatigue
- Other (please specify)

2. Describe your symptoms including the date started and how long they lasted.

Symptoms	Date from	Date to
	/ /	/ /
	/ /	/ /

3. (a) Has any reason for your condition been identified or are there any factors which trigger your condition?  Yes  No  
If 'Yes', please provide details.

(b) Have you ever had suicidal thoughts or attempted suicide?  Yes  No  
If 'Yes', please provide details.

4. (a) Date symptoms commenced.

(b) Have you had any recurrences of this condition?  Yes  No

If 'Yes', how many times?  When?

5. (a) Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased
	/ /	/ /
	/ /	/ /
	/ /	/ /

(b) Are you currently receiving treatment?  Yes  No  
If 'Yes', please provide details

6. Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted
	/ /	/ /
	/ /	/ /
	/ /	/ /



**N. Mental Health Questionnaire (continued)**

7. Have you ever been off work or your normal daily activities restricted in any way due to your condition?.....  Yes  No  
 If 'Yes', when and for how long?

--

8. Have you any ongoing effects or restriction to your activities of any kind due to your condition?.....  Yes  No  
 If 'Yes', please provide details.

--

**O. Check-up Questionnaire**

1. Please state the reason(s) for your regular check-up/blood test.

--

2. Please state the dates of your last two check-ups and results.

Date	Details	Results	Name of doctor
/ /			
/ /			
/ /			
/ /			
/ /			

3. Were any test(s) or further investigation(s) performed?.....  Yes  No  
 If 'Yes', please provide details or attach copies of reports.

Date	Type of tests/investigations	Results
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		





**P. Multi-purpose Questionnaire (may be photocopied for additional conditions)**

1. Name of condition (exact diagnosis).

2. (a) What part of the body was affected?

(b) Please state which side.  Left  Right  Not applicable

3. The cause.

4. (a) Date symptoms commenced.....

(b) How long have you been free of symptoms?

(c) How often do/did you have symptoms?

5. Have you ever been off work or your normal daily activities restricted in any way related to this condition? .....  Yes  No

If 'Yes', please state when, duration and reason/restriction.

  
  

6. Have you any residual, ongoing effects or restriction in your daily activities?.....  Yes  No

If 'Yes', please give details.

7. Have you taken regular or occasional medication for this condition?.....  Yes  No

If 'Yes', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication? .....  Yes  No

8. Have you had any other treatment for this condition (eg physiotherapy, operation, alternative remedies)?.....  Yes  No

9. Have you had any diagnostic investigations (eg scope, scan, x-rays, EEG, ECG etc)?.....  Yes  No

10. Have you ever been in hospital or received emergency treatment for anything related to this condition?.....  Yes  No





A large rectangular area with horizontal dotted lines, intended for providing additional information.



### Part 3 – Declaration and signature

By signing this form I/we acknowledge the following:

1. I/we have been given a copy of the current PDS and any SPDS, as confirmed by my/our financial adviser, which I have read and understood.
2. I/we have read my/our duty of disclosure on page 1 of this Application and understand my/our duty to disclose continues after I/we have completed this Application until the Insurer has given written acceptance of the risk.
3. I/we agree that:
  - (a) the answers to all the questions and declarations in this Application are true and the answers given, together with any special conditions, will form the basis of the contract;
  - (b) if any answers to this Application are not in my/our own handwriting, I/we certify that I/we have checked them and they are correct;
  - (c) if the proposed insurance cover includes any disablement benefits, the insurance cover will provide that such benefits will not be payable in the event of disablement occurring as a result of war. This does not apply to TPD;
  - (d) insurance cover will not commence until the Insurer accepts the insurance proposed or receives a signed acceptance of such alternate conditions as may be offered and the appropriate first premium has been received;
  - (e) no information has been withheld which may affect the Insurer's decision to provide insurance.
4. Premiums are paid to, and benefits provided by the Master Policy are liabilities of the Insurer. Premiums are not deposits in, nor liabilities of, and not guaranteed by any bank or company whether related to the Insurer or not.
5. I/we authorise the Insurer and any person appointed by the Insurer to obtain information on my/our medical, claims and financial history for the Insurance Reference Association and any other body holding that information.
6. My/our Duty of Disclosure applies to Interim Accident Cover and that I/we may not be entitled to Interim Accident Cover if I/we fail to comply with my/our Duty of Disclosure in relation to my/our Application.
7. I/we authorise the Insurer to collect, use and disclose any information in connection with this Application for insurance and any medical reports, to other entities involved in providing or administering the insurance, reinsurers, medical consultants and legal advisers.
8. I/we authorise the Insurer to disclose personal medical information to my/our financial adviser, obtained to assess my/our Application for insurance.
9. Asgard and the Trustee (as applicable) is the owner of the Master Policy effected with the Insurer and that I/we will become a life insured under that policy.
10. I/we authorise Asgard to deduct the premiums for this insurance from my/our Account, retain the Administration fee and pay the balance on my/our behalf to the Insurer.
11. I/we agree to receive any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information you may request) and documents (including periodic reports) which Asgard, the Trustee or the Insurer is or may be required to give, or has agreed to give, to me/us relating to my/our insurance cover via Investor *Online*, or any other electronic means chosen by Asgard, the Trustee or the Insurer (and for these purposes, I/we agree I/we will be taken to have received the relevant information whether or not I/we access the information).
12. I, the life insured noted below, hereby authorise any Medical Practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to Asgard, the Trustee or the Insurer full details of my health and medical history. A photocopy of this authority is as effective and valid as the original.



**Life insured**

Signature of life insured

Date

Name of life insured

**Individual Applicant (if different from the life insured)**

Signature of Applicant

Date

Name of Applicant

**OR**

**Company/Self Managed Superannuation Fund Applicant**

Company/Self Managed Superannuation Fund name(s)

Signature of Director/Secretary/Business Partner 1

Date

Name of Director/Secretary/Business Partner 1

Signature of Director/Secretary/Business Partner 2

Date

Name of Director/Secretary/Business Partner 2



# Personal Protection Package

## Direct Debit Request



Complete this form in **BLOCK LETTERS** and black ink:

- Post it to Customer Transactions, PO Box 7490, Cloisters Square, Perth WA 6850

**Questions?** Call Asgard on 1800 998 185 or email [asgard.investor.services@asgard.com.au](mailto:asgard.investor.services@asgard.com.au)

**Note:** Privacy laws protect your privacy. Please read the Privacy Statement, set out in the APPP PDS.

### 1. Request for debiting amounts to accounts by the Direct Debit System

Date

To: **Asgard Capital Management Ltd** ABN 92 009 279 592 (Asgard)

I/We (Insert your name in full)

Surname or company name or business name

Given names, ACN or ABN

request Asgard, until further notice in writing, to debit to my/our account described in section 2 (overleaf), by any amounts which Asgard (User ID number 016103) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that Asgard may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

I/We agree to the terms of the Direct Debit Request Service Agreement provided on page 2 of this form.

Signature (If the Account is in joint names, both people must sign)

Date

Signature

Date

**Companies or Trustee Companies sign here (for investment accounts only)**

If signing under Common Seal, we confirm it was affixed in our presence.

Director/Sole Director and Sole Secretary (delete as applicable)

Secretary/Director (delete as applicable)

Common Seal

Date

Address

 State  Postcode 

Asgard Account Number (if known)

 -  - 

Asgard Account Name



## 2. The schedule

Insert details of account which is to be debited

Account name

BSB number

 - 

Account number

Branch name and address

  
  
 State  Postcode 

Note:

1. Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.
2. You can only have one Direct Debit Request for each Asgard Investment Account.

## 3. Direct Debit Request Service Agreement

Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695 ('we' or 'us')

User ID: 016103,

Level 38, Central Park, 152 St George's Terrace, Perth, WA 6000.

You have entered or are about to enter into an arrangement under which you make payments to us. You want to make those payments by use of the Direct Debit System (DDS).

This agreement sets out the terms on which we accept and act under a Direct Debit Request (DDR) you give us to debit amounts from your account under the DDS. It is additional to the arrangement under which you make payments to us.

Please ensure you keep a copy of this agreement as it sets out certain rights you have against us and certain obligations you have to us due to giving us your DDR.

### When we are bound by this agreement

1. We agree to be bound by this agreement when we receive your DDR complete with the particulars we need to draw an amount under it.

What we agree to and what we can do

2. We only draw money out of your account in accordance with the terms of your DDR.
3. We do not give you a statement of the amounts we draw under your DDR.
4. On giving you at least 14 days notice, we may change our procedures in this agreement, change the terms of your DDR, or cancel your DDR.
5. You may ask us to: alter the terms of your DDR; defer a payment to be made under your DDR; stop a drawing under your DDR; or cancel your DDR by emailing [asgard.investor.services@asgard.com.au](mailto:asgard.investor.services@asgard.com.au) or writing to Customer Transactions Contact Centre, PO Box 7490, Cloisters Square WA 6850.
6. You can dispute any amount we draw under your DDR by calling Customer Relations on 1800 998 185; emailing [asgard.investor.services@asgard.com.au](mailto:asgard.investor.services@asgard.com.au) or writing to Customer Transactions, PO Box 7490, Cloisters Square WA 6850.
7. We deal with any dispute under Clause 6 of this agreement as follows. We and our bank review our respective records. If necessary we contact your financial institution to review its records. We advise you and your adviser in writing within two to four weeks, depending on the nature and extent of the dispute, and the measures taken to resolve it.
8. If the day on which you must make any payment to us is not a business day, we will draw on your account under your DDR on the first business day following that day.
9. If your financial institution rejects any of our attempts to draw an amount in accordance with your DDR, we contact you and your adviser in writing. After three consecutive rejections we advise you and your adviser in writing that you can no longer make payments by direct debit.
10. We will not disclose to any person any information you give us on your DDR, which is not generally available, unless: you dispute any amount we draw under your DDR and we need to disclose any information relating to your DDR or to any amount we draw under it to the financial institution at which your account is held or the financial institution which sponsors our use of the DDS or both of them; you consent to that disclosure; or we are required to disclose that information by law.



**What you should consider**

11. Not all accounts held with a financial institution are available to be drawn on under the DDS.
12. Before you complete your DDR, it is best to check account details against a recent statement from your financial institution to ensure the details on your DDR are completed correctly.
13. If you are uncertain when your financial institution processes an amount we draw under your DDR on a day which is not a business day, please enquire with your financial institution.
14. It is your responsibility to ensure there are sufficient cleared funds available in your account, by the due date on which we draw any amount under your DDR, to enable us to obtain payment in accordance with your DDR.
15. We request you to direct all requests to stop or cancel your DDR to us or your financial institution and all enquiries relating to any dispute under Clause 6 of this agreement to us or your financial institution.

Asgard Capital Management Ltd  
ABN 92 009 279 592  
AFSL 240695  
Customer Relations 1800 998 185  
Customer Transactions,  
PO Box 7490, Cloisters Square WA 6850

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# **Asgard**