



FUTURA PROTECTION

Product Disclosure Statement

ISSUE DATE | 1 OCTOBER 2025



PROTECTING WHAT'S IMPORTANT TO YOU WITH FUTURA PROTECTION



Life insurance offers invaluable protection and peace of mind for both you and your loved ones. It provides financial security in the face of life's uncertainties, allowing you to pursue your goals with confidence. With the right coverage, you can provide a lasting gift of reassurance and support for your family's future wellbeing.

Futura Protection is a life insurance product designed for that very purpose – to help you protect what's important to you. It includes five types of cover; Life Cover, Total and Permanent Disability (TPD) Cover, Critical Illness Cover, Child Cover and Income Protection Cover – allowing you to tailor your insurance to the needs of you and your family.

Futura Protection is issued and insured by NobleOak Life Limited ABN 85 087 648 708, AFSL 247 302 (NobleOak).

NobleOak is an Australian Prudential Regulation Authority (APRA) regulated life insurer and is responsible for meeting the terms and conditions of the product.

This document explains Futura Protection

This Product Disclosure Statement (PDS) explains what you need to know about the benefits, features, options, risks and costs of Futura Protection, to help you make informed choices about the product, with the support of your financial adviser. You should read this document carefully before making any decision about Futura Protection.

The information contained in this PDS is general in nature and doesn't take into account your individual objectives, financial situation and needs. You should therefore consider the appropriateness of this information to your objectives, financial situation and needs before acting on it.

Information in this document may change

The information in this PDS is current as at the date of issue. However, from time to time we may change or update information that is not materially adverse. We'll provide a notice of any such changes at www.futuraprotect.com.au. If you'd like a free printed copy of the updated information, please email us at customer@futuraprotect.com.au.

Target Market Determination

The Target Market Determination (TMD) is designed to help you decide if Futura Protection is right for you and understand the conditions under which Futura Protection can be sold.

The TMD for Futura Protection is available at www.futuraprotect.com.au/TMD

What is the role of NEOS?

NEOS, a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914, AFSL 502759, is a business focused solely on distributing and administering quality life insurance products to Australians.

Once issued, NEOS administers your Futura Protection plan in Australia on behalf of NobleOak, excluding the administration of claims.

The Futura Benefit Fund

Futura Protection is governed by the rules of NobleOak's Futura Benefit Fund (Benefit Fund). These rules are approved by NobleOak's Board and APRA. You may request to view the Benefit Fund rules at any time.

When your plan commences, you'll automatically become a member of the Benefit Fund. We'll also send you a welcome letter and a plan schedule which sets out the cover type(s) you have chosen, your sum(s) insured, premium, any optional benefits and any special terms which apply (including any loadings and/or exclusions).

The Life Insurance Code of Practice

As NobleOak is a member of the Council of Australian Life Insurers (CALI), we're bound by the Life Insurance Code of Practice (the Code). The Code outlines the standards that we're committed to in providing life insurance services to you. The Code can be found at www.cali.org.au/life-code/

Understanding what we mean

While our aim is to always provide straightforward explanations, some terms we use have specific meanings. These terms appear throughout the PDS in *italics* and are explained in the 'Definitions' section from page 86.

There are other words that are regularly used in this PDS that also have a specific meaning as set out below. These words are:

Insured child means the child whose life is insured under Child Cover. The insured child (or children) is shown on your plan schedule.

Insured person means the person whose life is insured under your plan. The insured person is shown on your plan schedule.

Plan owner means the person or legal entity who owns the plan. The plan owner is shown on your plan schedule.

Plan means the package of one or more cover types provided to you.

SIS means the Superannuation Industry (Supervision) Act 1993 or the Superannuation Industry (Supervision) Regulations 1994 (as applicable). We have reproduced certain definitions from the SIS regulations in the Definitions section. These definitions are valid as of the issue date of this PDS.

Super means superannuation.

Trustee means a trustee of a superannuation fund, including a Self-Managed Super Fund (SMSF).

Us, we, our or the **insurer** means NobleOak.

You or **your** means the insured person or plan owner as the context requires.

To help with your understanding of Futura Protection, we've also capitalised the first letter of each word of the plan benefits and features, so you can easily identify them (for example 'Life Cover').

Contact Us

Phone: 1300 407 349

Email: customer@futuraprotect.com.au

Website: www.futuraprotect.com.au

Mail: GPO Box 239, Sydney NSW 2001

Hours: Monday to Friday 8:00am – 6:00pm (AEST/AEDT)

CONTENTS

About Futura Protection	7	Income Protection Cover	53
Setting up your plan	9	Cover overview	53
Who can own your plan?	9	Important features and choices	55
Structuring your cover	10	Included benefits	60
Applying for cover	13	Optional benefits	67
Life Cover	17	Exclusions	69
Cover overview	17	When Income Protection Cover ends	69
Included benefits	18	Premiums and other costs	71
Optional benefits	19	How life insurance premiums are calculated	71
Adjustments	19	Your premium type	72
Exclusions	19	Do premium rates change?	72
When Life Cover ends	19	Paying your premium	73
Total and Permanent Disability (TPD) Cover	21	Premium refunds on cancellation	73
Cover overview	21	If you stop paying your premiums	73
Included benefits	24	Plan reinstatement	73
Optional benefits	25	Taxation information	74
Adjustments	25	Important information	75
Exclusions	25	What we pay your financial adviser	75
When TPD Cover ends	25	No cash value	75
Critical Illness Cover	27	Risks of holding this insurance	75
Cover overview	27	Complaints	75
Included benefits	29	Your privacy	75
Optional benefits	34	General plan conditions	77
Adjustments	35	Changing the plan owner	77
Exclusions	35	Notices	77
When Critical Illness Cover ends	35	Variations to your plan	77
Child Cover	37	Replacement cover	77
Cover overview	37	Claims	78
Included benefits	38	Making a claim	78
Adjustments	41	Payment of premiums	78
Exclusions	41	Claim requirements	78
When Child Cover ends	41	Following the advice of a medical practitioner	79
Benefits common to Life Cover, TPD Cover and Critical Illness Cover	43	Your obligation regarding disability duration and severity	79
Included benefits	43	Confirmation of information provided in your application for insurance	80
Optional benefits	50	Fraudulent claims	80
		Payment of your claim	80
		Misstatement of information	80



Direct debit request service agreement	81
Complimentary Interim Accident Cover	83
Complimentary Interim Rollover Cover	85
Definitions	86
General definitions	86
Superannuation definitions	92
Critical illness definitions	92

ABOUT FUTURA PROTECTION

Futura Protection allows you to select a combination of cover types and ownership structures to meet your objectives, financial situation and needs as determined by you, with the support of your financial adviser.

The flexible nature of Futura Protection allows you to tailor multiple covers under the one plan, or link your cover under separate plans (including plans held inside and outside super). The primary benefits provided under these cover types are summarised in this table.

Type of cover	What you're covered for
Life Cover	Life Cover provides a lump sum payment if you die or are diagnosed with a <i>terminal illness</i> .
TPD Cover	TPD Cover provides a lump sum payment if you suffer <i>total and permanent disability</i> in accordance with the specified TPD definition that you're covered for.
Critical Illness Cover	Critical Illness Cover provides a lump sum payment if you or your child (where applicable) suffer a specified Critical Illness Event, Partial Critical Illness Event or Pregnancy Complications Event that you're covered for.
Child Cover	Child Cover provides a lump sum payment if the insured child dies, is diagnosed with a <i>terminal illness</i> , or suffers a specified Child Critical Illness Event.
Income Protection Cover	Income Protection Cover provides a <i>monthly benefit</i> if you're <i>totally disabled</i> or <i>partially disabled</i> as a result of <i>illness</i> or <i>injury</i> , for longer than the specified <i>waiting period</i> .

All Futura Protection plans also include the valuable features outlined below.

Worldwide cover

Futura Protection travels with you, which means you're fully covered, 24 hours a day, anywhere in the world.

Guaranteed renewable

We guarantee to renew your plan each year until your plan expires, provided you pay your premiums when due. This means we can't cancel your cover or place further restrictions on it because of changes to your health, occupation or pastimes.

Guaranteed upgrade

Any future improvements to the benefits and definitions of Futura Protection will be passed on to you, provided they don't result in an increase in your premium.

These improvements will apply to future claims. They won't apply to current claims, or to claims resulting from an *illness*, *injury*, *disability* or medical condition, which occurred before the improvements came into effect.

Exclusions

Please be aware that Futura Protection plans also include exclusions as described in the 'Exclusions' section on pages 19, 25, 35, 41 and 69.

Other exclusions may be applied to your individual plan based on our assessment of your application and any such exclusions will be shown on your plan schedule.



SETTING UP YOUR PLAN

Who can own your plan?

Your plan can be owned by you, a company or trust (ordinary ownership) or by the trustee of a super fund or SMSF (super ownership). Your financial adviser can help you decide which ownership option is best for you.

If your plan has super ownership, we generally refer to it as being held 'inside super'. If your plan does not have super ownership, we generally refer to it as being held 'outside super'.

The ownership options, and the cover types available under each option, are outlined further in the table below.

Ordinary ownership	Cover types available
<p>The plan owner can be:</p> <ul style="list-style-type: none"> › the insured person › the insured person's partner or another individual › the insured child's parent or legal guardian (for Child Cover); or › a company or trust, excluding the trustee of a super fund. <p>Your plan can have more than one plan owner. In this instance, the plan owners are known as 'joint tenants.'</p>	<ul style="list-style-type: none"> › Life Cover › TPD Cover › Critical Illness Cover › Child Cover › Income Protection Cover
Super ownership	Cover types available
<p>The plan owner can be:</p> <ul style="list-style-type: none"> › the trustee of a super master trust of which you are a member; or › the trustee of your SMSF. 	<ul style="list-style-type: none"> › Life Cover › TPD Cover › Income Protection Cover

Plan ownership eligibility

Unless otherwise agreed, to be a plan owner, you must (at time of application) be:

- › an *Australian resident*, Australian company or trustee
- › aged 18 or over, or acting as an officer or the trustee of a company or super fund or SMSF; and
- › for Child Cover, the parent or legal guardian of the child.

Additional eligibility criteria applies to the insured person or insured child, as explained in the 'Insured person and insured child eligibility' section on page 13.

Your choice of ordinary ownership or super ownership will affect your options

You have the choice of having cover inside super or outside super. That choice will influence:

- › how you pay your premiums
- › the tax treatment of your premiums and benefits; and
- › the benefits, options and definitions available under each cover type.

Your financial adviser can help you choose the structure that is best for you.

We use the following symbols throughout this PDS to indicate when a cover type, benefit, option or definition is available inside super and outside super.

ORDINARY

Indicates that the cover type, benefit, option or definition is available on plans purchased outside super.

SUPER

Indicates that the cover type, benefit, option or definition is available on plans purchased inside super.

We pay the benefits to the plan owner

Unless we state otherwise, we pay the benefits payable under each cover type to the plan owner or nominated beneficiary, where applicable.

If cover is held inside super, we'll pay the benefit under that cover type to the trustee of your super fund or SMSF. Whether the trustee can release the benefit to you will depend on the super fund's trust deed and super law, including whether you meet the required super condition of release.

It's important that you ask your trustee or financial adviser for information on whether, and when, any benefit can be released to you.

We pay all benefits and amounts payable under your plan in Australian dollars.

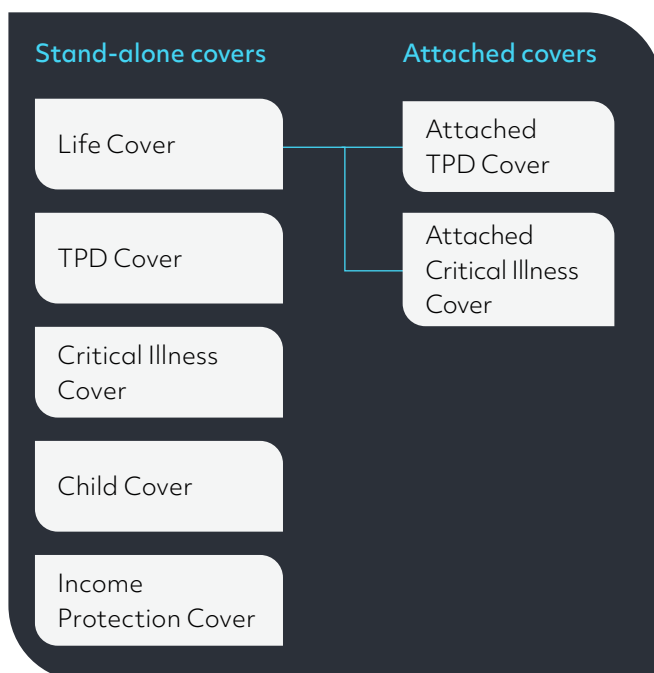
Structuring your cover

You have a number of options available when it comes to structuring your cover. You can hold all your cover types under one plan and your cover may be stand-alone or attached. You can also link cover held under separate plans via linking or splitting.

Your plan schedule will indicate when your cover is stand-alone, attached, linked or split.

Structuring cover outside super

The following diagram illustrates how you can structure your Futura Protection cover types outside super.



Stand-alone cover

Stand-alone cover operates independently of any other cover type you may have. This means that when a benefit is paid for a stand-alone cover type, it won't reduce the *sum insured* for any other cover type you hold.

Child Cover is stand-alone cover but can only be applied for in conjunction with Life Cover, TPD Cover, Critical Illness Cover or Income Protection Cover for the insured child's parent or legal guardian. This means if the parent or legal guardian's cover is declined or ends, we'll also decline or cancel your Child Cover.

Attached cover

Attached cover interacts with the other cover types it's attached to. This means that when a benefit is paid for an attached cover type, the *sum insured* of the cover types it's attached to will be reduced by the benefit amount paid. This also means that the premiums payable on the attached cover types will be reduced accordingly.

The premium you pay for attached cover is generally lower than what you'll pay for the same cover types held as stand-alone cover.

Structuring cover inside super

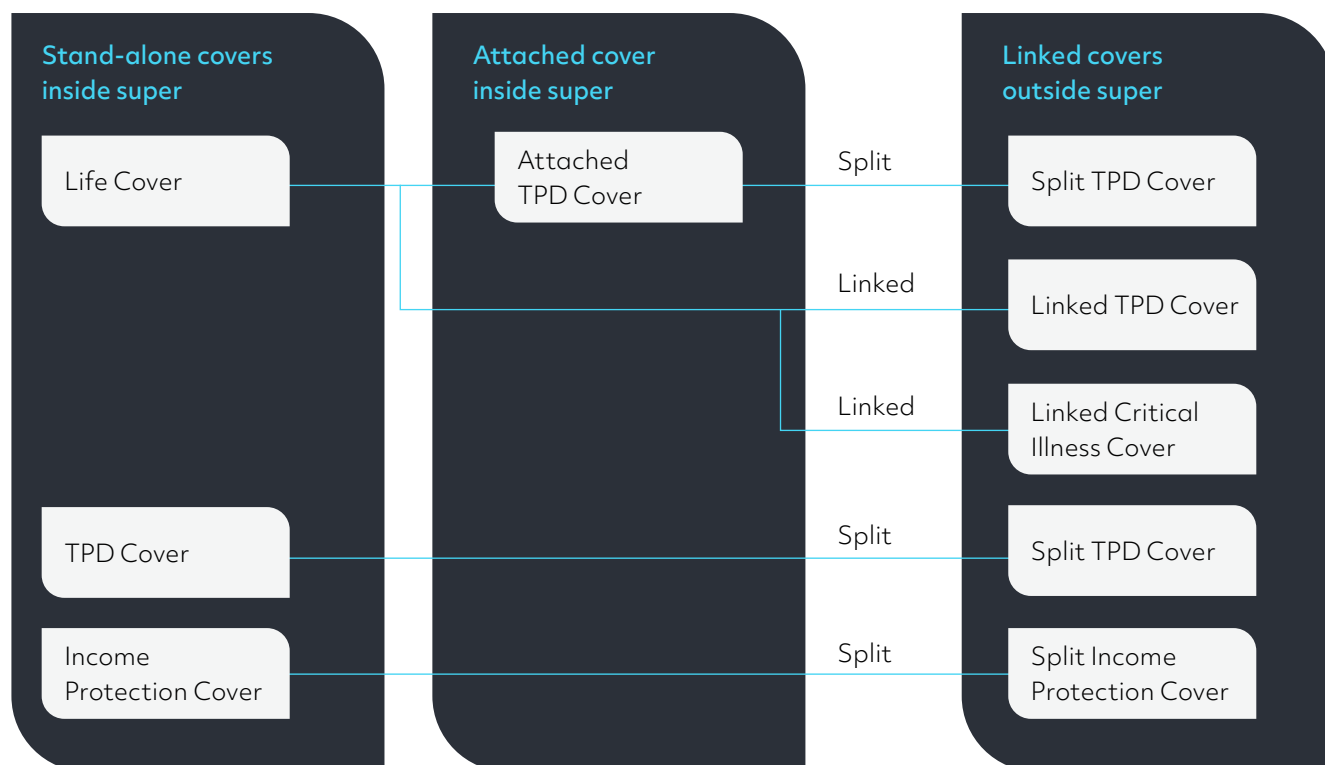
The following diagram illustrates how you can structure your Futura Protection cover types held inside super.

As with cover types held outside super, you can choose whether to have stand-alone cover or attached cover. In addition, you may also choose to have linked cover or split cover. Linked and split cover are explained further on page 11.

Important things to note

If you structure your Futura Protection plan to be held inside super:

- › you'll need to be a member of the super fund or SMSF
- › the trustee of the super fund or SMSF owns the plan on your behalf
- › premiums and benefit payments are made through the super fund or SMSF and are subject to restrictions under the super fund's or SMSF's trust deed and super law; and
- › some benefits, options and definitions of the cover type will not be available.



Stand-alone cover

Stand-alone cover operates independently of any other cover type you may have. This means that when a benefit is paid for a stand-alone cover type, it won't reduce the *sum insured* for any other cover type you hold.

Attached cover

Attached cover interacts with the other cover types it's attached to. This means that when a benefit is paid for an attached cover type, the *sum insured* of the cover types it's attached to will be reduced by the benefit amount paid. This also means that the premiums payable on the attached cover types will be reduced accordingly.

The premium you pay for attached cover is generally lower than what you'll pay for the same types of cover held as stand-alone cover.

Linked cover

Linking is a way of bundling your cover by allowing you to have different plan owners for each cover type.

Linking is available between a Futura Protection plan held outside super, and a Futura Protection plan held inside super.

For example, you may want to have your Critical Illness Cover attached to your Life Cover, but want your Life Cover to be owned by the trustee of your SMSF, and the Critical Illness Cover to be owned by you, outside of super. Linking enables you to do this.

As with attached cover, when a benefit is paid for a linked cover type, the *sum insured* of all cover types to which it's linked will be reduced by the benefit amount that has been paid. This also means that the premiums payable on the linked cover types will be reduced accordingly.

Split cover

Split cover is a way of splitting an individual cover across two separate plans; one held outside super and the other held inside super.

Benefits (or the portion of a benefit) which are consistent with super law (including the super conditions of release) will be held under the plan inside super. The remaining benefits (or the remaining portion of a benefit) will be held under the plan outside super.

The maximum benefit payable under both plans will never exceed the amount that would have been payable under a single plan held outside of super.

Split TPD Cover

Split TPD Cover allows you to purchase TPD Cover with an *own occupation TPD* definition across two separate plans, where one is held inside super and one is held outside super. The portion of TPD Cover which is consistent with super law will be held under the plan issued inside super, and the remaining portion of TPD Cover will be held under the plan issued outside super.

Split Income Protection Cover

Split Income Protection Cover allows you to purchase Income Protection Cover, with the portion of Income Protection Cover which is consistent with super law to be held under the plan issued inside super, and the remaining Income Protection Cover to be held under the plan issued outside super.

Important things to note

- › Any claim you make will first be assessed against the terms and conditions of the plan held inside super; and any benefits payable will be paid to the trustee of your super fund or SMSF. If that claim fails to meet the terms and conditions of the plan held inside super, it will then be assessed against the terms and conditions of the plan held outside super. Any benefits not payable under the plan held inside super may be paid to you under the plan held outside super, subject to you meeting the applicable terms and conditions.
- › A claim can only be paid from either the plan held inside super or the plan held outside super, but not both at the same time.
- › The *sum insured* (and *super sum insured*, *waiting period* and *benefit period* for Income Protection Cover) for both plans must always be the same. This means your *sum insured* under each plan may only be increased or reduced together, including any increase via the Indexation Benefit.
- › Any *sum insured* or benefit paid under one plan will reduce the *sum insured* or benefit of both plans.
- › The maximum benefit payable across the split plans is equal to the benefit under a single plan. Once the full *sum insured* or total benefits have been paid under either plan, coverage under both plans will end.
- › The premium for the plan held outside super will be reduced by the premium for the plan held inside super. This means the overall premium will be the same as if you'd purchased cover on a single plan outside super.
- › If your cover held inside super is cancelled or lapsed, your cover held outside super will also be cancelled or lapsed. However, if your cover held outside super is cancelled or lapsed, the cover held inside super will remain in place.
- › Your plan schedule will indicate when splitting applies.

Applying for cover

Before applying for Futura Protection, you'll need to speak with your financial adviser. They can help you determine the type of cover and the *sum insured* that is best for you.

Your financial adviser can then assist you in completing your application.

For Futura Protection held inside super, your application is made to the trustee, who applies to us for insurance on your behalf.

Insured person and insured child eligibility

Unless otherwise agreed, to be an insured person or an insured child, you must (at time of application):

Life Cover	TPD Cover	Critical Illness Cover	Child Cover	Income Protection Cover
<ul style="list-style-type: none"> › be an <i>Australian resident</i> › be aged 18 – 75; and › meet our underwriting assessment 	<ul style="list-style-type: none"> › be an <i>Australian resident</i> › be aged 18 – 60 › be <i>gainfully employed</i> or returning to work within 24 months; and › meet our underwriting assessment 	<ul style="list-style-type: none"> › be an <i>Australian resident</i> › be aged 18 – 62; and › meet our underwriting assessment 	<ul style="list-style-type: none"> › be an <i>Australian resident</i> › be a child (whether by birth, step, adoption, grand or legal guardianship) of an insured person (or a person about to be insured) under Life Cover, TPD Cover, Critical Illness Cover or Income Protection Cover › be aged 2 – 17; and › meet our underwriting assessment 	<ul style="list-style-type: none"> › be an <i>Australian resident</i> › be aged 18 – 60 › be <i>gainfully employed</i> for at least 20 hours per week; and › meet our underwriting assessment

Your duty to take reasonable care

When applying for insurance, you are agreeing that you will take reasonable care not to make a misrepresentation to us before we issue your contract of insurance.

This duty to take reasonable care also applies when extending, amending or making changes to existing insurance and when reinstating insurance, up until your application, amendment or reinstatement is accepted by us and the cover is issued.

What is a misrepresentation?

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

If you do not meet your duty to take reasonable care

If you do not take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your plan and/or cover could be cancelled and/or avoided (treated as if it never existed), or its terms may be changed. This could involve your *sum insured* being reduced or your cover being varied in such a way as to put us in the position we would have been in had the duty been met. It may also result in a claim being declined or a benefit being reduced.

There may also be circumstances where we later investigate whether the information given to us was true, for example when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us, including where someone assists you to make this application. When answering our questions, please:

- › Think carefully about each question before you answer. If you are unsure about the meaning of any question, please ask us before you respond.
- › Answer every question that we ask you.
- › Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- › Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your financial adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

- › Do not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would have answered our questions differently.

As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, we may exercise our rights to put us in the position we would have been in if that obligation had been met.

Failure to take reasonable care may result in the following:

- › we may avoid (treat it as having never existed) your cover within three years of entering into it
- › we may reduce your cover in accordance with a formula that takes into account the premium that would have been payable if your duty had been met, or the misrepresentation hadn't been made. Any reduction in respect of the death of an insured person can only occur within three years of the cover commencement date
- › we may vary your cover (except for Life Cover) in such a way as to place us in the position we would have been in if your duty had been met
- › if the misrepresentation is fraudulent, we may refuse to pay your claim and/or avoid your cover (treat it as having never existed) at any time; and/or
- › in exercising the above rights, we may apply these rights separately to each type of cover.

Whether we can exercise any of these rights depends on a number of factors, including:

- › whether the person who answered our questions took reasonable care not to make a misrepresentation, depending on all the relevant circumstances
- › whether the misrepresentation was fraudulent
- › what we would have done if the duty had been met, for example, whether we would have offered cover, and if so, on what terms; and
- › in some cases, how long it has been since the cover started.

Before we exercise any of these rights, we will explain our reasons, how you can respond or provide further information, and also what you can do if you disagree.

When cover commences

Your plan commences when your application has been assessed and approved by us, and we have received the first premium. Until then, we may ask for more information to fully assess your application.

As soon as your cover is approved, a welcome letter will be sent to you via email, along with a plan schedule outlining the full details of your cover, including your plan's commencement date.

You can change your mind

If for any reason you feel that your plan doesn't meet your needs, you can cancel it by notifying us within 30 days of your plan commencement date.

This is known as the cooling-off period. Provided you have not made a claim, if you cancel your plan during this period, your plan will be cancelled from the plan commencement date and we'll refund any premiums you've paid.

If there is more than one insured person or benefit covered under the plan, you can choose to cancel any one or more of the insurances covered, provided that the cancellation of that insured person and/or benefit doesn't prevent any of the other insurances or benefit types from continuing. If you later take out new cover, you'll be entitled to the same cancellation rights and cooling-off period for that cover.

If your cover is held inside super, your refund may be required to be preserved within super. This means that your refunded premiums may be rolled over to another super fund rather than be paid directly to you.



LIFE COVER

Cover overview

ORDINARY

SUPER

Life Cover provides a lump sum payment if you die or are diagnosed with a *terminal illness*. This payment is based on the amount of cover you have chosen; also known as your *sum insured*.

Life Cover is available both inside and outside super.

Minimum entry age

- › 18

Maximum entry age

- › 75
- › 60 for Disability Premium Waiver Option

Benefit expiry age

- › Plan anniversary after you turn 99

Minimum *sum insured* that can be applied for

- › \$50,000

Maximum *sum insured* that can be applied for

- › \$15,000,000

Premium type

- › Variable age-stepped premium

Exclusions

See page 19

Included benefits

The following benefits are included in Life Cover.

Some included benefits are not available inside super, as shown in the table below.

Plan ownership	Benefit	Page
ORDINARY SUPER	Death Benefit	18
ORDINARY SUPER	Terminal Illness Benefit	18
ORDINARY SUPER	Indexation Benefit	43
ORDINARY SUPER	Suspending Cover Benefit	44
ORDINARY SUPER	Future Increase Benefit	45
ORDINARY SUPER	Waiver of Premium While Involuntarily Unemployed Benefit	48
ORDINARY SUPER	Financial Advice Benefit*	48
ORDINARY	Funeral Advancement Benefit	18
ORDINARY	Accommodation Benefit	44
ORDINARY	Grief Support Benefit	49
ORDINARY	Child's Critical Illness Benefit	49
*Paid directly to a nominated beneficiary when held inside super.		

Optional benefits

The following benefits are available at an extra cost. Your plan schedule will show which options you've purchased.

Plan ownership	Benefit	Page
ORDINARY SUPER	Disability Premium Waiver Option	51

Included benefits

Death Benefit

ORDINARY

SUPER

If you die while your Life Cover is in place, we'll pay your Life Cover *sum insured*.

Terminal Illness Benefit

ORDINARY

SUPER

If you're diagnosed with a *terminal illness* while your Life Cover is in place, we'll pay your Life Cover *sum insured*.

Funeral Advancement Benefit

ORDINARY

If you die while your Life Cover is in place, we'll advance 10% of your Life Cover *sum insured* to help with immediate costs, up to a maximum of \$25,000.

Your Life Cover *sum insured* will then be reduced by the amount paid under this benefit.

We'll pay this benefit upon receipt of a certified copy of the insured person's death certificate or satisfactory evidence of death, unless we (acting reasonably) consider there is reasonable doubt as to whether the Death Benefit will be payable. Payment of this benefit is not an admission of our liability to pay a Death Benefit.

Other included benefits

The remaining benefits included in Life Cover are outlined in the section, 'Benefits common to Life Cover, TPD Cover and Critical Illness Cover' from page 43.

Optional benefits

The optional benefits available under Life Cover are outlined in the section, 'Benefits common to Life Cover, TPD Cover and Critical Illness Cover' from page 50.

Adjustments

Your Life Cover *sum insured* will be reduced by any amount paid:

- › under this cover for the Terminal Illness Benefit
- › under this cover for the Funeral Advancement Benefit
- › for TPD Cover, when your TPD Cover is attached or linked to your Life Cover; and
- › for Critical Illness Cover, when your Critical Illness Cover is attached or linked to your Life Cover.

Exclusions

We won't pay any benefit under Life Cover if the event giving rise to the claim is caused or contributed to by:

- › anything that is specifically excluded on your plan schedule; or
- › suicide, attempted suicide or any deliberate self-inflicted injury by you, within the 13 months immediately following:
 - your Life Cover commencement date
 - an increase in your Life Cover *sum insured* (but only in respect of the increased amount, with the exception of any increase in cover as a result of the Indexation Benefit); or
 - the date on which your Life Cover was last reinstated.

However, if your Life Cover is replacing life cover provided by us, or another insurer, the 13-month exclusion for suicide, attempted suicide or any deliberate self-inflicted injury, will not apply if:

- › the life cover being replaced has been in place for at least 13 months, or 13 months has elapsed from the start of the replaced life cover and the event giving rise to the claim
- › your Life Cover *sum insured* is equal to or less than the *sum insured* of the life cover being replaced. However, if your Life Cover *sum insured* is higher, then the exclusion will apply to the difference between your Life Cover *sum insured* and the *sum insured* of the life cover being replaced

- › the life cover being replaced is cancelled. If the life cover being replaced is not cancelled, we won't pay any claim caused or contributed by suicide, attempted suicide or any deliberate self-inflicted injury until the life cover being replaced has been cancelled
- › the life cover being replaced has no similar exclusions in effect
- › the life cover being replaced has comparable benefits; and
- › no claim is paid, payable, lodged or pending under the life cover being replaced.

When Life Cover ends

Your Life Cover will end on the earlier of:

- › the date we receive your request to cancel your cover
- › your death
- › the date your full *sum insured* for Life Cover is paid or reduced to nil
- › the date we cancel your plan because premiums were not paid when due
- › the date we avoid your cover (treat it as if it never existed) in accordance with our rights in relation to your duty to take reasonable care; and
- › the plan anniversary after you turn 99.



TOTAL AND PERMANENT DISABILITY (TPD) COVER

Cover overview

ORDINARY

SUPER

TPD Cover provides a lump sum payment if you suffer *total and permanent disability* in accordance with the specified TPD definition that you're covered for. This payment is based on the amount of cover you've chosen; also known as your *sum insured*.

TPD Cover is available both inside and outside super. The definition of *total and permanent disability* that you can choose is restricted inside super.

Minimum entry age

- › 18

Maximum entry age

- › 60
- › 60 for Disability Premium Waiver Option

Eligibility requirement at time of application

- › *Gainfully employed* or returning to work within 24 months

Benefit expiry age

- › Plan anniversary after you turn 99, when held outside super
- › Plan anniversary after you turn 80, when held inside super

Minimum *sum insured* that can be applied for

- › \$50,000

Maximum *sum insured* that can be applied for

- › \$3,000,000

Premium type

- › Variable age-stepped premium

TPD definitions available

- › Super TPD
- › Any occupation TPD
- › Own occupation TPD

From the plan anniversary after you turn 65, the definition of *total and permanent disability* will change. After age 65, *total and permanent disability* will mean that as a result of *illness* or *injury*, you suffer:

- › *loss of independent existence (permanent and irreversible)*
- › *loss of use of limbs (total and irrecoverable); or*
- › *blindness in both eyes (severe and irrecoverable)*

as defined in the section 'Critical illness definitions' from page 92.

Product structure combinations available

- › Stand-alone TPD Cover
- › TPD Cover attached to Life Cover (your TPD Cover *sum insured* must not exceed your Life Cover *sum insured*)
- › TPD Cover linked to Life Cover (your TPD Cover *sum insured* must not exceed your Life Cover *sum insured*)
- › Split TPD Cover

Exclusions

See page 25

Important things to note

The maximum TPD Cover available from the plan anniversary after you turn 65 is \$3,000,000 across all plans issued by us. If you're covered for more than \$3,000,000 at this time, we'll reduce your aggregate *sum insured* and adjust your premiums accordingly. The Indexation Benefit will also cease at this time.



Included benefits

The following benefits are included in TPD Cover.

Some included benefits are not available inside super, as shown in the table below.

Plan ownership	Benefit	Page
ORDINARY → SUPER	Total and Permanent Disability Benefit	24
ORDINARY → SUPER	Death Benefit (for stand-alone TPD Cover)	24
ORDINARY → SUPER	Indexation Benefit	43
ORDINARY → SUPER	Suspending Cover Benefit	44
ORDINARY → SUPER	Future Increase Benefit	45
ORDINARY → SUPER	Waiver of Premium While Involuntarily Unemployed Benefit	48
ORDINARY → SUPER	Financial Advice Benefit*	48
ORDINARY	Specific Loss Benefit	24
ORDINARY	Accommodation Benefit	44
ORDINARY	Grief Support Benefit	49
ORDINARY	Child's Critical Illness Benefit	49
*Paid directly to the insured person when held inside super.		

Optional benefits

The following benefits are available at an extra cost. Your plan schedule will show which options you've purchased.

Plan ownership	Benefit	Page
ORDINARY SUPER	Disability Premium Waiver Option	51
ORDINARY SUPER	Life Cover Buy Back Option*	50

*Only available when TPD Cover is attached or linked to Life Cover.

TPD definitions

We offer the following *total and permanent disability* definitions:

Plan ownership	Definition	Page
ORDINARY	Own occupation TPD	90
ORDINARY	Any occupation TPD	90
SUPER	Super TPD	90

Some definitions of *total and permanent disability* may not be available to you depending on your circumstances and occupation and/or may be restricted if your TPD Cover is held inside super. Your financial adviser can let you know which definitions are available to you.

The TPD definition you've purchased is shown on your plan schedule.

However, from the plan anniversary after you turn 65, the definition of *total and permanent disability* will change. After age 65, *total and permanent disability* will mean that as a result of *illness or injury*, you suffer:

- › *loss of independent existence (permanent and irreversible)*
- › *loss of use of limbs (total and irrecoverable); or*
- › *blindness in both eyes (severe and irrecoverable)*

as defined in the section 'Critical illness definitions' from page 92.

If TPD Cover is held inside super, in addition to the above, you must also satisfy the definition of *permanent incapacity*.

Split TPD Cover

Split TPD Cover allows you to purchase TPD Cover with an *own occupation TPD* definition across two separate plans, where one is held inside super and one is held outside super. The portion of TPD Cover which is consistent with super law will be held under the plan issued inside super, and the remaining portion of TPD Cover will be held under the plan issued outside super.

Important things to note

- › The TPD definition used to assess your claim will depend on where your plan is held. If it's inside super, the Super TPD definition applies; if it's outside super, the ordinary TPD definition applies.
- › Any claim you make will first be assessed against the terms and conditions of the plan held inside super, including the Super TPD definition; and any benefits payable will be paid to the trustee of your super fund or SMSF. If that claim fails to meet the terms and conditions of the plan held inside super, it will then be assessed against the terms and conditions of the plan held outside of super. Any benefits not payable under the plan held inside super may be paid to you under the plan held outside of super, subject to you meeting the applicable terms and conditions.
- › A claim can only be paid from either the plan held inside super or the plan held outside super, but not both at the same time.
- › The TPD Cover *sum insured* for both plans must always be the same. This means your *sum insured* under each plan may only be increased or reduced together, including any increase via the Indexation Benefit.
- › Any *sum insured* or benefit paid under one plan will reduce the *sum insured* or benefit of both plans.
- › The maximum benefit payable across the split plans is equal to the benefit under a single plan. Once the full TPD Cover *sum insured* or total benefits have been paid under either plan, coverage under both plans will end.
- › The premium for the plan held outside super will be reduced by the premium for the plan held inside super. This means the overall premium will be the same as if you'd purchased cover on a single TPD Cover plan outside super.
- › If your TPD Cover held inside super is cancelled or lapsed, your TPD Cover held outside super will also be cancelled or lapsed. However, if your TPD Cover held outside super is cancelled or lapsed, the TPD Cover held inside super will remain in place.
- › Your plan schedule will indicate when splitting applies.

Included benefits

Total and Permanent Disability Benefit

ORDINARY

SUPER

If you suffer *total and permanent disability* while your TPD Cover is in place, and you meet the conditions of the specified TPD definition that you're covered for, we'll pay your TPD Cover *sum insured*.

As noted above, if TPD Cover is held inside super, you will also need to satisfy the definition of *permanent incapacity*.

Your TPD Cover *sum insured*, and the *sum insured* for any attached or linked Life Cover or Critical Illness Cover, will then be reduced by the amount paid under this benefit.

Death Benefit

ORDINARY

SUPER

This benefit only applies if you've purchased stand-alone TPD Cover, as shown on your plan schedule.

If you die while your TPD Cover is in place, and a Total and Permanent Disability Benefit has not been paid or is not payable, and you do not hold any Life Cover under any Futura Protection plan, we'll pay a benefit of \$10,000.

This benefit is only payable once across all Futura Protection stand-alone TPD Covers and stand-alone Critical Illness Covers you hold with us.

Specific Loss Benefit

ORDINARY

If you suffer:

- › *loss of use of a single limb (total and irrecoverable); or*
- › *loss of sight in one eye (severe and irrecoverable)*

as defined in the 'Critical illness definitions' section from page 92, while your TPD Cover is in place, we'll pay 25% of your TPD Cover *sum insured*, up to a maximum of \$500,000.

Your TPD Cover *sum insured*, and the *sum insured* for any attached or linked Life Cover or Critical Illness Cover, will then be reduced by the amount paid under this benefit.

Other included benefits

The remaining benefits included in TPD Cover are outlined in the section 'Benefits common to Life Cover, TPD Cover and Critical Illness Cover' from page 43.

Optional benefits

The optional benefits available under TPD Cover are outlined in the section 'Benefits common to Life Cover, TPD Cover and Critical Illness Cover' from page 50.

Adjustments

Your TPD Cover *sum insured* will be reduced by any amount paid:

- › under this cover for the Specific Loss Benefit
- › for the Terminal Illness Benefit, when your TPD Cover is attached or linked to your Life Cover; and
- › for Critical Illness Cover, when your Critical Illness Cover is attached or linked to your Life Cover, and your TPD Cover is also attached or linked to your Life Cover.

The maximum TPD Cover available from the plan anniversary after you turn 65 is \$3,000,000 across all plans issued by us. If you're covered for more than \$3,000,000 at this time, we'll reduce your aggregate *sum insured* and adjust your premiums accordingly. The Indexation Benefit will also cease at this time.

Exclusions

We won't pay any benefit under TPD Cover if the event giving rise to the claim is caused or contributed to by:

- › anything that is specifically excluded on your plan schedule; or
- › attempted suicide, or any deliberate self-inflicted injury by you.

If you've purchased stand-alone TPD Cover, we'll only pay a benefit under TPD Cover if you survive for at least 14 days following the *illness* or *injury* which caused your *total and permanent disability* (this does not apply to payments made under the Death Benefit).

When TPD Cover ends

Your TPD Cover will end on the earlier of:

- › the date we receive your request to cancel your cover
- › your death
- › the date your full *sum insured* for TPD Cover is paid or reduced to nil
- › the date your Life Cover, to which this TPD Cover is attached or linked, ends
- › the date your TPD Cover *sum insured* is reduced to nil for any reason, for example if you receive a benefit for any attached or linked cover for an amount equal to your TPD Cover *sum insured*
- › the date we cancel your plan because premiums were not paid when due
- › the date we avoid your cover (treat it as if it never existed) in accordance with our rights in relation to your duty to take reasonable care; and
- › the plan anniversary after:
 - you turn 80, if your cover is held inside super (in which case, you can apply to continue cover outside super).
 - you turn 99, if your cover is held outside super.



CRITICAL ILLNESS COVER

Cover overview

ORDINARY

Critical Illness Cover provides a lump sum payment if you or your child (where applicable) suffer a specified Critical Illness Event, Partial Critical Illness Event or Pregnancy Complications Event that you're covered for.

Some events are subject to a qualifying period, as explained on page 30, and additional requirements apply to the Pregnancy Complications Benefit, as explained on page 33.

Critical Illness Cover is not available inside super.

Minimum entry age

- › 18

Maximum entry age

- › 62
- › 60 for Disability Premium Waiver Option

Benefit expiry age

- › Plan anniversary after you turn 80

Minimum sum insured that can be applied for

- › \$25,000

Maximum sum insured that can be applied for

- › \$2,000,000

Premium type

- › Variable age-stepped premium

Cover level available

- › Critical Illness Standard
- › Critical Illness Plus

From the plan anniversary after you turn 70, we'll only pay your Critical Illness Cover *sum insured* for *loss of independent existence (permanent and irreversible)*, as defined in the section 'Critical illness definitions' from page 92.

Product structure combinations

- › Stand-alone Critical Illness Cover
- › Critical Illness Cover attached to Life Cover (your Critical Illness Cover *sum insured* must not exceed your Life Cover *sum insured*)
- › Critical Illness Cover linked to Life Cover (your Critical Illness Cover *sum insured* must not exceed your Life Cover *sum insured*)

Exclusions

See page 35

Important things to note

The maximum Critical Illness Cover available on the plan anniversary after you turn 70 is \$2,000,000 across all plans issued by us. If you're covered for more than \$2,000,000 at this time, we'll reduce your aggregate *sum insured* and adjust your premium accordingly. The Indexation Benefit will also cease at this time.

Critical Illness Cover level

We offer two Critical Illness Cover levels. Your plan schedule will show which level of cover you've purchased.

Cover level	Description
Critical Illness Standard	Protection for a broad range of events which may result in a full benefit being paid.
Critical Illness Plus	Protection for a broad range of events which may result in a full benefit being paid, plus several events which may result in a partial benefit being paid, including pregnancy complications if you're female.

From the plan anniversary after you turn 70, we'll only pay your Critical Illness Cover *sum insured* for *loss of independent existence (permanent and irreversible)*, as defined in the section 'Critical illness definitions' from page 92.

Included benefits

The following benefits are included in Critical Illness Standard Cover and Critical Illness Plus Cover.

Benefit	Standard	Plus	Page
Critical Illness Benefit	Yes	Yes	29
Death Benefit (for stand-alone cover only)	Yes	Yes	30
Indexation Benefit	Yes	Yes	43
Accommodation Benefit	Yes	Yes	44
Suspending Cover Benefit	Yes	Yes	44
Future Increase Benefit	Yes	Yes	45
Waiver of Premium While Involuntarily Unemployed Benefit	Yes	Yes	48
Financial Advice Benefit	Yes	Yes	48
Grief Support Benefit	Yes	Yes	49
Child's Critical Illness Benefit	Yes	Yes	49
Partial Critical Illness Benefit	No	Yes	31
Pregnancy Complications Benefit*	No	Yes	33

*Only available if you (the insured person) are female.

Optional benefits

The following benefits are available at an extra cost. Your plan schedule will show which options you've purchased.

Benefit	Page
Critical Illness Cover Reinstatement Option	34
Life Cover Buy Back Option*	50
Disability Premium Waiver Option	51

*Only available when Critical Illness Cover is attached or linked to Life Cover.

Included benefits

Critical Illness Benefit

If you suffer a specified Critical Illness Event listed below while your Critical Illness Cover is in place and you survive for at least 14 days, we'll pay your Critical Illness Cover *sum insured*.

If you suffer more than one specified Critical Illness Event, your *sum insured* is only payable for the first occurring Critical Illness Event.

Your Critical Illness Cover *sum insured*, and the *sum insured* for any attached or linked Life Cover or TPD Cover, will then be reduced by the amount paid under this benefit.

Critical Illness Events

Each of these events has a specific meaning and are defined in the 'Critical illness definitions' section from page 92.

If you make a claim for cancer, heart attack or stroke, we will assess your claim against both the definition in this PDS and the minimum medical definition in the Code. Where the definitions differ, we will apply the one that is more favourable to you.

Heart conditions

- › Aortic surgery (thoracic and abdominal aorta excluding its branches)
- › Cardiomyopathy (permanent and irreversible)
- › Coronary artery bypass surgery*
- › Heart attack (myocardial infarction with evidence of heart muscle damage)*
- › Open heart surgery*
- › Out of hospital cardiac arrest (excluding medical procedures)*
- › Pulmonary arterial hypertension (idiopathic and familial with significant permanent impairment)
- › Triple vessel angioplasty*

Nervous system conditions

- › Benign brain or spinal cord tumour (resulting in irreversible neurological deficit or specified treatment)
- › Coma (of specified severity and duration)
- › Dementia including Alzheimer's disease (permanent and irreversible with significant cognitive impairment)
- › Encephalitis and meningitis (resulting in significant permanent neurological impairment)
- › Major head trauma (with significant permanent neurological impairment)
- › Meningococcal disease (resulting in significant permanent impairment)
- › Multiple sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)
- › Muscular dystrophy
- › Paralysis (total and permanent)
- › Parkinson's disease (permanent)
- › Progressive and debilitating motor neurone disease
- › Stroke (resulting in specified neurological impairment)*

Body organ conditions

- › Chronic kidney failure (requiring transplantation or dialysis)
- › Chronic liver failure (resulting in permanent symptoms)
- › Chronic lung failure (requiring long-term oxygen therapy)
- › Major organ transplant (of specified organs from a human donor, or placement on a waiting list)
- › Pneumonectomy (total)
- › Severe burns (covering at least 20% of the body's surface area)
- › Severe rheumatoid arthritis (with specified treatment)

Blood conditions

- › *Aplastic anaemia (requiring specified treatment)*
- › *Medically-acquired HIV (contracted from a medical procedure or operation)*
- › *Occupationally-acquired hepatitis B or C*
- › *Occupationally-acquired HIV*

Cancer conditions

- › *Cancer (of specified criteria)**

Other conditions

- › *Advanced diabetes (with at least two complications of specified severity)*
- › *Blindness in both eyes (severe and irrecoverable)*
- › *Loss of hearing in both ears (profound and irrecoverable, or requiring cochlear implant)*
- › *Loss of independent existence (permanent and irreversible)*
- › *Loss of speech (total and irrecoverable)*
- › *Loss of use of limbs (total and irrecoverable)*
- › *Prolonged intensive care*

*These conditions are subject to a 90-day qualifying period as explained below.

90-day qualifying period

We'll not pay any benefit for any Critical Illness Events marked with a * in the table above which:

- › first occurred
- › was diagnosed; or
- › where symptoms of the event, or the medical condition requiring the need for the event, first became apparent to you or a *medical practitioner*;

within 90 days immediately following:

- › your Critical Illness Cover commencement date
- › an increase in your Critical Illness Cover *sum insured* (but only in respect of the increased amount, with the exception of any increase in cover as a result of the Indexation Benefit); or
- › the date on which your Critical Illness Cover is last reinstated.

However, if your Critical Illness Cover is replacing critical illness cover provided by us, or another insurer, the 90-day qualifying period will not apply if:

- › the critical illness cover being replaced has been in place for at least 90 days and all existing qualifying periods on the cover being replaced have expired
- › your Critical Illness Cover *sum insured* is equal to or less than the sum insured of the critical illness cover being replaced. However, if your Critical Illness Cover *sum insured* is higher, then the 90-day qualifying period will

apply to the difference between your Critical Illness Cover *sum insured* and the sum insured of the critical illness cover being replaced

- › the critical illness cover being replaced is cancelled. If the critical illness cover being replaced is not cancelled, we won't pay any benefit until the critical illness cover being replaced has been cancelled
- › the critical illness cover being replaced covered the same critical illness events, including events that are subject to a 90-day qualifying period; and
- › no claim is paid, payable, lodged or pending, under the critical illness cover being replaced.

Death Benefit

This benefit only applies if you have purchased stand-alone Critical Illness Cover, as shown on your plan schedule.

If you die while your Critical Illness Cover is in place, and a Critical Illness Benefit has not been paid or is not payable, and you do not hold any Life Cover under any Futura Protection plan, we'll pay a benefit of \$10,000.

This benefit is only payable once across all Futura Protection stand-alone TPD Covers and stand-alone Critical Illness Covers you hold with us.

Partial Critical Illness Benefit

This benefit only applies if you've purchased Critical Illness Plus, as shown on your plan schedule.

If you suffer a specified Partial Critical Illness Event listed below while your Critical Illness Cover is in place, and you survive for at least 14 days, we'll pay a partial benefit, as shown in the table below.

You can only claim once for each type of Partial Critical Illness Event, except for *coronary artery angioplasty* and for *carcinoma in situ* for a uniquely different site of your body to any previous claim(s).

Your Critical Illness Cover *sum insured*, and the *sum insured* for any attached or linked Life Cover or TPD Cover, will then be reduced by the amount paid under this benefit.

When a partial benefit reduces your remaining Critical Illness Cover *sum insured* to below \$10,000, we'll pay the entire Critical Illness Cover *sum insured* to you. As a result, your Critical Illness Cover will cease (subject to the Critical Illness Cover Reinstatement Option).

Partial Critical Illness Events

Each of these events has a specific meaning and are defined in the 'Critical illness definitions' section from page 92.

Category	Partial Critical Illness Events	Maximum Benefit
Heart conditions	<ul style="list-style-type: none"> › Coronary artery angioplasty* › Heart valve replacement or repair (minimally invasive)* 	25% of the <i>sum insured</i> up to a maximum of \$50,000.
Nervous system conditions	<ul style="list-style-type: none"> › Diagnosed benign brain or spinal cord tumour* 	25% of the <i>sum insured</i> up to a maximum of \$100,000.
Cancer conditions	<ul style="list-style-type: none"> › Carcinoma in situ* › Early stage chronic lymphocytic leukaemia* › Early stage melanoma (excluding melanoma in situ)* › Early stage prostate cancer* 	25% of the <i>sum insured</i> up to a maximum of \$100,000. Except for <i>carcinoma in situ</i> of the cervix-uteri, where the benefit is 10% of the <i>sum insured</i> up to a maximum of \$100,000.
Body organ conditions	<ul style="list-style-type: none"> › Rheumatoid arthritis (failed csDMARDs) › Systemic lupus erythematosus (with confirmed lupus nephritis of specified severity) › Severe Crohn's disease (requiring specified treatment) › Severe ulcerative colitis (requiring specified treatment) 	20% of the <i>sum insured</i> up to a maximum of \$100,000.
Other conditions	<ul style="list-style-type: none"> › Loss of sight in one eye (severe and irrecoverable) › Loss of hearing in one ear (profound and irrecoverable, or requiring cochlear implant) › Loss use of a single limb (total and irrecoverable) 	10% of the <i>sum insured</i> up to a maximum of \$100,000.
	<ul style="list-style-type: none"> › Osteoporosis (before age 55 and of specified severity) › Type 1 diabetes mellitus diagnosed after age 30* 	20% of the <i>sum insured</i> up to a maximum of \$100,000.

*These conditions are subject to a 90-day qualifying period (as explained above).



Pregnancy Complications Benefit

This benefit only applies if you've purchased Critical Illness Plus, as shown on your plan schedule.

If you (the insured person) are female and you, or your child (where applicable), suffer a specified Pregnancy Complications Event listed below while your Critical Illness Cover is in place, we'll pay a partial benefit, as shown in the table below.

For pregnancy complications, you must survive for at least 14 days.

For congenital abnormalities, your child must:

- › have been born with the congenital abnormality condition and/or symptoms of the congenital abnormality condition must have first occurred after the Critical Illness Cover commencement date; and
- › survive at least 30 days from birth.

You can only claim once for each type of Pregnancy Complications Event.

Your Critical Illness Cover *sum insured*, and the *sum insured* for any attached or linked Life Cover or TPD Cover, will then be reduced by the amount paid under this benefit.

When a partial benefit reduces your remaining Critical Illness Cover *sum insured* to below \$10,000, we'll pay the entire Critical Illness Cover *sum insured* to you. As a result, your Critical Illness Cover will cease (subject to the Critical Illness Cover Reinstatement Option).

This benefit is not payable for a claim event that occurs:

- › from the plan anniversary after you turn 44; or
- › within the first 12 months immediately following:
 - your Critical Illness Cover commencement date
 - an increase in the Critical Illness Cover *sum insured* (but only in respect of the increased amount with the exception of any increase in cover as a result of the Indexation Benefit); or
 - the date on which your Critical Illness Cover was last reinstated.

Pregnancy Complications Events

Each of these events has a specific meaning and are defined in the 'Critical illness definitions' section from page 92.

Category	Pregnancy Complication Events	Maximum Benefit
Pregnancy complications	<ul style="list-style-type: none"> › Eclampsia of pregnancy › Ectopic pregnancy (occurring in the fallopian tube and requiring specified treatment) › Disseminated intravascular coagulation (pregnancy related) › Hydatidiform mole › Stillbirth (after at least 20 weeks gestation) 	20% of the <i>sum insured</i> up to a maximum of \$50,000.
Congenital abnormalities	<ul style="list-style-type: none"> › Congenital blindness in both eyes (total and permanent) › Congenital deafness in both ears (profound and permanent) › Down's syndrome › Spina bifida myelomeningocele or meningocele (of specified severity) › Tetralogy of fallot (requiring specified treatment) › Transposition of the great arteries (requiring specified treatment) 	

Other included benefits

The remaining benefits included in Critical Illness Cover are explained in the section 'Benefits common to Life Cover, TPD Cover and Critical Illness Cover' from page 43.

Optional benefits

Critical Illness Cover Reinstatement Option

If we pay you a Critical Illness Benefit, Partial Critical Illness Benefit, or Pregnancy Complications Benefit, you can apply to reinstate your Critical Illness Cover *sum insured* without the need to provide further medical, pastimes or occupational evidence to us.

If you've claimed for one of the following Critical Illness Events:

- › *dementia including Alzheimer's disease (permanent and irreversible with significant cognitive impairment)*
- › *blindness in both eyes (severe and irrecoverable)*
- › *loss of hearing in both ears (profound and irrecoverable, or requiring cochlear implant)*
- › *loss of use of limbs (total and irrecoverable)*
- › *multiple sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities); or*
- › *Parkinson's disease (permanent)*

your application to reinstate your Critical illness Cover *sum insured* must be made within 30 days after the expiry of six months from the date we paid your claim.

If you've claimed for a Critical Illness Event not listed above, a Partial Critical Illness Event or a Pregnancy Complications Event, your application to reinstate your Critical illness Cover *sum insured* must be made within 30 days after 12 months from the date we paid your claim.

If your Critical Illness Cover is linked or attached to Life Cover and you no longer hold enough Life Cover to which your reinstated Critical Illness Cover can be linked or attached, a portion of your Life Cover will also be reinstated to allow this.

This option is not available:

- › from the plan anniversary after you turn 70
- › if you've been paid, or a claim is being assessed for, or you are eligible to claim a Terminal Illness Benefit
- › if you've been paid, or a claim is being assessed for, or you are eligible to claim a Total and Permanent Disability Benefit
- › if the Critical illness Cover claim was for *loss of independent existence (permanent and irreversible)*
- › on reinstated Critical Illness Cover
- › if the Critical Illness Cover Reinstatement Option has already been exercised in aggregate for the full Critical Illness Cover *sum insured* held immediately before the claim. For example, if you reinstate a partial amount of your Critical Illness Cover due to a Partial Critical Illness Benefit or Pregnancy Complications Benefit being paid (for example, 25% of your *sum insured*), and you later make a claim under this benefit, we will only reinstate the remaining percentage of your *sum insured* (in this example, 75%) cumulatively; or
- › if you don't survive to the date when the reinstatement offer is accepted.

Important things to note

Your premium for the reinstated Critical Illness Cover will be based on your age at the time of the reinstatement.

Any premium loadings or exclusions that applied to your Critical Illness Cover immediately before the claim, will also apply to your reinstated Critical Illness Cover.

Exclusions on Critical Illness Cover Reinstatement Option

We won't pay any benefit under the reinstated Critical Illness Cover for:

- › the same Critical Illness Event, Partial Critical Illness Event or Pregnancy Complications Event for which we paid a claim under your original Critical Illness Cover, except for *coronary artery angioplasty* or *carcinoma in situ* for a uniquely different site of your body to any previous claim(s)
- › a new condition which is related to a condition for which a claim has been previously paid under your original Critical Illness Cover (or treatment of that condition)
- › a Critical Illness Event, Partial Critical Illness Event or Pregnancy Complications Event which:
 - first occurred;
 - was diagnosed; or
 - where symptoms of the event, or the medical condition requiring the need for the event, first became apparent to you or a *medical practitioner*; before the commencement date of your reinstated Critical Illness Cover
- › a new heart condition (as listed on pages 29 and 31), *stroke (resulting in specified neurological impairment)* or *chronic kidney failure (requiring transplantation or dialysis)* if a Critical Illness Benefit or Partial Critical Illness Benefit has already been paid for any of these conditions under your original Critical Illness Cover

- › a new cancer condition (as listed on pages 30 and 31) or *benign brain or spinal cord tumour (resulting in irreversible neurological deficit or specified treatment)* if a Critical Illness Benefit or Partial Critical Illness Benefit has already been paid for any of these conditions under your original Critical Illness Cover
- › *paralysis (total and permanent) or blindness in both eyes (severe and irrecoverable)*, if the cause of the condition was the result of a *stroke (resulting in specified neurological impairment)* and a Critical Illness Benefit or Partial Critical Illness Benefit has been paid for any heart condition (as listed on pages 29 and 31); or
- › *heart attack (myocardial infarction with evidence of heart muscle damage) or stroke (resulting in specified neurological impairment)* if a Critical Illness Benefit has been paid for *dementia including Alzheimer's disease (permanent and irreversible with significant cognitive impairment)* under your original Critical Illness Cover.
- › anything that is specifically excluded on your plan schedule
- › attempted suicide, or any deliberate self-inflicted injury by you
- › a Critical Illness Event, Partial Critical Illness Event, or Pregnancy Complications Event subject to the 90-day qualifying period, as explained above
- › a previous Critical Illness Event, Partial Critical Illness Event, or Pregnancy Complications Event for which we paid a claim, except for *coronary artery angioplasty* or *carcinoma in situ* for a uniquely different site of your body to any previous claim(s); or
- › a Critical Illness Event, Partial Critical Illness Event, or Pregnancy Complications Event which:
 - first occurred;
 - was diagnosed; or
 - where symptoms of the event, or the medical condition requiring the need for the event, first became apparent to you or a *medical practitioner*;
 before the commencement date of your Critical Illness Cover.

Other optional benefits

The other optional benefits available under Critical Illness Cover are outlined in the section, 'Benefits common to Life Cover, TPD Cover and Critical Illness Cover' from page 50.

Adjustments

Your Critical Illness Cover *sum insured* will be reduced by any amount paid:

- › under this cover for the Partial Critical Illness Benefit
- › under this cover for the Pregnancy Complications Benefit
- › for the Terminal Illness Benefit, when your Critical Illness Cover is attached or linked to your Life Cover; and
- › for TPD Cover, when both your TPD Cover and Critical Illness Cover are attached or linked to your Life Cover.

The maximum Critical Illness Cover available on the plan anniversary after you turn 70 is \$2,000,000 across all plans issued by us. If you're covered for more than \$2,000,000 at this time, we'll reduce your aggregate *sum insured* and adjust your premium accordingly. The Indexation Benefit will also cease at this time.

Exclusions

We won't pay a Critical Illness Benefit, Partial Critical Illness Benefit or Pregnancy Complications Benefit under Critical Illness Cover if the event giving rise to the claim is as a result of, the same as, similar to, or related to:

When your Critical Illness Cover has been reinstated through the Critical Illness Reinstatement Benefit, we won't pay a claim for certain Critical Illness Events as explained above.

When Critical Illness Cover ends

Your Critical Illness Cover will end on the earlier of:

- › the date we receive your request to cancel your cover
- › your death
- › the date your full Critical Illness Cover *sum insured* is paid or reduced to nil
- › the date your Life Cover, to which this Critical Illness Cover is attached or linked, ends
- › the date your Critical Illness Cover *sum insured* is reduced to nil for any reason, for example if you receive a benefit for any attached or linked cover for an amount equal to your Critical Illness Cover *sum insured*
- › the date we cancel your plan because premiums weren't paid when due
- › the date we avoid your cover (treat it as if it never existed) in accordance with our rights in relation to your duty to take reasonable care; and
- › the plan anniversary after you turn 80.



CHILD COVER

Cover overview

ORDINARY

Child Cover provides a lump sum payment if the insured child dies, is diagnosed with a *terminal illness* or suffers a specified Child Critical Illness Event.

Child Cover is not available inside super.

Minimum entry age

- › Two

Maximum entry age

- › 17

Benefit expiry age

- › Plan anniversary after the insured child turns 19

Minimum sum insured that can be applied for

- › \$10,000

Maximum sum insured that can be applied for

- › \$200,000

Premium type

- › Variable age-stepped premium (currently, the same premium rate applies across all ages)

Product structure combination

- › Stand-alone Child Cover

Child Cover is stand-alone cover but can only be applied for in conjunction with Life Cover, TPD Cover, Critical Illness Cover or Income Protection Cover for the insured child's parent or legal guardian. This means if the parent's or legal guardian's cover is declined or ends, we'll also decline or cancel your Child Cover.

Exclusions

See page 41

Included benefits

The following benefits are included in Child Cover.

Benefit	Page
Death Benefit	38
Terminal Illness Benefit	38
Critical Illness Benefit	38
Funeral Advancement Benefit	39
Indexation Benefit	39
Accommodation Benefit	40
Suspending Cover Benefit	40
Grief Support Benefit	40
Continuation of Cover Benefit	40
Conversion of Child Cover Benefit	41

Included benefits

Death Benefit

If the insured child dies while your Child Cover is in place, we'll pay the Child Cover *sum insured*.

Terminal Illness Benefit

If the insured child is diagnosed with a *terminal illness* while your Child Cover is in place, we'll pay the Child Cover *sum insured*.

Critical Illness Benefit

If the insured child suffers a specified Child Critical Illness Event listed below, while your Child Cover is in place, we'll pay the Child Cover *sum insured*.

Child Critical Illness Events

Each of these events has a specific meaning and are defined in the 'Critical illness definitions' section from page 92.

Child Critical Illness Events

Heart conditions

- › Cardiomyopathy (permanent and irreversible)
- › Heart attack (myocardial infarction with evidence of heart muscle damage)*

Nervous system conditions

- › Benign brain or spinal cord tumour (resulting in irreversible neurological deficit or specified treatment)
- › Meningococcal disease (resulting in significant permanent impairment)
- › Coma (of specified severity and duration)
- › Paralysis (total and permanent)
- › Encephalitis and meningitis (resulting in significant permanent neurological deficit)
- › Stroke (resulting in specified neurological impairment)*
- › Major head trauma (with significant permanent neurological impairment)
- › Subacute sclerosing panencephalitis (in children)

Body organ conditions

- › Chronic kidney failure (requiring transplantation or dialysis)
- › Severe burns (covering at least 20% of the body's surface area)
- › Major organ transplant (of specified organs from a human donor, or placement on a waiting list)

Blood conditions

- › Aplastic anaemia (requiring specified treatment)
- › Medically-acquired HIV (contracted from a medical procedure or operation)

Cancer conditions

- › Cancer (in children, excluding early stage cancers)*

Other conditions

- › Blindness in both eyes (severe and irrecoverable)
- › Loss of speech (total and irrecoverable)
- › Loss of hearing in both ears (profound and irrecoverable, or requiring cochlear implant)
- › Loss of use of limbs (total and irrecoverable)
- › Loss of independent existence (permanent and irreversible)
- › Prolonged intensive care

*These conditions are subject to a 90-day qualifying period as explained on the following page.

About Futura Protection	Life Cover	TPD Cover	Critical Illness Cover	Child Cover	Common benefits	Income Protection Cover	Important information	Interim covers	Definitions
-------------------------	------------	-----------	------------------------	-------------	-----------------	-------------------------	-----------------------	----------------	-------------

90-day qualifying period

We'll not pay any benefit for any Child Critical Illness Events marked with a * in the table above if the event first occurred, was diagnosed, became apparent, or symptoms of the event were first observed by you or a *medical practitioner*, within 90 days immediately following:

- › your Child Cover commencement date
- › an increase in your Child Cover *sum insured* (but only in respect of the increased amount, with the exception of any increase in cover as a result of the Indexation Benefit); or
- › the date on which your Child Cover is last reinstated.

However, if your Child Cover is replacing child cover provided by us, or another insurer, the 90-day qualifying period will not apply if:

- › the child cover being replaced has been in place for at least 90 days and all existing qualifying periods on the cover being replaced has expired
- › your Child Cover *sum insured* is equal to or less than the *sum insured* of the child cover being replaced. However, if your Child Cover *sum insured* is higher, then the 90-day qualifying will apply to the difference between your Child Cover *sum insured* and the *sum insured* of the child cover being replaced
- › the child cover being replaced is cancelled. If the child cover being replaced is not cancelled, we won't pay any benefit until the child cover being replaced has been cancelled
- › the child cover being replaced covered the same child critical illness events; and
- › no claim is paid, payable, lodged or pending, under the child cover being replaced.

Funeral Advancement Benefit

If the insured child dies while your Child Cover is in place, we'll advance 10% of your Child Cover *sum insured* to help with immediate costs, up to a maximum of \$25,000.

Your Child Cover *sum insured* will then be reduced by the amount paid under this benefit.

We'll pay this benefit upon receipt of a certified copy of the insured child's death certificate, or satisfactory evidence of death, unless we (acting reasonably) consider there is a reasonable doubt as to whether the Death Benefit will be payable.

Payment of this benefit is not an admission of our liability to pay a Death Benefit.

Indexation Benefit

On each plan anniversary, we'll automatically increase your *sum insured* by the higher of:

- › 5%; or
- › the percentage increase in the *Consumer Price Index (CPI)*.

You can decline the Indexation Benefit in any year by letting us know no later than 30 days after the relevant plan anniversary. If you decline the Indexation Benefit, you won't be excluded from being offered the Indexation Benefit in future years.

You can request to decline the Indexation Benefit permanently at any time by letting us know. However, should you wish to have the Indexation Benefit restarted, we may require further information from you before agreeing to restart it.

This benefit is not available:

- › while the Disability Premium Waiver Option is being exercised on the parent's or legal guardian's cover; or
- › while the Suspending Cover Benefit is being exercised.

Important things to note

Your premium will be increased to reflect the increase in your Child Cover *sum insured* and will be based on your child's age at the time of the increase.

Any premium loadings or exclusions that applied to your Child Cover will also apply to your increase.

Accommodation Benefit

If we pay your full Child Cover *sum insured* under the Terminal Illness Benefit or the Critical Illness Benefit, we'll reimburse the accommodation costs incurred by an *immediate family member*.

To exercise this benefit the insured child must be under the advice of a *medical practitioner* and *confined to bed*; and

- › the insured child must be *confined to bed* more than 100 kilometres from their usual place of residence and require an *immediate family member* to be with them; or
- › the insured child's *immediate family member* is required to travel more than 100 kilometres from their place of residence to be with them.

We'll need a copy of the invoice or receipt for the accommodation before we pay this benefit and it must be claimed within 90 days of your full Child Cover *sum insured* under the Terminal Illness Benefit or the Critical Illness Benefit being paid.

The total amount payable under this benefit will be the actual fee charged, up to a maximum of \$250 per day for each day the insured child remains *confined to bed* for a maximum period of 30 days. This benefit is payable only once for any 12-month period.

The Accommodation Benefit will cease to apply if the insured child dies.

Suspending Cover Benefit

If you've held your Child Cover for a continuous period of at least 12 months, and you are experiencing hardship, you can suspend your cover for up to 12 months, over the life of your cover.

During this period, you will not need to pay premiums, but you won't be able to make a claim under your Child Cover for any death, *terminal illness* or critical illness that occurs during the suspension period.

To exercise this benefit, you must:

- › notify us at least 30 days before the premium due date (monthly or annually) from which you wish to suspend your cover
- › specify the length of the suspension period required (three, six, nine or 12 months, or another period that is pre-approved by us)

- › acknowledge that premiums and cover will be suspended; and
- › provide us with satisfactory evidence of hardship.

At the end of your suspension period, we'll continue your cover and your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, then your cover will be cancelled.

You may cancel your suspension of cover early. If you do, we'll resume your premium payments from when your cover resumes.

Grief Support Benefit

If we pay the full Child Cover *sum insured*, we'll reimburse the cost of grief counselling sessions.

We'll need a copy of the invoice or receipt for the services provided before we pay this benefit and it must be claimed within 12 months of the full Child Cover *sum insured* being paid.

The total amount payable under this benefit will be the actual fee charged, up to a maximum of \$1,000 for each insured child.

The grief counselling sessions must be provided by an accredited counsellor approved by us.

Continuation of Cover Benefit

If the insured child's parent or legal guardian dies or their plan ends, the insured child's other parent or legal guardian may continue the Child Cover by moving the Child Cover under their Futura Protection plan.

You can apply to continue the Child Cover within 60 days of when the insured child's parent or legal guardian dies or their plan ends, without the need to provide further medical, pastimes or occupational evidence for the child to us.

Important things to note

The *sum insured* on the new Child Cover must be the same or lower for each insured child than it was under the previous Child Cover at the time of continuation.

The cover under the new Child Cover will be subject to the terms and conditions in force as at the date you apply to continue the cover.

About Futura Protection	Life Cover	TPD Cover	Critical Illness Cover	Child Cover	Common benefits	Income Protection Cover	Important information	Interim covers	Definitions
-------------------------	------------	-----------	------------------------	-------------	-----------------	-------------------------	-----------------------	----------------	-------------

Conversion of Child Cover Benefit

If the insured child is 18 or 19 years old, they have the option of converting their existing cover to Life Cover or Critical Illness Cover attached or linked to Life Cover, without the need to provide further medical, pastimes or occupational evidence to us.

The insured child must apply to convert their existing Child Cover before their Child Cover ends.

Important things to note

- › The *sum insured* on the new cover must be the same or lower than it was under the previous Child Cover at the time of conversion.
- › The premium on the new cover will be based on the age and premium rates for Life Cover and/or Critical Illness Cover (as applicable) at the time the new cover is issued.
- › Any premium loadings or exclusions that applied to the Child Cover will also be applied to the new cover.

Adjustments

Your Child Cover *sum insured* will be reduced by any amount paid under this cover for the Funeral Advancement Benefit.

Exclusions

We won't pay any benefit under Child Cover if the event giving rise to the claim is as a result of or related to:

- › anything that is specifically excluded on your plan schedule
- › suicide within the first 13 months immediately following:
 - your Child Cover commencement date
 - an increase in your Child Cover *sum insured* (but only in respect of the increased amount with the exception of any increase in cover as a result of the Indexation Benefit); or
 - the date on which cover your Child Cover was last reinstated
- › attempted suicide or any intentional self-inflicted act by the insured child
- › any illegal act inflicted on the insured child by you or the parent or guardian of the insured child
- › a Child Critical Illness Event subject to the 90-day qualifying period, as explained above

- › any *illness* or *injury* that occurred or where the Critical Illness Date for that *illness* or *injury* occurred before:
 - the Child Cover commencement date
 - an increase in the Child Cover *sum insured* (but only in respect of the increased amount with the exception of any increase in cover as a result of the Indexation Benefit); or
 - the date on which cover the Child Cover was last reinstated; or
- › a *congenital condition*.

For the purposes of Child Cover, a Critical Illness Date means the earliest date the event first occurred, was diagnosed by a *medical practitioner*, became apparent, or symptoms of the event were first observed by you or a *medical practitioner*.

When Child Cover ends

Child Cover will end on the earlier of:

- › the date we receive your request to cancel your cover
- › the insured child's death
- › the date your full Child Cover *sum insured* is paid or reduced to nil
- › the date the insured child's parent or legal guardian plan is cancelled
- › the date we cancel your plan because premiums weren't paid when due
- › the date we avoid your cover (treat it as if it never existed) in accordance with our rights in relation to your duty to take reasonable care; and
- › the plan anniversary after the insured child turns 19.



BENEFITS COMMON TO LIFE COVER, TPD COVER AND CRITICAL ILLNESS COVER

Included benefits

The following benefits are included in Life Cover, TPD Cover and Critical Illness Cover.

Some included benefits are not available if cover is held inside super as shown below.

Indexation Benefit

ORDINARY

SUPER

On each plan anniversary, we'll automatically increase your *sum insured* by the higher of:

- › 5%; or
- › the percentage increase in the *Consumer Price Index (CPI)*.

You can decline the Indexation Benefit in any year by letting us know no later than 30 days after the relevant plan anniversary. If you decline the Indexation Benefit, you won't be excluded from being offered the Indexation Benefit in future years.

In most cases, you may also choose to have the Indexation Benefit apply to some cover types but not others. However if Life Cover, TPD Cover and/or Critical Illness Cover are attached or linked, the Indexation Benefit must be applied consistently across the attached and/or linked covers except where the Indexation Benefit has expired for a cover type.

You can request to decline the Indexation Benefit permanently at any time by letting us know. However, should you wish to have the Indexation Benefit restarted, we may require further information from you before agreeing to restart it.

This benefit is not available:

- › from the plan anniversary after you turn 65 for TPD Cover
- › from the plan anniversary after you turn 70 for Critical Illness Cover
- › while the Disability Premium Waiver Option is being exercised
- › while the Suspending Cover Benefit is being exercised; or
- › when your combined total *sum insured* for Life Cover, TPD Cover and Critical Illness Cover across all plans issued by us exceed \$20,000,000.

Important things to note

Your premium will be increased to reflect the increase in your *sum insured* and will be based on your age at the time of the increase.

Any premium loadings or exclusions that applied to your Life Cover, TPD Cover and/or Critical Illness Cover will also apply to your increase.

Accommodation Benefit

ORDINARY

If we pay your full Life Cover *sum insured* under the Terminal Illness Benefit, your full TPD Cover *sum insured* or your full Critical Illness Cover *sum insured*, we'll reimburse the accommodation costs incurred by an *immediate family member*.

To exercise this benefit you must be under the advice of a *medical practitioner* and *confined to bed*; and

- › you must be *confined to bed* more than 100 kilometres from your usual place of residence and require an *immediate family member* to be with you; or
- › your *immediate family member* is required to travel more than 100 kilometres from their place of residence to be with you.

We'll need a copy of the invoice or receipt for the accommodation before we pay this benefit and it must be claimed within 90 days of the full Life Cover under the Terminal Illness Benefit, the full TPD Cover or the full Critical Illness Cover *sum insured* being paid.

The total amount payable under this benefit will be the actual fee charged, up to a maximum of \$250 per day for each day you remain *confined to bed* for a maximum period of 30 days. This benefit is payable only once for any 12-month period.

The Accommodation Benefit will cease to apply if you die.

Suspending Cover Benefit

ORDINARY

SUPER

If you've held your cover for a continuous period of at least 12 months, and you are experiencing financial hardship, you can suspend your cover for up to 12 months, over the life of your cover.

During this period, you will not need to pay premiums, but you won't be able to make a claim in respect of any event, *illness* or *injury* that occurs during the suspension period.

To exercise this benefit, you must:

- › notify us at least 30 days before the premium due date (monthly or annually) from which you wish to suspend your cover
- › specify the length of the suspension period required (three, six, nine or 12 months, or another period that is pre-approved by us)
- › acknowledge that premiums and cover will be suspended; and
- › provide us with satisfactory evidence of hardship.

At the end of your suspension period, we'll continue your cover and your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, then your cover will be cancelled.

You may cancel your suspension of cover early. If you do, we'll resume your premium payments from when your cover resumes.

Future Increase Benefit

ORDINARY

SUPER

You can apply to increase your Life Cover *sum insured*, TPD Cover *sum insured* and/or Critical Illness Cover *sum insured* after certain specified events, without the need to provide further medical, pastimes or occupational evidence to us.

The specified events and the maximum *sum insured* increase applicable to each event are listed in the table below.

You may only apply for an increase under this benefit for one personal, professional, business or plan event in any 12-month period and a maximum of five events over the life of your cover.

For all increases applied for under the Future Increase Benefit, the maximum amount by which you can increase your *sum insured* is the lesser of:

- › your *sum insured* at your cover commencement date; and
- › \$1,000,000,

subject to your total cover not exceeding:

- › \$5,000,000 for Life Cover
- › \$3,000,000 for TPD Cover; and
- › \$2,000,000 for Critical Illness Cover.

The minimum increase amount is \$10,000.

If TPD Cover and/or Critical Illness Cover are attached or linked to Life Cover, the Life Cover *sum insured* must always be greater than, or equal to, the higher of the TPD Cover and Critical Illness Cover *sum insured*.

Personal events	Maximum <i>sum insured</i> increase
<ul style="list-style-type: none"> › You marry, register a de facto relationship or enter into a de facto relationship which is recognised by law › You divorce, legally separate, register a separation from a marriage or registered de facto relationship, or terminate a de facto relationship which is recognised by law › The death of your spouse, registered de facto partner or partner under a de facto relationship which is recognised by law › Your child is born, or you legally adopt a child › Your child starts school › You increase your mortgage for your primary place of residence › You're granted a housing loan by a financial institution to buy your primary residence › You complete your first undergraduate degree at a recognised Australian university; or › You become a carer for the first time. 	<p>Lesser of:</p> <ul style="list-style-type: none"> › 25% of your <i>sum insured</i> at the cover commencement date › the amount of the housing loan or increase to the mortgage (if applicable); and › \$200,000.
Professional events	Maximum <i>sum insured</i> increase
<ul style="list-style-type: none"> › You receive a base salary increase of 15% or more. This excludes overtime, bonuses, commissions, share of profits and other fringe benefits and only applies if you're an employee with no ownership/interest in the business. › You qualify as a Fellow of your profession › You become a partner of your organisation; or › You commence a private practice. 	<p>Lesser of:</p> <ul style="list-style-type: none"> › 25% of your <i>sum insured</i> at the cover commencement date › 10 times your base salary increase; and › \$200,000.
Business events	Maximum <i>sum insured</i> increase
<p>If the original purpose of your cover was to support a business purpose such as a buy/sell arrangement, a share purchase agreement or a business succession agreement, and the value of that business or your financial interest in the business increases (using the same methodology as was used to determine your original cover).</p>	<p>Lesser of:</p> <ul style="list-style-type: none"> › 25% of your <i>sum insured</i> at the cover commencement date › the amount of the increase in the value of the business or your financial interest in the business; and › \$200,000.

Business events continued

If you're responsible for a business loan and there is an increase in the loan liability.

Maximum *sum insured* increase

Lesser of:

- › 25% of your *sum insured* at the cover commencement date
- › the amount of the increase in the value of the business loan; and
- › \$200,000.

If you're a *key person* in a business and your value to the business increases.

Lesser of:

- › 25% of your *sum insured* at the cover commencement date
- › five times the average of the last three annual increases in your gross remuneration package; and
- › \$200,000.

Plan events

On every third anniversary of the commencement of your cover; provided that your *sum insured* has not been increased under this Future Increases Benefit during the previous three years.

Maximum *sum insured* increase

Lesser of:

- › 25% of your *sum insured* at the cover commencement date; and
- › \$200,000

To exercise this benefit:

- › you must provide any evidence we request to demonstrate that the personal, professional, business or plan event has occurred; and
- › your application must be made within 30 days of the personal, professional, business or plan event, or within 30 days of your plan anniversary following the personal, professional, business or plan event.

Your increased *sum insured* will not apply until we've confirmed it in writing to you; which will be no later than 30 days from the date you've satisfied our requirements.

Once confirmed, for the first six months, the increased *sum insured* is only payable on an event which results from an accident under Life Cover, TPD Cover or Critical Illness Cover (as applicable).

This benefit is not available:

- › from the plan anniversary after you turn 60
- › if you have a premium loading of more than 100% for the cover type you're applying to increase
- › while the Disability Premium Waiver Option is being exercised

- › while the Suspending Cover Benefit is being exercised
- › while the Waiver of Premium While Involuntary Unemployed Benefit is being exercised
- › if you've been paid a claim, or a claim is being assessed for, or you are eligible to make a claim, under any Futura Protection Life Cover, TPD Cover or Critical Illness Cover
- › on any *sum insured* reinstated under the Life Cover Buy Back Option; or
- › on any *sum insured* reinstated under the Critical Illness Reinstatement Option

This increase is in addition to any increase in cover as a result of the Indexation Benefit.

Important things to note

Your premium will be increased to reflect the increase in your *sum insured* and will be based on your age at the time of the increase.

Any premium loadings or exclusions that applied to your Life Cover, TPD Cover and/or Critical Illness Cover will also apply to your increase.

Waiver of Premium While Involuntarily Unemployed Benefit

ORDINARY

SUPER

If you've held your cover for a continuous period of at least 12 months, and you become *involuntarily unemployed* (other than as a direct result of *illness or injury*), we'll waive your premiums for up to three months over the life of your plan.

While your premiums are being waived you won't be able to make a claim in respect of an event, *illness or injury* that occurs during the waiver period.

To exercise this benefit:

- › you must be paying premiums on a monthly basis
- › you must notify us before your monthly premium becomes due; and
- › you must provide us with satisfactory evidence of your *involuntary unemployment*.

This benefit is only available in respect of future premiums (i.e. those that are due to become payable).

At the end of your waiver period, your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, then your cover will be cancelled.

If your plan includes Child Cover, we'll also waive any premiums that become payable for the Child Cover.

This benefit is not available:

- › If you have outstanding premiums; or
- › if you're self employed.

Financial Advice Benefit

ORDINARY

SUPER

If we pay your full Life Cover *sum insured*, TPD Cover *sum insured* or Critical Illness Cover *sum insured*, we'll reimburse the cost of engaging a financial adviser to prepare a financial plan(s) for you or your beneficiaries.

We'll need a copy of the invoice or receipt for the financial plan(s) before we pay this benefit and it must be claimed within 12 months of the full Life Cover, TPD Cover or Critical Illness Cover *sum insured* being paid.

If this benefit is payable in relation to a cover held inside super, it will be paid to the financial adviser or the member or beneficiary directly and not to the trustee of the super fund or SMSF.

The total amount payable under this benefit will be the actual fee charged, up to a maximum of \$5,000. This benefit will only be paid once, regardless of how many Futura Protection cover types you have with us.

The financial plan(s) must be provided by a financial adviser operating under an Australian Financial Services License.

We reserve the right to request appropriate evidence of services before paying this benefit.

Grief Support Benefit

ORDINARY

If we pay your full Life Cover *sum insured*, TPD Cover *sum insured* or Critical Illness Cover *sum insured*, we'll reimburse the cost of grief counselling sessions.

We'll need a copy of the invoice or receipt for the services provided before we pay this benefit and it must be claimed within 12 months of the full Life Cover, TPD Cover or Critical Illness Cover *sum insured* being paid.

The total amount payable under this benefit will be the actual fee charged, up to a maximum of \$1,000 for each insured person.

The grief counselling sessions must be provided by an accredited counsellor approved by us.

Child's Critical Illness Benefit

ORDINARY

If a child who is financially dependent on you, dies is diagnosed as *terminally ill* or suffers a specified Child Critical Illness Event as listed on page 38, while your Life Cover, TPD Cover or Critical Illness Cover is in place, we'll pay a benefit of \$10,000.

To exercise this benefit:

- › the child must be aged between one and 18.

This benefit is not available:

- › for a Child Critical Illness Event which occurred or was diagnosed, or symptoms of the event became apparent:
 - when the child was aged less than one; or
 - before your cover commencement date.

This benefit will only be paid once for an individual child, regardless of how many Futura Protection cover types you have with us.

90-day qualifying period

For Child Critical Illness Events subject to the 90-day qualifying period, no benefit will be paid if the event first occurred, was diagnosed, became apparent, or symptoms of the event were first observed by you or a *medical practitioner*, within the first 90 days immediately following:

- › your cover commencement date; and
- › the date your cover was last reinstated.

Optional benefits

The following benefits are available at an extra cost. Your plan schedule will show which options you've purchased.

Life Cover Buy Back Option

ORDINARY

SUPER

This option is only available if you have TPD or Critical Illness Cover attached or linked to your Life Cover, as shown on your plan schedule.

If we pay you a TPD Cover or Critical Illness Cover *sum insured*, you can apply to reinstate your Life Cover *sum insured* without the need to provide further medical, pastimes or occupation evidence to us.

Your application to reinstate your attached or linked Life Cover *sum insured* must be made within 30 days after the 12-month anniversary of the date we paid your TPD Cover or Critical Illness Cover.

The Indexation Benefit is available on the reinstated Life Cover.

This option is not available from the plan anniversary after you turn 65.

Important things to note

Your premium for the reinstated Life Cover will be based on your age at the time of the reinstatement.

Any premium loadings or exclusions that applied to your Life Cover immediately before the TPD Cover or Critical Illness Cover claim, will also apply to your reinstated Life Cover.

Disability Premium Waiver Option

ORDINARY

SUPER

The maximum entry age to apply for this option is 60.

We'll waive your premiums for your Life Cover, TPD Cover and/or Critical Illness Cover if, as a result of *illness* or *injury*, for three consecutive months, you are:

- › totally unable to work in any occupation for which you are suited by training, education or experience
- › not earning an income; and
- › following the advice of a *medical practitioner*.

We'll waive your premiums until the earlier of:

- › you return to work
- › you commence earning an income; or
- › the plan anniversary after you turn 65.

If the Disability Premium Waiver Option is selected on your Life Cover, the Disability Premium Waiver Option will also apply to any attached or linked TPD and/or Critical Illness Cover.

At the end of your waiver period, your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, then your cover will be cancelled.

If your plan includes Child Cover, we'll also waive any premiums that become payable for the Child Cover.

The Indexation Benefit will not apply to the cover for which your premiums are being waived.

This option is not available:

- › from the plan anniversary after you turn 65
- › if you have outstanding premiums
- › on any *sum insured* reinstated under the Life Cover Buy Back Option
- › if your *illness* or *injury* is caused by:
 - anything we've specifically excluded, as stated on your plan schedule
 - war, whether declared or not
 - attempted suicide or any intentional self-inflicted act
 - participation in criminal activity or any periods of incarceration; or
 - normal and uncomplicated pregnancy, miscarriage or childbirth. For the purpose of this exclusion, the following are not considered complications of pregnancy, miscarriage or childbirth:
 - multiple pregnancy
 - threatened or actual miscarriage
 - participation in an IVF or similar program; or
 - discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.



INCOME PROTECTION COVER

Cover overview

ORDINARY

SUPER

Income Protection Cover provides a *monthly benefit* if you're *totally disabled* or *partially disabled* as a result of *illness* or *injury*, for longer than the specified *waiting period*.

Income Protection Cover is available both inside and outside of super.

Minimum entry age

- › 18

Maximum entry age

- › 60

Eligibility requirement at time of application

- › *Gainfully employed* for at least 20 hours per week

Benefit expiry age

- › Plan anniversary after you turn 65

Minimum sum insured that can be applied for

- › \$1,500 per month

Maximum sum insured that can be applied for

- › The lesser of \$30,000 per month and:
 - 70% of the first \$25,000 per month of your *regular income*; plus
 - 50% of the next \$16,667 per month of your *regular income*; plus
 - 20% of the remainder of your *regular income*.
- › You may also apply for a *super sum insured* to cover your *statutory employer super contributions* under the Superannuation Contribution Option
- › Your combined *sum insured* and *super sum insured* (where applicable) will never exceed \$30,000 per month

Premium type

- › Variable age-stepped premium

Cover level available

- › Income Protection Super
- › Income Protection Standard

Waiting periods

- › Four, eight or 13 weeks
- › Two years (see page 57 for eligibility requirements)

Benefit periods

- › Two or five years
- › To age 65

Product structure combinations

- › Stand-alone
- › Split

Exclusions

See page 69

Income Protection Cover level

You can choose to structure Income Protection Cover either inside or outside of super. Your plan schedule will show which level of cover you've purchased.

Plan ownership

Level of cover

Description

SUPER

Income
Protection
Super

Protection that you can hold inside super as all benefits comply with super legislation.

ORDINARY

Income
Protection
Standard

Protection that you can hold outside super. Benefits which are not consistent with the super conditions of release can be paid.

Included benefits

The following benefits are included in Income Protection Cover.

Some included benefits are not available inside super, as shown in the table below.

Plan ownership	Benefit	Page
ORDINARY SUPER	Total Disability Benefit	60
ORDINARY SUPER	Partial Disability Benefit	60
ORDINARY SUPER	Waiver of Premium While on Claim Benefit	60
ORDINARY SUPER	Waiver of Premium While Involuntarily Unemployed Benefit	61
ORDINARY SUPER	Future Increase Benefit	62
ORDINARY SUPER	Suspending Cover Benefit	63
ORDINARY SUPER	Indexation Benefit	63
ORDINARY SUPER	Relapse Benefit	64
ORDINARY SUPER	Death Benefit	64
ORDINARY SUPER	Two Year Waiting Period Reduction Benefit	65
ORDINARY SUPER	Rehabilitation Benefit	65
ORDINARY	Medical Professionals Benefit*	66

*Only available for select medical occupations.

Optional benefits

The following benefits are available at an extra cost, or where the Premium Saver Option is chosen will result in a reduced cost. Your plan schedule will show which options you have purchased.

Plan ownership	Benefit	Page
ORDINARY SUPER	Increasing Claim Option	67
ORDINARY SUPER	Superannuation Contribution Option	67
ORDINARY SUPER	Premium Saver Option	68

Split Income Protection Cover

Split Income Protection Cover allows you to purchase Income Protection Cover, with the portion of Income Protection Cover which is consistent with super law to be held under the plan inside super. The remaining Income Protection Cover will be held under the plan outside super.

Important things to note

- Any claim you make will first be assessed against the terms and conditions of the plan held inside super; and any benefits payable will be paid to the trustee of your super fund or SMSF. If that claim fails to meet the terms and conditions of the plan held inside super, it will then be assessed against the terms and conditions of the plan held outside of super. Any benefits not payable under the plan held inside super may be paid to you under the plan held outside of super, subject to you meeting the applicable terms and conditions.
- A claim can only be paid from either the plan held inside super or the plan held outside super, but not both at the same time.
- The Income Protection Cover *sum insured*, *waiting period* and *benefit period* for both plans must always be the same. This means your *sum insured* under each plan may only be increased or reduced together, including any increase via the Indexation Benefit.
- Any *sum insured* or *benefit paid* under one plan will reduce the *sum insured* or benefit of both plans.
- The maximum benefit payable across the split plans is equal to the benefit under a single plan. Once the total benefits have been paid under either plan, coverage under both plans will end.
- The premium for the plan held outside super will be reduced by the premium for the plan held inside super. This means the overall premium will be the same as if you'd purchased cover on a single Income Protection Cover plan outside super.
- If your Income Protection Cover held inside super is cancelled or lapsed, your Income Protection Cover held outside super will also be cancelled or lapsed. However, if your Income Protection Cover held outside super is cancelled or lapsed, the Income Protection Cover held inside super will remain in place.
- Your plan schedule will indicate when splitting applies.

Important features and choices

The following sections detail some important information about the different choices you can make when purchasing Income Protection Cover. Before choosing which option is right for you, you should consider your personal objectives, financial situation and needs and speak to your financial adviser about your individual requirements.

Monthly benefit

Your *monthly benefit* at the end of your *waiting period* is calculated as the lesser of:

- the *income replacement amount* (as explained below); and
- the *sum insured* as shown on your plan schedule.

If you've selected the Premium Saver Option, after the first 24 months of your *benefit period*, your *sum insured* and *income replacement amount* will be multiplied by 2/3 to calculate any *monthly benefit* for the remainder of the *benefit period*.

Income replacement amount

Your *income replacement amount* is calculated as:

- 70% of the first \$25,000 per month of your *pre-disability income*; plus
- 50% of the next \$16,667 per month of your *pre-disability income*; plus
- 20% of the remainder of your *pre-disability income*.

Example 1

Receiving a *monthly benefit* while *totally disabled* (the Premium Saver Option has not been selected and there are no *adjustments*).

A	<i>Pre-disability income</i>		\$10,000
B	<i>Income replacement amount</i>	A x 70%*	\$7,000
C	<i>Sum insured</i>		\$7,500
D	Monthly benefit for total disability	Lesser of B, C	\$7,000

*The rate applied will change for any *pre-disability income* above \$25,000 per month, as explained above.

Reductions to the monthly benefit for partial disability

If you're *partially disabled*, your *monthly benefit* will be reduced by 75% of *regular income* earned during each month of *disability*.

If you're not working to your full *work capacity* while *disabled*, for any reasons other than *illness* or *injury*, and this continues for at least two months, your *regular income* during each month of *disability* will be calculated based on what you could reasonably expect to receive if you were working at your full *work capacity*.

Example 2

Receiving a *monthly benefit* while *partially disabled* (the Premium Saver Option has not been selected and there are no *adjustments*).

A	Monthly benefit for total disability	See Example 1	\$7,000
B	Regular income		\$4,000
C	75% of regular income	B x 75%	\$3,000
D	Monthly benefit for partial disability	A – C	\$4,000

Reductions to the monthly benefit for adjustments

Adjustments may apply to your *monthly benefit*. Your *monthly benefit* will be reduced by *other payments* received during each month of *disability*. If you're *totally disabled*, your *monthly benefit* will also be reduced by *business income* and any *regular income* you continue to receive from your employer while *disabled*.

Business income

Business income means any amounts you continue to receive or are entitled to receive each month while *totally disabled*, which would have been treated as *regular income* had you not been *disabled*.

This includes income, profits or other remuneration you continue to receive or are entitled to receive from any business or professional practice in which you have or had any ownership interest, or from any related entities of such a business.

Business income does not include *passive income* or *statutory employer super contributions*. The total *business income* amount applied in the *monthly benefit* definition cannot be less than zero.

Other payments

Other payments means:

- any payments you receive or are entitled to receive in respect of your *injury* or *illness* under state, territory or federal legislation, or as damages under common law, for a loss of income, loss of earning capacity, or any other economic loss (including any benefits or payments for work injury damages), including but not limited to worker's compensation and motor accident claims
- any payments you receive or are entitled to receive in respect of your *injury* or *illness* from any other individual or group disability income insurance policy, credit or mortgage insurance, or superannuation pension plans not disclosed at the commencement of the cover or when you applied to increase your cover
- any payments you receive from your employer in respect of leave taken whilst *on claim*, including but not limited to parental leave, sick leave, annual leave and long service leave payments; and
- any social security payments or other government grants you receive or are entitled to receive in respect of your *injury* or *illness*, to the extent permitted by law.

If the *other payment* is a lump sum payment, then for the purpose of the reduction, this will be treated as a series of 60 monthly payments, with each monthly payment equal to 1/60th of the lump sum payment.

Applying adjustments to the monthly benefit

We'll only apply *adjustments* to the extent that the sum of the *adjustments* and the *monthly benefit* (before any reductions for *regular income* whilst *partial disabled* and *adjustments* received or entitled to be received while *disabled*), exceed your *income replacement amount*.

Your *monthly benefit* will not be reduced by any benefits paid under Futura Protection Life Cover, TPD Cover or Critical Illness Cover.

Example 3

Receiving a *monthly benefit* while *totally disabled* with *adjustments* (the Premium Saver Option has not been selected).

A	Monthly benefit for total disability (before adjustments)	See Example 1	\$7,000
B	Adjustments		\$2,500
C	Income replacement amount	See Example 1	\$7,000
D	Adjustments (applied to monthly benefit)	A + B – C	\$2,500
E	Monthly benefit for total disability (after adjustments)	A – D	\$4,500

We only pay one benefit at a time

If you're *totally disabled* or *partially disabled* as a result of separate and distinct *illnesses* or *injuries* during the same period, only one *monthly benefit* is payable, however the *monthly benefit* payable will be based on the *injury* or *illness* that provides the highest payment to you.

Benefit period

Your *benefit period* is the maximum period that we'll pay a *monthly benefit* in relation to any one or related *illness* or *injury*. All else being equal, the shorter the *benefit period* you choose, the lower your premium will be.

We offer the following *benefit periods*:

- › two or five years; and
- › to age 65.

Your chosen *benefit period* will be shown on your plan schedule.

Once a *monthly benefit* has been paid for the entire *benefit period* for any one or related *injury* or *illness*, then no further claim for that same or related *illness* or *injury* will be paid.

For all *benefit periods*, a *monthly benefit* may be paid until the plan anniversary after you turn 65.

If you make multiple claims for any one or related *illness* or *injury*, any periods of time *on claim* after the original period *on claim*, whether they are continuations of your original claim or new claims (as set out under the 'Relapse Benefit' on page 64), will be considered part of the original *benefit period* and, for *benefit periods* of five years or less, be added together to determine when the *benefit period* expires.

Waiting period

Your *waiting period* is the minimum continuous period of time you must be *totally disabled* or *partially disabled* as a result of the same or related *injury* or *illness* before you are eligible to claim a *disability benefit*. All else being equal, the longer the *waiting period* you choose, the lower your premium will be.

We offer the following *waiting periods*:

- › four, eight and 13 weeks; and
- › two years (where you hold existing group salary continuance cover).

To be eligible to apply for a two-year *waiting period*, you must be an insured life under an income protection policy issued under a group salary continuance scheme, or similar arrangement provided by an employer, that was issued by a life company registered in Australia and has a two year *benefit period*.

Your chosen *waiting period* will be shown on your plan schedule.

Waiting period commencement

Your *waiting period* will start on the earlier of:

- › the date you are first *totally disabled* or *partially disabled* as a result of an *illness* or *injury* and as certified by a *medical practitioner* on or after that date; or
- › the date you first stop working due to that *illness* or *injury* as long as you consult a *medical practitioner* about the *illness* or *injury* within seven days and provide reasonable medical evidence about when the condition began.



Disability requirements during the waiting period

This varies according to the occupation category shown on your plan schedule.

For occupation categories MED, LAW, WCP, WCA, WCM or LBC, to be eligible for a *monthly benefit* at the end of the *waiting period*, you must have been *totally disabled* or *partially disabled* for the duration of the *waiting period*.

For occupation categories BC, HB or SRA, to be eligible for a *monthly benefit* at the end of the *waiting period* you must have been:

- › *totally disabled* for 14 days out of 19 consecutive days of the *waiting period*; and
- › *totally disabled* or *partially disabled* for the remainder of the *waiting period*.

Your financial adviser can let you know which occupation category applies to you.

Working during the waiting period

If you have a *waiting period* of two years, any days worked during the *waiting period*, where you worked more than 80% of (the daily equivalent of) your *regular work hours*, will be added to the end of the *waiting period*.

Disability definitions

Totally disabled (and total disability)

Means solely because of *illness* or *injury*, you are:

- › unable to perform each and every *important income producing duty* of *suitable work*
- › under the regular care and following the advice of a *medical practitioner* in relation to that *illness* or *injury*; and
- › not working (whether paid or unpaid) and do not have any *work capacity*.

Partially disabled (and partial disability)

Means solely because of *illness* or *injury*, you are not *totally disabled* and:

- › you are working in *suitable work* for no more than 80% of your *regular work hours*
- › you have *work capacity* for no more than 80% of your *regular work hours*
- › your *regular income* during each month of *disability* is less than your *pre-disability income*; and
- › you're under the regular care and following the advice of a *medical practitioner* in relation to that *illness* or *injury* (including any care or recovery plan recommended by a *medical practitioner*).

Important things to note

If you select a *benefit period* to age 65, or a *benefit period* of five years with a *waiting period* of two years, and have been *on claim* for any one or related *illness* or *injury* for longer than 24 months, the definition of *suitable work* will change and you will be assessed for *total disability* and *partial disability* under the *any occupation* definition for the remainder of your *benefit period*.

Income Protection Cover held inside super

In any case where the cover is held inside super, the insured person must also satisfy the SIS definition of *temporary incapacity* to be considered *totally disabled* or *partially disabled* prior to us being able to commence payment of a *monthly benefit*.

If you make a claim and do not satisfy the definition of *temporary incapacity*, because you were unemployed at the time of your disability, you may not be entitled to receive payment of a *monthly benefit* for Income Protection Cover in super.

Included benefits

Total Disability Benefit

ORDINARY

SUPER

If you're *totally disabled*, we'll pay you a *monthly benefit*.

Your benefit will begin to accrue from the first day after the end of your *waiting period*. This will continue for as long as you're *totally disabled*, until the end of your *benefit period*, the expiry of your cover or your death; whichever comes first.

Part months will be paid at the rate of 1/30th of the *monthly benefit* for each day you're *disabled*.

The *monthly benefit* payable to you will be calculated as explained on page 55.

Partial Disability Benefit

ORDINARY

SUPER

If you're *partially disabled*, we'll pay you a portion of the *monthly benefit* that would have been payable to you if you were *totally disabled*.

Your benefit will begin to accrue from the first day after the end of your *waiting period*. This will continue, for as long as you're *partially disabled*, until the end of your *benefit period*, the expiry of your cover or your death; whichever comes first.

Part months will be paid at the rate of 1/30th of the *monthly benefit* for each day you're *disabled*.

The *monthly benefit* payable to you will be calculated as explained on page 55.

Waiver of Premium While on Claim Benefit

ORDINARY

SUPER

If we are paying you a Total Disability Benefit or Partial Disability Benefit, we'll waive your premiums for Income Protection Cover.

If you have a *waiting period* of 13 weeks or less, any premiums that you paid during your *waiting period* will also be refunded (refunds will be pro-rated).

At the end of your waiver period, your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, then your cover will be cancelled.

Waiver of Premium While Involuntarily Unemployed Benefit

ORDINARY

SUPER

If you've held your cover for a continuous period of at least 12 months, and you become *involuntarily unemployed* (other than as a direct result of *illness* or *injury*), we'll waive your premiums for up to three months over the life of your plan.

While your premiums are being waived you won't be able to make a claim in respect of an event, *illness* or *injury* that occurs during the waiver period.

To exercise this benefit:

- › you must be paying premiums on a monthly basis
- › you must notify us before your monthly premium becomes due; and
- › you must provide us with satisfactory evidence of your *involuntary unemployment*.

This benefit is only available in respect of future premiums (i.e. those that are due to become payable).

At the end of your waiver period, your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, your cover will be cancelled.

This benefit is not available:

- › if you have outstanding premiums; or
- › if you're self employed

Future Increase Benefit

ORDINARY

SUPER

If your *regular income* increases, you can apply to increase your Income Protection Cover *sum insured* by up to 15%, without the need to provide further medical or pastime evidence to us.

The maximum *sum insured* increase per year across all Futura Income Protection Cover benefits is the lesser of 15% of your *sum insured* and the actual increase in your *regular income*.

You may only apply for an increase under this benefit once in any 12-month period.

For all increases applied for under the Future Increase Benefit, the maximum amount by which you can increase your *sum insured* is the lesser of:

- › your *sum insured* at your cover commencement date; and
- › the actual increase in your *regular income*.

The minimum increase amount is \$250 per month. Maximum *sum insured* limits apply as outlined on page 53.

To exercise this benefit:

- › you must provide any evidence we request to demonstrate that your *regular income* has increased
- › you must provide confirmation that you are employed or self-employed, and actively at work at the time of the increase; and
- › your application must be made within 30 days of the increase in your *regular income*, or within 30 days of your plan anniversary following the increase in your *regular income*.

Your increased *sum insured* will not apply until we've confirmed it in writing to you, which will be no later than 30 days from the date you've satisfied our requirements.

This benefit is not available:

- › from the plan anniversary after you turn 55
- › if you have a premium loading of more than 100% for the cover type
- › if you have any exclusions, as shown on your plan schedule for the cover type
- › while the Suspending Cover Benefit is being exercised
- › while the Waiver of Premium While Involuntary Unemployment is being exercised
- › if you're *disabled*
- › if you've been paid a claim, or a claim is being assessed, or you are eligible to claim under your plan or another Futura Protection plan on your life.

You may increase your *super sum insured* in proportion to any increase you have made to your *sum insured* under this benefit.

This increase is in addition to any increase in cover as a result of the Indexation Benefit.

Important things to note

Your premium will be increased to reflect the increase in your *sum insured* and *super sum insured*, and will be based on your age at the time of the increase.

Any premium loadings that applied to your Income Protection Cover will also apply to your increase.

About Futura Protection	Life Cover	TPD Cover	Critical Illness Cover	Child Cover	Common benefits	Income Protection Cover	Important information	Interim covers	Definitions
-------------------------	------------	-----------	------------------------	-------------	-----------------	--------------------------------	-----------------------	----------------	-------------

Suspending Cover Benefit

ORDINARY

SUPER

If you've held your cover for a continuous period of at least 12 months, and you are experiencing financial hardship or unemployment (if your cover is held in super), you can suspend your cover for up to 12 months, over the life of your cover.

During this period, you will not need to pay premiums, but you won't be able to make a claim in respect of any event, *illness* or *injury* that occurs during the suspension period.

To exercise this benefit, you must:

- › notify us at least 30 days before the premium due date (monthly or annually) from which you wish to suspend your cover
- › specify the length of the suspension period required (three, six, nine or 12 months, or another period that is pre-approved by us)
- › acknowledge that premiums and cover will be suspended; and
- › provide us with satisfactory evidence of financial hardship (or unemployment).

At the end of your suspension period, we'll continue your cover and your premium payments will automatically resume, unless you let us know otherwise. If the resumed premiums cannot be collected, then your cover will be cancelled.

You may cancel your suspension of cover early. If you do, we'll resume your premium payments from when your cover resumes.

Indexation Benefit

ORDINARY

SUPER

On each plan anniversary, we'll automatically increase your *sum insured* and *super sum insured* (if applicable) by the percentage increase in the *Consumer Price Index (CPI)*.

Your *sum insured* and *super sum insured* will not be reduced if the percentage change in *CPI* is negative.

You can decline the Indexation Benefit in any year by letting us know no later than 30 days after the relevant plan anniversary. If you decline the Indexation Benefit, you won't be excluded from being offered the Indexation Benefit in future years.

You can request to decline the Indexation Benefit permanently at any time by letting us know. However, should you wish to have the Indexation Benefit restarted, we may require further information from you before agreeing to restart it.

This benefit is not available:

- › while we're paying you a Total Disability Benefit or Partial Disability Benefit; or
- › while the Suspending Cover Benefit is being exercised.

If you've selected the Superannuation Contribution Option, we'll also increase your *super sum insured* under this benefit.

Important things to note

Your premium will be increased to reflect the increase in your *sum insured* and *super sum insured* and will be based on your age at the time of the increase. Any premium loadings or exclusions that applied your Income Protection Cover will also apply to your increase.

Relapse Benefit

ORDINARY

SUPER

Benefit period to age 65

If you return to work on a full-time basis after receiving a Total Disability Benefit or Partial Disability Benefit and suffer a relapse of the same or related *illness* or *injury* within 12 months, your *waiting period* will be waived and your *disability* claim will be treated as a continuation of the original claim.

If the relapse occurs after 12 months, then your *disability* claim will be treated as a new claim and you will be required to serve the full *waiting period*.

Benefit period two or five years

If you return to work on a full-time basis after receiving a Total Disability Benefit or Partial Disability Benefit and suffer a relapse of the same or related *illness* or *injury* within six months, the *waiting period* will be waived, and the *disability* claim will be treated as a continuation of the original claim.

If the relapse occurs after six months, then your *disability* claim will be treated as a new claim and you will be required to serve the full *waiting period*.

Important things to note

If you make multiple claims for any one or related *illness* or *injury*, the original period *on claim* and any subsequent periods *on claim* due to a relapse will be considered part of the same *benefit period* and, for *benefit periods* of five years or less, be added together to determine when the *benefit period* expires.

If you selected a *benefit period* to age 65, or a *benefit period* of five years with a *waiting period* of two years, this means you will only be assessed for *total disability* or *partial disability* under your *own occupation* for a total cumulative period of 24 months across your original period *on claim* and any subsequent periods *on claim* due to a relapse for the same or related *illness* or *injury*. After 24 months, you will be assessed for *total disability* and *partial disability* under the *any occupation* definition.

If you selected the Premium Saver Option, your benefit payments will reduce after a cumulative period of 24 months across your original period *on claim* and any subsequent periods *on claim* due to a relapse for the same or related *illness* or *injury*.

Death Benefit

ORDINARY

SUPER

If you die while your Income Protection Cover is in place, we'll pay a benefit of \$10,000.

This benefit is only payable once across all Income Protection Covers you hold with us.

Two year waiting period reduction benefit

ORDINARY

SUPER

If a two-year *waiting period* applies, and the group salary continuance scheme or similar arrangement (referred to on page 57) ceases as a result of involuntary cancellation or change of employer, you can reduce your *waiting period* to 13 weeks without the need to supply further medical evidence to us.

To exercise this benefit, you must:

- › apply within 30 days of your group salary continuance scheme or similar arrangement ceasing; and
- › provide evidence that your group salary continuance scheme or similar arrangement has ceased.

This benefit is not available:

- › from the plan anniversary after you turn 55
- › if you are covered under a continuation option on the existing group salary continuance scheme or similar arrangement; or
- › if a claim has been paid, is payable, lodged or pending or is eligible to be made under the group salary continuance scheme or under your Futura Income Protection Cover.

Important things to note

Your premium will be adjusted to reflect the reduced *waiting period*.

Rehabilitation Benefit

ORDINARY

SUPER

If we're paying you a Total Disability Benefit or Partial Disability Benefit, we'll pay the costs of your participation in a rehabilitation program approved by us, and/or for any equipment that we agree are needed for your rehabilitation.

The total amount payable under this benefit is up to 12 times your monthly *sum insured*, over the life of your cover.

Important things to note

If we're paying you a Total Disability Benefit or Partial Disability Benefit for cover held inside super, we'll only pay for rehabilitation and/or equipment costs where we can pay the provider directly.

If we're paying you a Total Disability Benefit or Partial Disability Benefit for cover held outside super, we'll pay any provider directly in the first instance and reimburse you for any approved costs where this is not possible.

You must notify us before you commence any rehabilitation program or purchase any equipment and we must agree (acting reasonably) that these are required for your rehabilitation.

We won't reimburse any expense that you're entitled to have reimbursed by another source or for expenses that we are not permitted to pay by law.

Medical Professionals Benefit

ORDINARY

If you're a medical professional and you suffer an *occupationally-acquired HIV* infection or *occupationally-acquired hepatitis B or C* infection as a result of an *exposure prone procedure* while carrying out your occupation, and this causes a reduction in your *regular income*, we'll take this into consideration in assessing your eligibility for a Total Disability Benefit or Partial Disability Benefit as described below.

This benefit is only available where:

- › your occupation class is MED on your plan schedule and at the time of injury leading to infection
- › *exposure prone procedures* are at least one of the *important income producing duties* of your *suitable work*
- › you suffer an *occupationally-acquired HIV* infection or *occupationally-acquired hepatitis B or C* infection, as defined in the 'Critical illness definitions' section from page 92 of this PDS
- › the infection is the result of an accidental *injury* incurred while you were performing an *exposure prone procedure* as part of your *own occupation*; and
- › you experience a reduction in your *regular income* resulting from your relevant professional licensing body advising you to cease performing *exposure prone procedures* and/or your disclosure of your infection to patients.

If you meet the requirements above, when assessing whether you are *totally disabled* or *partially disabled*, we'll consider you to be, solely because of *illness* or *injury*, unable to perform *exposure prone procedures* as an *important income producing duty* of your assessed occupation and include this in our assessment of your *work capacity*.

Other than this, your *monthly benefit* and claim will be treated in accordance with the terms and conditions that ordinarily apply to a Total Disability Benefit or Partial Disability Benefit, and all other requirements of the *total disability* or *partial disability* definition must be met.

Optional benefits

The following benefits are available at an extra cost, or where the Premium Saver Option is chosen will result in a reduced cost. Your plan schedule will show which options you've purchased.

Increasing Claim Option

ORDINARY

SUPER

If we've paid you a Total Disability Benefit or a Partial Disability Benefit for 12 months or more, we'll increase your benefit payments on the yearly anniversary of when benefits first become payable, for as long as we continue to pay you a benefit.

We'll increase your *income replacement amount* and *sum insured* by the percentage change in the *Consumer Price Index (CPI)*. If you've selected the Superannuation Contribution Option, we'll also increase your *pre-disability super contributions* and *super sum insured* by the percentage change in the *CPI*.

If the *CPI* change is negative, your *income replacement amount*, *sum insured*, *pre-disability super contributions* and *super sum insured* will remain unchanged.

Once we stop paying the Total Disability Benefit or Partial Disability Benefit, your *sum insured* and *super sum insured* will revert to the amounts that were used to calculate your *monthly benefit* immediately before your *total disability* or *partial disability* claim ended.

Your combined *monthly benefit* and *monthly super benefit* (if applicable) will never exceed \$30,000 per month.

Superannuation Contribution Option

ORDINARY

SUPER

This option allows you to insure a *super sum insured* to cover *statutory employer super contributions* made to your super fund by your employer. Any salary sacrifice payments or personal concessional contributions are not insurable under this option.

The *super sum insured* is subject to underwriting and cannot exceed 15% of your *regular income* at time of application. Your combined *sum insured* and *super sum insured* will never exceed \$30,000 per month.

Any time we pay a Total Disability Benefit or Partial Disability Benefit, we'll pay a *monthly super benefit* into a complying super fund on your behalf.

We'll pay the *monthly super benefit* to the super fund from which a rollover of monies or deposit for the purposes of paying premiums originated. Where this is not possible or where a *monthly super benefit* is payable under an ordinary plan, we'll pay the *monthly super benefit* to a complying super fund nominated by you.

Your *monthly super benefit* is the lesser of:

- › your *super sum insured*; and
- › your *pre-disability super contributions*.

If your *monthly benefit* is reduced by *regular income* received while *partially disabled* or other *adjustments*, your *monthly super benefit* will also be reduced in the same proportion.

If you've selected the Premium Saver Option, your *monthly super benefit* will also reduce after the first 24 months of your *benefit period* due to the reduction in your *super sum insured* and *pre-disability super contributions* after this time under the Premium Saver Option.

Your combined *monthly benefit* and *monthly super benefit* (if applicable) will never exceed \$30,000 per month.

Example 4

Receiving a *monthly benefit* while *totally disabled* with the Superannuation Contribution Option (the Premium Saver Option has not been selected and there are no *adjustments*)

A	Monthly benefit for total disability	See Example 1	\$7,000
B	Pre-disability super contributions		\$1,200
C	Super sum insured		\$1,500
D	Monthly super benefit for total disability	Lesser of B, C	\$1,200
E	Combined monthly benefit and monthly super benefit for total disability*	A + D	\$8,200

*The *monthly super benefit* will be paid into a complying super fund on your behalf.

Premium Saver Option

ORDINARY

SUPER

This option is only available if you have Income Protection Cover with a *benefit period* to age 65, as shown on your plan schedule.

This option allows you to reduce your premiums by choosing to receive a lower level of benefit payments if you remain *on claim* for longer than 24 months.

If you've selected this option, after the first 24 months of your *benefit period*, your *sum insured* and *income replacement amount* will be multiplied by 2/3 when calculating your *monthly benefit* for the remainder of your *benefit period*.

If you've selected the Superannuation Contribution Option, we'll also reduce your *pre-disability super contributions* and *super sum insured* by the same proportion after the first 24 months.

Once we stop paying the Total Disability Benefit or Partial Disability Benefit, your *sum insured* and *super sum insured* will revert to the amounts that were used to calculate your *monthly benefit* immediately before your *total disability* or *partial disability* claim ended.

Example 5

Receiving a *monthly benefit* while *totally disabled* after the first 24 months of your *benefit period* with the Premium Saver Option (there are no *adjustments* and no Superannuation Contribution Option).

A	Income replacement amount	See Example 1	\$7,000
B	Sum insured	See Example 1	\$7,500
C	Income replacement amount (reduced)	A x 2/3	\$4,667
D	Sum insured (reduced)	B x 2/3	\$5,000
E	Monthly benefit for total disability (reduced)	Lesser of C, D	\$4,667

Exclusions

We won't pay any benefit under Income Protection Cover if the *illness* or *injury* giving rise to your claim (or your death in relation to a payment under the Death Benefit) is a result of or related to:

- › anything that is specifically excluded on your plan schedule
- › attempted suicide or an intentional, self-inflicted injury
- › normal and uncomplicated pregnancy, miscarriage or childbirth. For the purpose of this exclusion, the following are not considered complications of pregnancy, childbirth or miscarriage:
 - multiple pregnancy
 - threatened or actual miscarriage
 - participation in an IVF or similar program; or
 - discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.
- › elective surgery which you voluntarily undergo within the first six months of:
 - your Income Protection Cover commencement date
 - an increase in your Income Protection Cover *sum insured* (but only in respect of the increased amount, with the exception of any increase as a result of the Indexation Benefit); and
 - the date on which your Income Protection Cover was last reinstated.
- › your participation in criminal activity or any periods of incarceration
- › a cessation or reduction in your performance of all, or some, of the duties of your *own occupation* due to permanent or temporary banning, deregistration, suspension, disqualification or restriction of any license, registration or similar requirement of your employment or profession by any governing or industry body applicable to your trade, employment or profession; or
- › war or an act of war (except in relation to a payment under the Death Benefit).

We'll also not pay for any reimbursement of expenses which are regulated by the National Health Act 1953 (Cth) or the Private Health Insurance Act 2007 (Cth).

No *monthly benefit* will be payable under Income Protection Cover if your *pre-disability income* is zero, including but not limited to where, immediately preceding the date of your *disability*, you are not *gainfully employed* or are on parental leave, long service leave or sabbatical leave for 24 consecutive months or longer, or have been on any one or a combination of not being *gainfully employed* and any of these for 24 consecutive months or longer.

When Income Protection Cover ends

Your Income Protection Cover will end on the earlier of:

- › the date we receive your request to cancel your cover
- › your death
- › the date we cancel your plan because premiums were not paid when due
- › the date we avoid your cover (treat it as if it never existed) in accordance with our rights in relation to your duty to take reasonable care
- › your retirement or other intentional permanent cessation of *gainful employment* (for reasons other than *total disability*); and
- › the plan anniversary immediately after you turn 65.



PREMIUMS AND OTHER COSTS

How life insurance premiums are calculated

Insurance works by pooling together the premiums paid by customers to pay claims to those who suffer a claimable event.

We need to make sure that the premiums we collect from the customers in the pool cover the estimated claims we'll need to pay in the future.

The premiums we charge each customer reflect their risk of claiming in future and the costs we incur in providing the insurance cover. The factors which impact your premium are described further below.

Each year we'll send you an anniversary notice outlining your premium payable.

Base premium rates

For Life Cover, TPD Cover, Critical Illness Cover and Income Protection Cover, base premium rates are calculated based on the following factors:

- › your age – premiums generally increase with age as the likelihood of making a claim generally increases with age
- › your sex – the likelihood of making a claim can differ between males and females
- › whether or not you smoke – premium rates are higher for smokers due to the associated health risks
- › your occupation (based on the occupation class shown on your plan schedule) – higher premiums apply for higher risk and hazardous occupations (for TPD Cover and Income Protection Cover)
- › your health status (for Life Cover, TPD Cover and Critical Illness Cover) – certain premium categories may apply to you based on your health status
- › your selected *waiting period* and *benefit period* (for Income Protection Cover)
- › optional benefits selected – these attract an additional premium.

Our base premium rates for each age are guaranteed not to increase in the first two years following your plan commencement date.

For Child Cover, a flat base premium rate is charged based on the *sum insured*.

Premium discounts

You may be eligible for the following discounts, which are described further below:

- › *sum insured* and size discounts;
- › bundling discounts;
- › entry discounts; and
- › promotional discounts.

The benefit of these discounts will be reflected in the premium amount displayed on your plan schedule and anniversary notice.

Premium discounts are not guaranteed and may be removed or varied.

Sum insured and size discounts

The premium we charge you is calculated based on the *sum insured* you select and any increases to this *sum insured* over time including under the Indexation Benefit. Typically, the higher the *sum insured*, the more we charge, however you may be eligible for a discount when your *sum insured* reaches certain size thresholds.

Bundling discounts

You may be eligible for a discount based on the number and combination of cover types you purchase.

Entry discounts

Duration based

You may be eligible for entry discounts when starting a new plan as a result of having gone through the underwriting process (our assessment of your health, financial and occupational information). Entry discounts recognise the fact that customers who have been recently underwritten are generally less likely to claim than those underwritten years ago. As this benefit reduces over time, the entry discount will also reduce over time.

Age based

You may be eligible for an entry discount when starting a new plan based on your age at the plan commencement date. This discount applies to Life Cover, TPD Cover, Critical Illness Cover and Income Protection Cover, for the life of your plan.

Promotional discounts

From time to time we may introduce or withdraw a special program which may result in you qualifying for a discount.

Premium frequency

You have the option of paying your premiums annually or monthly.

If you pay your premium monthly, we'll apply a premium frequency loading to your premium.

The frequency loading for paying premiums monthly is 7% at the date this PDS was prepared.

Any frequency loading will be reflected in the premium amount displayed on your plan schedule.

If we change the frequency loading in future, we'll write to you to let you know at least 30 days before the change takes effect.

Underwriting loading

During the assessment of your application, we may apply a premium loading (such as a percentage on top of the standard premium rate) as a result of your state of health, family history or pastimes at that time.

This loading will be noted on your plan schedule and reflected in the premium charged.

You may apply to have this loading removed if your circumstances change and the reason we applied the loading no longer applies.

Adviser commission

We may pay your financial adviser a commission. Any amount paid is factored into the cost of your plan.

Government charges

Insurance premiums may attract state stamp duty which is levied by individual state and territory governments. The applicable rates vary depending on the cover type and your state of residence. Stamp duty rules, including rates, exemptions and calculation methods, can also change over time.

Any stamp duty charges will be reflected in the premium amount displayed on your plan schedule.

There is no GST payable on your premiums at the time this PDS was prepared.

We may pass on to you any applicable new or changed government taxes or charges. We'll write to you to let you know at least 30 days before the change takes effect.

Your premium type

All Futura Protection Cover premiums are variable age-stepped premiums. For variable age-stepped premiums, we re-calculate your premium on each plan anniversary based on your age at that anniversary.

Variable-age stepped premiums will therefore generally increase each year in line with your increase in age, as well as any increase in your *sum insured* and/or *super sum insured* as a result of the Indexation Benefit (if applicable).

Do premium rates change?

The premium you pay will change, and generally increase, each year due to one or more of the following factors:

- › regular age increases
- › an increase in your *sum insured* and/or *super sum insured* (including through the Indexation Benefit)
- › a change in any entry discount which may apply to your premium (for example, a discount which decreases over time in line with the length of time since your application was underwritten)
- › a change in any *sum insured* and size discount which may apply to your premium (for example, your *sum insured* indexes and reaches a threshold that attracts a higher discount, or you reduce your *sum insured* such that it reaches to a threshold that attracts a lower discount)
- › a change in any bundling discount (for example, you reduce the number of covers you hold which decreases or removes a bundling discount)
- › any change in the optional benefits selected
- › a change in any promotional discount
- › a change in tax, duty or charge by a state or federal government, including any change to the way in which tax, duty or charge is applied to us, such as a change in our eligibility or liability to pay the tax, duty or charge.

Base premium rates are guaranteed not to increase in the first two years following your plan commencement date.

After that, base premium rates are not guaranteed, and we may increase or decrease your base premium rates in the future. Any change to base premium rates will apply to all plans in a defined group. We won't single out an individual plan.

If we change the base premium rates, we'll write to you to let you know at least 30 days before the change takes effect. Any change will apply from your next plan anniversary.

Premium discounts are not guaranteed and may be removed or varied.

Factors impacting our decision to change premium rates

Factors which can result in changes to the premium rates include changes in:

- › claims costs for providing Futura Protection, including where the number, amount or duration of claims are higher than expected, or emerging industry experience shows an expected increase in claims costs
- › operating costs and expenses, including the cost of reinsurance, third-party providers and capital requirements
- › expected plan holder behaviour across the portfolio, including how long plan holders keep their Futura Protection cover
- › broader economic factors such as interest rates, inflation rates, employment levels and market returns
- › tax, government charges, or other mandatory charges imposed by state, territory or federal governments, including changes in how these charges are calculated or apply to us
- › laws or regulation that impact the cost or provision of insurance; and
- › any other factors that may affect our ability to continue providing cover and meeting claims under Futura Protection.

Paying your premium

The following premium frequencies and payment methods are available for plans held outside super or inside super by a SMSF.

Premium frequency	Payment methods
› Monthly	› Credit card
› Yearly	› Direct debit

For plans held by a super master trust, payments are only available via yearly rollover from another super master trust.

Premium refunds on cancellation

If you cancel your insurance cover and:

- › you pay your premium monthly - no refund will be paid for the monthly premium already paid. Your cover will end on the date your next monthly premium would have been due if your cover hadn't been cancelled; or
- › you pay your premium yearly - your insurance will end when we receive your request to cancel your insurance, and any premium paid by you for a period after that date will be refunded to you. If your cover is inside super, your refund may be required to be preserved within super.

If you stop paying your premiums

To ensure your cover continues, you must pay your premium when it's due. If you don't pay your premium within 30 days of the due date, we'll write to advise that your cover will be cancelled. If we cancel your plan, all cover will cease, and you'll be unable to make a claim for any event which occurs after the date cover stopped.

If you make a claim for an event which occurs before your cover is cancelled, we will pay any benefit amount due less any unpaid premiums.

Plan reinstatement

If your plan is cancelled for non-payment of premiums, you may apply to us within 6 months to have it reinstated.

Reinstatement is subject to our approval process and you may need to provide updated medical evidence or information about your pastimes and occupation to us. As a result of this process, we may apply new exclusions or loadings to your plan/s. Any exclusion or loading previously placed on your plan, and the periods for which they applied, may also be reinstated.

Upon approval, all outstanding premiums up to the date your plan was cancelled will need to be paid. Your cover will commence on the reinstatement date. You'll be unable to make a claim for any event which occurs between the date your cover stopped and the reinstatement date.



Taxation information

The information provided in this section relates to cover held outside superannuation. It's general in nature and based on our interpretation of the tax laws and rulings current at the date this PDS was prepared. Individual circumstances can be quite different, and the law may change, so we recommend that you speak with a taxation professional with respect to your own situation.

The table below provides a general guide on the potential tax treatment of your personal insurance where it is held under an ordinary plan outside super. For business insurance arrangements, the tax treatment may differ and professional tax advice should be obtained.

Type of cover	Tax treatment of premium	Tax treatment of benefit
Life Cover	Generally not deductible	Generally not assessable as income+
TPD Cover	Generally not deductible	Generally not assessable as income+
Critical Illness Cover	Generally not deductible	Generally not assessable as income+
Child Cover	Generally not deductible	Generally not assessable as income+
Income Protection Cover	Generally deductible	Generally treated as assessable income

+ Capital gains tax may apply if the benefit is paid to someone who is not the original owner of the plan, or it's paid to someone who is not a relative of the insured person (as defined for tax purposes).

Income Protection Cover

The premium for your Income Protection Cover will generally be deductible from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997 (Cth). Any benefit paid will generally be treated as income and taxed accordingly.

IMPORTANT INFORMATION

What we pay your financial adviser

We may pay your financial adviser a commission. Any amount paid is factored into the cost of your plan.

Your financial adviser will provide you with a Financial Services Guide and where applicable, a Statement of Advice, which will detail the benefits they receive for selling you your plan. If your financial adviser provides personal advice in connection with your plan, they must obtain your informed consent to receive any commission, in accordance with applicable laws and ASIC guidance.

No cash value

The types of cover described in this PDS don't have a surrender value or cash-in value at any point.

Risks of holding this insurance

Before applying for any form of insurance, it's important to understand the potential risks. You should consider the below risks before making your decision to purchase a Futura Protection plan.

- › The cover type, or amount of cover, may not be appropriate for your needs (you should consider the options you select carefully).
- › If you become unable to pay your premium in the future, your cover may be cancelled.
- › If you don't disclose to us every matter that you think, or could reasonably be expected to know, is relevant to our decision to provide cover to you, we may avoid your cover (treat it as if it never existed) or reduce the *sum insured* payable.
- › Should an exclusion apply to your plan, a benefit may not be paid to you.
- › Premium rates are not guaranteed, and we may increase or decrease your premium in the future, regardless of which premium type you select.
- › If some or all of your cover is held inside super, you may be unable to access the *sum insured* if you don't meet a condition of release under super law.

Complaints

If you have a complaint about our service or your privacy, please contact our Dispute Resolution Officer on **1300 407 349** or via email at **customer@futuraprotect.com.au**

Your feedback is valued. We'll acknowledge your complaint within 24 hours of receiving it and endeavour to resolve your complaint as soon as possible. If we're unable to resolve your complaint within 30 days from the date your complaint is lodged with us, we'll inform you of the reasons for the delay and ask for an extension. If you're not satisfied with the outcome of any complaint, then you can refer the matter to the Australian Financial Complaints Authority (AFCA).

AFCA is an independent body providing financial services complaint resolution free to customers. You can contact AFCA as follows:

Australian Financial Complaints Authority

GPO Box 3, Melbourne VIC 3001
Phone: 1800 931 678
Email: info@afca.org.au
Web: www.afca.org.au

Your privacy

We recognise the importance of protecting your personal information that is collected and used by us, and we will follow privacy practices and procedures to maintain your privacy and protect your information. At all times we will safeguard your personal information and that of any person insured under your plan, as required by the Privacy Act 1988.

Your consent

By applying for insurance with us, you consent to the collection, use and disclosure of your personal information in the manner set out below. If we are not provided with the required information, we will not be able to provide you with a quote for insurance, consider your application or provide you with any insurance.

Collection of personal information, including sensitive information

We only collect personal information that is needed to assist us in providing a service to you and your family. When you provide your personal information to us, you are consenting to its use in accordance with this policy. Generally, we keep a record of:

- › personal information that identifies you, such as your name, date of birth and address, your financial institution details or credit card details, your vocational and your lifestyle pursuits
- › sensitive information about you including, amongst other things, health information for the purposes of assessing applications and claims under life insurance products. We will obtain your consent before we collect sensitive information about you, unless we are otherwise permitted by law to make the collection; and
- › information from other service providers we use in the insurance application process and administration of your life insurance cover such as *medical practitioners*, pathologists, and other service providers we utilise for the purposes of assessing your insurance application and managing any claim.

We will collect personal information, including sensitive information, directly from you, or from your nominated treating doctor or other health provider. If we need to collect personal or sensitive information from third parties (such as the service providers mentioned above), we will ask for your consent to do so.

We don't ordinarily return, respond to, or store unsolicited personal information that we receive.

Use and disclosure of personal information

We will only use or disclose personal information that you provide to us for:

- › the purpose of assessing and providing your insurance cover and managing your plan, including any claims
- › another purpose which has been disclosed to you, with your consent; or
- › if we are required or authorised by law to do so.

Following your consent, your personal and sensitive information will be disclosed to our appointed service providers where this information will assist with processing your insurance application and any changes you seek to make to it. You can also request that we disclose information to another person on your behalf, including your financial adviser, solicitor, accountant, executor, administrator, trustee, guardian or attorney.

We will take reasonable steps to ensure that these third parties are also bound by our Privacy Act confidentiality and non-disclosure principles, and are prohibited from using your personal information for any other purpose than those described in our Privacy Policy. However, we will not accept responsibility for the unauthorised use of personal information by third parties.

We may also disclose your personal information to our related companies.

Marketing

We may also use your information to inform you about any other products and services offered or promoted by us. In order to do this, we may disclose your personal information on a confidential basis to such other licensed distributors that we may choose to do this through.

You may call or write to us at any time to let us know that you do not want to receive any further marketing communications from us.

Privacy Policy

Our Privacy Policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the *Australian Privacy Principles* and how we will deal with such a complaint.

You may obtain a copy of our Privacy Policy from **www.futuraprotect.com.au/privacy-policy**

GENERAL PLAN CONDITIONS

Changing the plan owner

You may apply to transfer the ownership of your plan to another person, subject to relevant law, including super law, by completing a form required by us.

Your financial adviser can provide the relevant form and help you with this process. If the plan owner changes, any beneficiary nomination you may have made will be automatically cancelled.

Notices

You can contact us on **1300 407 349** or via email at **customer@futuraprotect.com.au**. Any notice you give us under your plan will be effective from the date your call or email is received by a customer service agent. In circumstances where we require you to send us a notice in writing (including via email) we will inform you of this.

Any notice which we give you must be in writing, and will be sent to the last contact address you provided (including email address). Notices are taken to be received on the day they are sent, unless the contrary is proven.

Variations to your plan

Subject to the following and the section 'Guaranteed upgrade' on page 7, any variation made to your plan which affects your benefits must be agreed to by us and you. Any agreement by us will be made to you in writing.

However, there are circumstances when we may unilaterally vary this plan. This can occur:

- › as a result of any changes in the law or our regulatory requirements; or
- › if the variation is not prejudicial to you.

Any unilateral variation of your plan will apply to all plans in a defined group. You'll be notified in writing at least 30 days before any new condition applies.

Replacement cover

If your Futura Protection plan or cover type replaces existing cover provided by us, or another insurer, your cover with us is conditional upon the cover being cancelled and there being no claim payable under that existing cover. You should not cancel any existing cover until we accept your application and confirm your new cover is in place.

You should bear in mind that replacing an existing cover of insurance can carry some risk, including the restarting of waiting periods under the new plan, the application of new exclusions, and the possibility that a condition arising after cancellation may not be covered under the new plan.

If the existing cover is not cancelled and a claim arises under your Futura Protection plan or cover type, we will treat the portion of the new cover that corresponds to the amount of cover under the existing plan as null and void from the commencement date. Only the amount of cover under the new plan that exceeds the cover provided by the existing plan will remain in force, and premiums paid in respect of the voided portion will be refunded.

CLAIMS

Making a claim

We're here, along with your financial adviser, to support you through the claims process. If you think you're eligible to make a claim or are unsure and would like some assistance, it's important that you, or your financial adviser, contact us as soon as practicable.

To make a claim, please contact us at **www.futuraprotect.com.au** or on **1300 407 349** between 8.30am and 6.00pm (AEST/AEDT), Monday to Friday. We'll then explain the claims process and requirements, so we can get your claim underway as soon as possible.

You should notify us of a claim in a timely manner unless it is impractical to do so. If our assessment has been compromised by a delay in you notifying us of your intention to claim, your claim or benefit payment may be delayed, prevented or reduced. If we reduce your claim or benefit payment due to a delay in your claim notification, we will only do so by an amount that proportionally represents the extent to which our interests were prejudiced as a result of the delay.

Payment of premiums

An event giving rise to a claim must occur while your cover is in place. Benefit payments will only be made, start to accrue or continue to accrue when cover is in place, so it's important to continue paying your premiums while your claim is being assessed to ensure your cover is not cancelled.

Claim requirements

Claims on different types of insurance cover will require different proof or information to help us assess your entitlements. We may ask you to provide:

- › proof of identity
- › a completed claim form or phone-based statement
- › treating doctor's reports
- › medical, employment or financial information reasonably required by us to assess the claim; and
- › medical authorities, general authorities and/or Medicare/Pharmaceutical Benefits Scheme authority to allow us to collect, use and disclose your personal information (including sensitive information) with third parties such as your doctors, employer or providers we may appoint to support your recovery and the management of your claim.

Any information or authority that you or the insured person provides, and information that we obtain, may be used to:

- › assess and manage the claim; and
- › investigate any information or answers provided by you or the insured person when applying for insurance or changes in insurance to confirm whether there has been a failure to comply with the duty to take reasonable care not to make a misrepresentation or any misrepresentations have been made.

Depending on the type of claim, if we request, an insured person must fully participate in any:

- › medical examination conducted by a doctor appointed by us; and
- › examination, assessment or interview conducted by other professionals we appoint (including functional, employability or vocational assessments, psychological assessments, factual interviews or financial audits).

Any proof or information you are asked to provide is at your cost. However, if we need an examination, assessment or interview by a person we appoint, we'll pay for it.

Delays in notifying us, returning completed forms, attending examinations and interviews or providing the information we require may make it difficult for us to assess your claim and this could also impact your benefit.

If we don't accept your claim, we'll let you know our reasons, give you an opportunity to respond and advise how you can make a complaint.

Life Cover

For a claim under Life Cover, if we request it, you must also provide:

- › a certified copy of the complete death certificate
- › a certified copy of the Coroner's report (if applicable)
- › for policies without nominated beneficiaries, a certified copy of the will and probate or letters of administration; and
- › statutory declarations from any potential beneficiaries.

TPD Cover, Critical Illness Cover or Terminal Illness Benefit

For a TPD Cover, Critical Illness Cover or Terminal Illness Benefit claim, if we request it, you must also provide two treating doctor's reports completed by different doctors, one of whom is a specialist, in a form satisfactory to us.

For *medically-acquired HIV (contracted from a medical procedure or operation)*, *occupationally-acquired HIV* or *occupational-acquired hepatitis B and C* infection, please notify us as soon as you can after contracting the infection.

Income Protection

If you are *disabled*, you should tell us as soon as reasonably practicable after the beginning of the disability.

You can lodge your claim online, over the phone or we can send you a claim form to complete.

If we request it, you must also provide us with:

- › a report from your treating doctor, in a form satisfactory to us, and any other medical information we reasonably require; and
- › financial information which may include payslips, tax returns, profit and loss statements, financial statements and details of any *other payments* you are entitled to receive.

We request that you return the completed claim form, report from your treating doctor, financial information and any other information we request as soon as reasonably practicable.

We will not refuse to assess a claim but delays in providing information may impact our ability to assess your claim and may impact payment of a benefit.

During any period that you are claiming a benefit, we may require ongoing proof that you remain entitled to a benefit, including further medical, employment and financial information.

Following the advice of a medical practitioner

The following restrictions apply for all claims other than those for lump sum benefits under Life Cover, Critical Illness Cover or Child Cover.

Some claim payments will be dependent on you following the reasonable advice of a *medical practitioner*.

This includes:

- › following, and actively participating in, a recommended course of treatment and rehabilitation for any conditions for which the claim is being made
- › complying with reasonable requests for occupational therapy, retraining and accepting reasonable job modifications that would allow a return to work; and
- › actively participating in recommended return to work trials or job placements.

If you travel or reside outside Australia while receiving benefit payments, payments will only continue if, in travelling or residing outside Australia, you're following the advice of the treating *medical practitioner*. In this instance, you should advise your case manager in advance of your travel start date.

If you are outside of Australia when the event giving rise to your claim occurs, your entitlement to claim may be suspended if we're unable to appraise the medical opinion or data needed to assess your claim. As a result, you may have to return to Australia in a reasonably timely manner for medical assistance before your claim can be assessed.

Your obligation regarding disability duration and severity

In providing you your plan, we've contracted to insure you for the agreed cover set out in your plan schedule. While we've accepted the risks associated with any potential loss, you also have an obligation to mitigate your loss. You must not knowingly contribute to the severity or longevity of your disablement, or your claim may not be accepted.

We may reduce or decline to pay benefits during any period, or periods, of *total disability* or *partial disability* caused by failure to seek and follow medical advice or treatment. We'll waive this requirement if, in the opinion of the *medical practitioner* or *specialist medical practitioner* (where required), continued or future treatment would be of no benefit.

Confirmation of information provided in your application for insurance

In the assessment of your claim, we may verify the accuracy of information you provided in your application for insurance, a request to reinstate your insurance, or a request to make any other changes to the insurance. This is to confirm your entitlement to the insurance cover, re-instatement of cover, or requested change to cover.

We will let you know if additional information is required to assess your claim. This may include information of a medical, financial, vocational or other relevant nature where reasonable in the circumstances.

We may require written authorities from you, permitting third parties, (e.g., other insurers, doctors, medical practices, hospitals, other health service providers, accountants, former employers, Medicare and other relevant third parties) to provide us with information to confirm your entitlement to the insurance cover, re-instatement of cover, or other change to cover.

Fraudulent claims

If you fraudulently make a claim we may reduce or decline to pay you benefits and we may cancel your plan.

Payment of your claim

If you're legally competent to apply for a claim and your claim is approved, all benefits will be paid to you or your legal personal representative. In the event that you're judged not legally competent, we'll pay the benefits to whomever we're legally permitted to make payments.

You may nominate beneficiaries to receive the claim proceeds if a benefit is payable due to your death. We will pay your death benefit in such proportions as nominated by you. A beneficiary nomination form can be obtained at our website, or by calling us.

If the plan is owned by a trustee of a complying superannuation fund, and your claim is accepted, all benefits, unless otherwise stated, will be paid to the trustee.

We won't be liable to you for any loss you suffer (including consequential loss) caused by the fact that we're required by law to delay, block, freeze or refuse to process a transaction.

If cover is provided under Income Protection Cover, and a claim is made for a period of disability of less than one month, your benefit will be paid on a pro-rata basis. The payment will be made at a rate of 1/30th of the *monthly benefit* for each day you're *totally disabled or partially disabled*.

Misstatement of information

If your age, gender, weight, smoking status or occupation has been incorrectly provided and the premium paid is lower than required, any claim payments that are subsequently made will be reduced. If we would not have provided cover had the correct information been provided, we may make other changes to your plan, including cancelling your cover. Refer to page 14 for more information on your duty to take reasonable care.

If the premium paid is higher than required, any overpaid premiums will be refunded.

If your date of birth has been incorrectly provided and the expiry date of your plan would have been different, then we may vary your plan by changing its expiry date to the date it would have been had you provided the correct date of birth to us.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Definitions

Account means the account held at your financial institution from which we're authorised to arrange for your premium to be debited.

Agreement means the direct debit service agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that your premium payment is due to us.

Debit payment means a particular transaction where a debit is made to your account.

Direct debit request means the direct debit request you've provided to us.

Premium means the premium payable for the cover provided by your Futura Protection plan at the debit day.

We/us/our means the insurer.

You/your means the person who provided the direct debit request to us.

Your financial institution means the financial institution where you hold the account that you have authorised us to debit.

Debiting your account

By providing a direct debit request, you have authorised us to arrange for funds to be debited from your account for the purpose of paying the premium on your Futura Protection plan. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your account for payment of the premium as authorised in the direct debit request. The amount of the premium may vary from time to time. We will not notify you of this variation unless we're required to do so under the terms and conditions of your Futura Protection plan.

We will not issue a billing notification prior to debiting your account. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you're unsure about which day your account has or will be debited, you should ask your financial institution.

Changes by us

We may vary any details of this agreement or a direct debit request at any time by giving you at least 30 days written notice.

Changes by you

You may change the arrangements under a direct debit request by contacting us subject to:

- › if you wish to stop or defer a debit payment you must notify us at least seven days before the next debit day. This notice should be given to us in the first instance;
- › you may also cancel your authority with us to debit your account at any time by giving us at least seven days' notice before the next debit day. This notice should be given to us in the first instance.

You may also cancel a direct debit request by contacting your financial institution.

Your obligations

It's your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

If there are insufficient clear funds in your account to meet a debit payment:

- › you may be charged a fee and/or interest by your financial institution
- › you may also incur fees or charges imposed or incurred by us; and
- › you must arrange for the debit payment to be made by another method, or arrange for sufficient clear funds to be in your account by an agreed time, so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

If we're liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply, multiplied by the prevailing GST rate.

Disputes

If you believe that there has been an error in debiting your account, you should notify us as soon as possible so that we can resolve your query.

If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still contact your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- › with your financial institution whether direct debiting through BECS is available from your account, as direct debiting is not available on all accounts offered by financial institutions
- › your account details which you provided to us are correct by checking them against a recent account statement; and
- › with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Confidentiality

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

We will only disclose information that we have about you:

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

Notices

If you wish to notify us about anything relating to this agreement, our contact details are below. Where we're providing you with notification in writing, we'll send the notice via email.

Change of life insurer

If we cease to be the insurer of the life insurance cover provided by Futura Protection as a result of the insurance being transferred to another registered life insurer, then in order for premium payments to continue, the authorities provided to us under your direct debit request will be transferred to the new insurer without the need for your consent.

Providing instructions

Your direct debit request may be provided to us in writing, by calling us or by such other electronic means that we choose to accept from time to time.

Unless we require otherwise, instructions from you in connection with this agreement (including any change to the account to which your direct debit request applies) may be provided to us in writing, by calling us or by e-mail.

Phone: 1300 407 349
Email: customer@futuraprotect.com.au
Website: www.futuraprotect.com.au
Mail: GPO Box 239, Sydney NSW 2001
Hours: Monday to Friday 8:00am – 6:00pm (AEST/AEDT)

COMPLIMENTARY INTERIM ACCIDENT COVER

Interim Accident Cover is designed to provide you with limited cover while your application is being assessed by us.

Your Interim Accident Cover will start as soon as we receive:

- › your fully completed application form
- › a completed personal statement; and
- › a completed premium deduction authority.

Your Interim Accident Cover will cease on the earliest of:

- › 90 days after commencement of the Interim Accident Cover
- › the date your plan is issued
- › when you withdraw your application, or it's declined or deferred by us; and
- › if our request for further information is not answered within 14 days.

Please note:

- › Complimentary Interim Accident Cover does not apply where the Futura Protection cover you applied for is replacing cover on another life insurance plan that is still in force.
- › There is no cooling-off period for Complimentary Interim Accident Cover. This means you can't cancel this cover and receive a refund once it has commenced.

Life Interim Accident Cover

If you've applied for Life Cover, we'll pay the Life Interim Accident Cover benefit if you die as a direct result of an *injury (or injuries)* caused by an *accident*. To be eligible for this benefit, the *accident* that caused the *injury (or injuries)* must have occurred while you were covered by Life Interim Accident Cover, and it must have resulted in your death within 90 days of the *accident*.

TPD Interim Accident Cover

If you've applied for TPD Cover, we'll pay the TPD Interim Accident Cover benefit if, you become *totally and permanently disabled* as a direct result of an *injury (or injuries)* caused by an *accident*. To be eligible for this benefit, the *accident* that caused the *injury (or injuries)* must have occurred while you were covered by TPD Interim Accident Cover, and it must have resulted in your *total and permanent disability* within 90 days of the *accident*.

Critical Illness Interim Accident Cover

If you've applied for Critical Illness Cover, we'll pay the Critical Illness Interim Accident Cover if, you suffer a covered Critical Illness Event as a direct result of an *injury (or injuries)* caused by an *accident*. To be eligible for this benefit, the *accident* that caused the *injury (or injuries)* must have occurred while you were covered by Critical Illness Interim Accident Cover, and it must have resulted in you suffering a covered Critical Illness Event within 90 days of the *accident*. You must survive at least 14 days following the Critical Illness Event.

The Critical Illness Events covered include:

- › *major head trauma (with significant permanent neurological impairment)*
- › *paralysis (total and permanent)*
- › *blindness in both eyes (severe and irrecoverable)*
- › *loss of hearing in both ears (profound and irrecoverable, or requiring cochlear implant)*
- › *severe burns (covering at least 20% of the body's surface area)*
- › *loss of speech (total and irrecoverable); and*
- › *loss of use of limbs (total and irrecoverable).*

Income Protection Interim Accident Cover

If you've applied for Income Protection Cover, we'll pay the Income Protection Interim Accident Cover benefit if, you become *totally disabled* as a direct result of an *injury (or injuries)* caused by an *accident*. To be eligible for this benefit, the *accident* that caused the *injury (or injuries)* must have occurred while you were covered by Income Protection Interim Accident Cover, and it must have resulted in your *total disability* within 90 days of the *accident*. You must also be *totally disabled* for the *waiting period* applied for.

How much we will pay

For Life Interim Accident Cover, TPD Interim Accident Cover and Critical Illness Interim Accident Cover, the benefit payable is the lesser of:

- › the amount applied for
- › \$1,000,000; and
- › the amount that would have been approved under our underwriting and assessment guidelines.

For Income Protection Interim Accident Cover, the *monthly benefit* payable is the lesser of:

- › the amount applied for
- › \$5,000 per month; and
- › the amount that would have been approved under our underwriting and assessment guidelines.

You'll receive the Income Protection Interim Accident Cover *monthly benefit* for each month that you're *totally disabled* after the end of the *waiting period* you applied for, up to a maximum of 12 *monthly benefit* payments.

Exclusions

An Interim Accident Cover benefit will not be paid for:

- › any *illness*
- › any *accident* that first occurred prior to your application date
- › any reason that would make you ineligible for that particular cover type
- › suicide, attempted suicide or any intentional self-inflicted act
- › *injury* resulting from participation in a criminal act and/or for any period that you are incarcerated due to your participation in a criminal act
- › an act of war (whether declared or not)
- › participation in any occupation, sport or pastime that we would not normally cover on standard terms; or
- › any other exclusion that we would have applied through our usual underwriting and assessment guidelines.

Any *accident*, notice, claim or payment in relation to Interim Accident Cover, will be taken into account when assessing your application and we may decline your application on this basis.

COMPLIMENTARY INTERIM ROLLOVER COVER

Interim Rollover Cover is designed to provide you with limited cover while we are waiting for your nominated super fund to rollover monies for your premiums.

All claims will be subject to the terms and conditions of the application Futura Protection cover you applied for.

Interim Rollover Cover applies to:

- › Life Cover, TPD Cover and/or Income Protection Cover which you have applied for and which is to be paid by rollover of monies from your nominated super fund.
- › Critical Illness Cover which you have applied for when this is linked to Life Cover which is to be paid by rollover of monies from your nominated super fund.

Your Interim Rollover Cover will start as soon as we:

- › notify you that we intend to provide Futura Protection cover, including confirmation of the *sum insured* and any optional benefits and exclusions which would apply to your issued plan; and
- › have received everything we need to issue the plan for the applicable cover(s), including superannuation fund premium payment details.

Your Interim Rollover Cover ceases on the earliest of:

- › the date your plan is issued
- › when you withdraw your application; and
- › 30 days after commencement of the Interim Rollover Cover

Please note that:

- › Interim Rollover Cover does not apply where the Futura Protection cover you applied for is replacing cover on another life insurance plan that is still in force.
- › There is no cooling-off period for Interim Rollover Cover. This means you can't cancel this cover and receive a refund once it has commenced.

Life Interim Rollover Cover

If you die while covered by Life Interim Rollover Cover, we will pay the Futura Protection Life Cover benefits which would have been payable to you if your plan had been issued at the time the Interim Rollover Cover commenced, based on the *sum insured*, optional benefits and any exclusions that would apply to your issued cover. We will pay any Life Interim Rollover Cover benefits to your estate.

Total and Permanent Disability (TPD) Interim Rollover Cover

If you suffer *total and permanent disability* while covered by Total and Permanent Disability Interim Rollover Cover, we will pay the Futura Protection TPD Cover benefits which would have been payable to you if your plan had been issued at the time the Interim Rollover Cover commenced, based on the *sum insured*, optional benefits and any exclusions that would apply to your issued cover. We will pay any TPD Interim Rollover Cover benefits to the person to be insured.

Critical Illness Interim Rollover Cover

If you suffer a Critical Illness Event not marked with an * as listed in the 'Critical Illness Events' section from page 29 while covered by Critical Illness Interim Rollover Cover, we will pay the Futura Protection Critical Illness Cover benefits which would have been payable to you if your plan had been issued at the time the Interim Rollover Cover commenced, based on the *sum insured*, optional benefits and any exclusions that would apply to your issued cover. We will pay any Critical Illness Interim Rollover Cover benefits to the person to be insured.

Income Protection Interim Rollover Cover

If you suffer *total disability* or *partial disability* while covered by Income Protection Interim Rollover Cover we will pay the Futura Protection Income Protection Cover benefits which would have been payable to you if your plan had been issued at the time the Interim Rollover Cover commenced, based on the *sum insured*, optional benefits and any exclusions that would apply to your issued cover. We will pay any Income Protection Interim Rollover Cover benefits to the person to be insured.

DEFINITIONS

General definitions

Accident

Means an unexpected event where bodily *injury* is caused directly and solely by violent, external and visible means, independently of all other causes.

Activities of daily living

Means all of the following five activities:

- › Dressing – the ability to put on and take off all garments and medically-necessary braces or artificial *limbs* usually worn, and to fasten and unfasten them, without the standby assistance of another person.
- › Toileting – the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the standby assistance of another person.
- › Bathing – the ability to wash oneself either in the bath or shower or by sponge bath, without the standby assistance of another person.
- › Eating – the ability to get nourishment into the body by any means once it has been prepared and made available without the standby assistance of another person.
- › Transferring – the ability to move in and out of a chair or bed without the standby assistance of another person.

Adjustments

Has the meaning explained on page 56.

Any occupation

Means any occupation for which you're reasonably suited or capable of performing based on education, training or experience, including any education, training or experience which has been acquired through occupational rehabilitation programs, re-skilling, retraining or employment during any period *on claim*.

Any occupation does not consider the availability of suitable employment.

Australian Privacy Principles

Means the Australian Privacy Principles set out in Schedule 1 of the *Privacy Act 1988* (Cth).

Australian resident

Means a person who is an Australian or New Zealand citizen, an Australian permanent resident or holder of a temporary 482 working visa or equivalent (as approved

by the Department of Immigration and Citizenship), who is residing in Australia at the time of the application.

Benefit period

Has the meaning explained on page 57.

Business income

Has the meaning explained on page 56.

Confined to bed

Means you're hospitalised for at least three consecutive days, or a *medical practitioner* has certified that you need to be continuously confined to bed for at least three consecutive days, and the continuous care of a registered nurse is required.

Congenital condition

Means a condition present at birth as a result of either hereditary or environmental influences.

Consumer Price Index (CPI)

Means the consumer price index as defined and published by the Australian Bureau of Statistics (or any body which succeeds it), being a weighted average of the eight Australian capital cities combined, for successive 12-month periods, finishing on 30 September each year and applicable from the next calendar year.

Disability and disabled

Means *total disability* and/or *partial disability*, as the context implies.

Exposure prone procedures

Means contact by the skin with sharp surgical instruments, needles, or splinters of bone or teeth in poorly visualised or confined body sites.

Gainfully employed and gainful employment

Means to be employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Illness

Means an illness or disease.

Immediate family member

Means a spouse, child, sibling, parent, father-in-law or mother-in-law, de facto partner or person in a bona fide domestic living arrangement who is financially interdependent.

Important income producing duties

Means all the duties of your occupation that can be considered primarily essential to producing your income and which:

- › are normally required for the purposes of that occupation
- › do not include exceptional duties which are not normally required to perform the duties of that occupation; and
- › cannot be reasonably omitted, modified or substituted by you or, where applicable, your employer.

Income replacement amount

Has the meaning explained on page 55.

Injury

Means an injury to the body caused by an *accident*.

Involuntarily unemployed

Means you become unemployed due to retrenchment, redundancy or if your employer is in administration or liquidation.

Involuntarily unemployed excludes retirement, resignation, unsuccessful probation period, unpaid leave, voluntary redundancy, the end of a fixed term contract or dismissal from employment, or early completion of a project.

Key person

Means an employed person who is essential to the economic prosperity of the business in which he or she is employed.

Limb

Means an arm, leg, hand or foot, where the hand or foot starts from the wrist or ankle joint, respectively.

Medical practitioner

Means a person who is registered in Australia as a medical practitioner (or if outside Australia, has the equivalent medical qualifications and is approved by us as having such qualifications) who is not you, or an *immediate family member*, business partner, employee or employer of you or the plan owner.

Chiropractors, physiotherapists and alternative therapy providers are not regarded as medical practitioners.

Monthly benefit

Means the actual amount payable to you for each month you're entitled to receive a benefit due to being *disabled* after the *waiting period*. The monthly benefit is payable monthly in arrears. The calculation of the monthly benefit is explained on page 55.

Monthly super benefit

Means the actual amount payable to your nominated superannuation fund for each month you are entitled to receive a benefit due to being *disabled* after the *waiting period*. The monthly super benefit is payable monthly in arrears. The calculation of the monthly super benefit is explained on page 67.

Normal domestic duties

Means all the following activities, unassisted by another person:

- › Cleaning the home – the ability to carry out basic internal household chores using various tools such as a mop or vacuum cleaner.
- › Cooking meals – the ability to prepare meals using basic ingredients and normal kitchen appliances.
- › Washing laundry – the ability to do laundry by using the washing machine and being able to hang clothes on a washing line or clothes airer.
- › Shopping for groceries – the ability to physically purchase general household grocery items with either the use of a shopping basket or trolley.
- › Taking care of children (where applicable) – if you normally look after a child or children up to the age of 12 as part of your everyday activities, taking care of dependent children means the ability to care for and supervise the children, including preparation of meals, bathing, dressing and getting the children to and from school by the usual mode of transport.

Normal domestic duties do not include duties performed outside of your home for salary, reward or profit.

On claim

Means the period of time in which you are entitled to receive a benefit due to *disability*.

Other payments

Has the meaning explained on page 56.

Own occupation

Under TPD Cover, means the most recent occupation which you engaged in immediately prior to the date of your *total and permanent disability*. If you'd been working in more than one occupation immediately prior to your *total and permanent disability*, this will include all those occupations.

Under Income Protection Cover, own occupation means the occupation in which you were working immediately prior to the *illness or injury* causing *disability*, unless:

- › you were working in that occupation for less than 10 hours a week; or
- › you were not *gainfully employed* or were on sabbatical, long service, or parental leave for more than 12 months;

in which case own occupation will be *any occupation*. If you'd been working in more than one occupation that meets these criteria, own occupation will include all those occupations. Own occupation is not restricted to mean your occupation or employment with your employer at the *disability* date.

Partial disability and partially disabled

Has the meaning as explained on page 59.

Passive income

Means income such as interest, dividends from shares, net rental income, contractual royalties or annuities, proceeds from the sale of assets or other similar income.

Pre-disability income

Means your average *regular income* (expressed monthly) for the consecutive 12-month period immediately preceding the *disability* date, or for the 12 months of the latest Australian tax year immediately preceding the *disability* date if you're self-employed, except:

- › Where your *regular income* in the 12 consecutive months immediately preceding the *disability* date (or in the 12 months of the latest Australian tax year immediately preceding the *disability* date if you're self-employed) is more than 20% higher or lower than the *regular income* in the previous 12 consecutive month period (or the previous 12 month Australian tax year if you're self-employed), pre-disability income means your average *regular income* in the 24 consecutive months or two consecutive Australian tax years immediately preceding the date of your *disability*.

- › If in the 12 month period immediately preceding the *disability* date, you were not *gainfully employed*, or were on paid or unpaid employer-approved parental leave, or were on employer-approved sabbatical or long service leave (or any combination thereof) with an agreed date to return to work in the same or an equivalent role, for a period of less than 12 months, pre-disability income means your average *regular income* (expressed monthly) earned over the 12 consecutive months prior to your most recent period of unemployment of leave commencing.
- › Pre-disability income will be nil and no *monthly benefit* is payable where your average *regular income* is nil, including but not limited to where you have not been *gainfully employed* or have been on employer-approved parental leave, sabbatical or long service leave (or any combination of these) for 24 consecutive months or longer immediately preceding the *disability* date.

Pre-disability super contributions

Means the average monthly *statutory employer super contributions* paid over the same period in which your *pre-disability income* is calculated.

Regular income

If you're self-employed or a working director, means your share of the gross monthly income or share of profits generated by the business, or professional practice, less your share of the eligible business expenses necessarily incurred in generating that income.

If you're not self-employed or a working director, and are an employed person, means your gross monthly income earned by way of total remuneration package including salary, share of profits, regular overtime, commissions, regular bonus payments, salary sacrifice amounts and other fringe benefits.

In each case, regular income doesn't include:

- › *passive income*
- › amounts that are not reliably recurrent in nature, such as one-off bonuses, overtime, transaction fees or redundancy payments; or
- › *statutory employer super contributions*.

If there is a delay between the time you generate your regular income and when you receive it, we'll deem your regular income to have been received in the month in which it was generated.

For the purpose of determining your maximum *sum insured* and *pre-disability income* under Income Protection Cover, regular income will be limited to what we expect you can earn by working for no more than 50 hours per week.

Regular work hours

Means the typical weekly hours you worked, and were paid for, in the period for which your *pre-disability income* is determined. Where your claim is being assessed against your ability to perform your *own occupation*, the maximum work hours we'll consider is 50 paid hours per week. Where your claim is being assessed against your ability to perform *any occupation*, the maximum work hours we'll consider is 40 paid hours per week.

Severe cognitive impairment

Means:

- › you have suffered a total and permanent deterioration of intellectual capacity that has required you to be under continuous care and supervision by another adult person for at least six consecutive months
- › this has been measured and validated by a recognised assessment instrument such as a Mini-Mental State Examination (MMSE) with a score of 10 or less out of 30, or other appropriate tool with equivalent level of severity; and
- › at the end of the six-month period, in the reasonable opinion of an appropriate *specialist medical practitioner*, you require permanent ongoing continuous care and supervision by another adult person.

Specialist medical practitioner

Means a *medical practitioner* who practices in a specialty field and is listed on the Australian Health Practitioner Regulation Agency (AHPRA) Specialist Register.

Statutory employer super contributions

Means the actual monthly superannuation contributions paid or payable by your employer, including from your business or professional practice if you are self-employed or a working director, as required by law. This does not include voluntary superannuation contributions made by you or your employer above the minimum required by law.

For the purpose of determining your maximum *super sum insured* and *pre-disability super contributions*, statutory employer super contributions will be limited to what we expect you can earn by working for no more than 50 hours per week.

Suitable work

If you have a *benefit period* to age 65, or a *benefit period* of five years with a *waiting period* of two years, suitable work means:

- › your *own occupation* for the first 24 months of any *benefit period* in respect of which *monthly benefits* are payable; and
- › *any occupation* thereafter.

If you have a *benefit period* of two years, or a *benefit period* of five years with a *waiting period* of 13 weeks or less, suitable work means your *own occupation*.

Sum insured

Means the amount of cover you're insured for, as shown in your plan schedule.

Super sum insured

Means the amount of cover you're insured for under the Superannuation Contribution Option, as shown in your plan schedule.

Terminal illness and terminally ill

Means a *medical practitioner* who is a specialist practising in a therapeutic area related to the relevant *illness* or *injury* certifies that you suffered from an *illness*, or have incurred an *injury*, that is likely to result in your death within 24 months of certification regardless of any reasonable medical treatment that may be undertaken.

When Life Cover is structured inside super, to be considered terminally ill you must also satisfy the SIS definition of *terminal medical condition* (see below under Superannuation definitions).

Total and permanent disability and totally and permanently disabled

Any occupation TPD

If the 'any occupation' definition applies to your TPD Cover, then total and permanent disability means that as a result of *illness or injury*, you:

- › have been absent from and unable to work for three consecutive months; and
- › are disabled at the end of these three consecutive months, and in our opinion (acting reasonably) after consideration of medical and any other evidence, to such an extent that you're unlikely ever again to be able to engage in any occupation:
 - for which you're reasonably suited by education, training or experience; and
 - which is likely to generate a *regular income* of at least 25% of your average *regular income* in the 12 months prior to the claim.

OR

- › suffer:
 - *loss of independent existence (permanent and irreversible)*; or
 - *blindness in both eyes (severe and irrecoverable)*; or
 - *loss of use of limbs (total and irrecoverable)*; or
 - *loss of sight in one eye (severe and irrecoverable) and loss of use of a single limb (total and irrecoverable)*.

OR

- › have been solely performing *normal domestic duties* for more than 12 consecutive months immediately prior to the *illness or injury* that gave rise to the claim; and
- haven't been able to perform the *normal domestic duties* for three consecutive months; and
- in our opinion (acting reasonably) after consideration of medical and any other evidence, are disabled to such an extent that you are unlikely ever to be able to perform all of the *normal domestic duties* again.

Own occupation TPD

If the 'own occupation' definition applies to your TPD Cover, then total and permanent disability means that as a result of *illness or injury*, you:

- › have been absent from and unable to work in your *own occupation* for three consecutive months; and
- › are disabled at the end of these three consecutive months, and in our opinion (acting reasonably) after consideration of medical and any other evidence, to such an extent that you're unlikely ever again to be able to engage in your *own occupation*.

OR

- › suffer:
 - *loss of independent existence (permanent and irreversible)*; or
 - *blindness in both eyes (severe and irrecoverable)*; or
 - *loss of use of limbs (total and irrecoverable)*; or
 - *loss of sight in one eye (severe and irrecoverable) and loss of use of a single limb (total and irrecoverable)*.

OR

- › have been solely performing *normal domestic duties* for more than 12 consecutive months immediately prior to the *illness or injury* that gave rise to the claim; and
- haven't been able to perform the *normal domestic duties* for three consecutive months; and
- in our opinion (acting reasonably), after consideration of medical and any other evidence, are disabled to such an extent that you're unlikely ever to be able to perform all of the *normal domestic duties*.

Super TPD

If the 'super' definition applies to your TPD Cover, then total and permanent disability means that as a result of *illness or injury*, you:

- › have been absent from and unable to work for three consecutive months; and
- › are disabled at the end of these three consecutive months, and in our opinion (acting reasonably) after consideration of medical and any other evidence, to such an extent that you're unlikely ever again to be able to engage in any occupation for which you're reasonably suited by education, training or experience.

OR

- › suffer:
 - *loss of independent existence (permanent and irreversible); or*
 - *blindness in both eyes (severe and irrecoverable); or*
 - *loss of use of limbs (total and irrecoverable); or*
 - *loss of sight in one eye (severe and irrecoverable) and loss of use of a single limb (total and irrecoverable); and*
- › are disabled to such an extent that you're unlikely ever again to be able to engage in any occupation for which you're reasonably suited by education, training or experience.

OR

- › have been solely performing *normal domestic duties* for more than 12 consecutive months immediately prior to the *illness or injury* that gave rise to the claim; and
- haven't been able to perform the *normal domestic duties* for three consecutive months; and
- in our opinion (acting reasonably) after consideration of medical and any other evidence, are disabled to such an extent that you're
 - unlikely ever to be able to perform all of the *normal domestic duties* again; and
 - unlikely ever to be able to engage in any occupation ever again for which you're reasonably suited by education, training or experience.

When cover is structured through superannuation, you must also satisfy the definition of *permanent incapacity* as defined by the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS Act) or the Superannuation Industry (Supervision) Regulations 1994 (as applicable).

Totally disabled and total disability

Has the meaning explained on page 59.

Waiting period

Has the meaning explained on page 57.

Whole person function

Means, where a payment depends on the insured person meeting criteria based on the whole person function, the calculation is to be based on the current edition of the American Medical Association publication entitled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.

Work capacity

Means your capacity to work in *suitable work* expressed in hours per week as determined by our assessment (acting reasonably). In performing this assessment, we'll take into consideration:

- › available medical evidence (including the opinion of the insured person's *medical practitioner*) and other relevant evidence related to the insured person's medical condition (including information provided by the insured person); and
- › the extent to which the insured person can perform any or all of the *important income producing duties*, including at a reduced capacity, of their *own occupation or any occupation*, as applicable, without substantial risk of exacerbating their *injury or illness*.

For the purpose of the assessment of work capacity, we will not consider non-medical factors such as the availability of suitable employment.

Superannuation definitions

The following definitions reflect the conditions of release in SIS. You should be aware that if any of these definitions are changed in SIS, the corresponding definition below will be obsolete and replaced by the amended definition in SIS.

Permanent incapacity

Permanent incapacity in relation to a member of a superannuation fund means ill-health (whether physical or mental), where the trustee is reasonably satisfied that the member is unlikely, because of their ill-health, to engage in *gainful employment* for which the member is reasonably qualified by education, training or experience.

Temporary incapacity

Temporary incapacity in relation to a member of a superannuation fund who has ceased to be *gainfully employed* (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be *gainfully employed*), means ill-health (whether physical or mental) that caused the member to cease to be *gainfully employed* but does not constitute *permanent incapacity*.

Terminal medical condition

Means:

- › two *medical practitioners* have certified, jointly or separately, 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 not more than 24 months after the date of the certification
- › at least one of the *medical practitioners* is a specialist practicing in an area related to the *illness* or *injury* suffered by you; and
- › for each of the certificates, the certification period has not ended.

Critical illness definitions

Advanced diabetes (with at least two complications of specified severity)

Means a certified consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of diabetes:

- › severe diabetic retinopathy resulting in visual acuity (whether aided or unaided) and corrected of 6/36 or worse in both eyes
- › diabetic neuropathy including:
 - irreversible autonomic neuropathy resulting in postural hypotension, and/or motility problems in the gut with intractable diarrhoea; or
 - polyneuropathy leading to significant mobility problems due to sensory and/or motor deficits
- › diabetic gangrene leading to surgical intervention; or
- › severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a estimated glomerular filtration rate < 30 mL/min/1.73m² (CKD stage 4 or worse, International Chronic Kidney Disease classification).

Aortic surgery (thoracic and abdominal aorta excluding its branches)

Means surgery to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or traumatic injury to the aorta.

For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches.

Aplastic anaemia (requiring specified treatment)

Means bone marrow failure, which results in anaemia, neutropenia and thrombocytopenia requiring specified treatment, with at least one of the following:

- › blood product transfusions
- › marrow stimulating agents
- › immunosuppressive agents; or
- › bone marrow transplantation (including stem cell transplantation).

Benign brain or spinal cord tumour (resulting in irreversible neurological deficit or specified treatment)

Means a benign tumour in the brain or the spinal cord, causing an irreversible neurological deficit which results in you either:

- › suffering a permanent impairment of at least 25% of *whole person function*; or
- › being totally and permanently unable to perform any one of the *activities of daily living*; or
- › undergoing surgical removal of the tumour on the advice of a *specialist medical practitioner* in the field, such as a consultant neurologist or neurosurgeon.

The presence of the underlying tumour must be confirmed on imaging studies such as computerised tomography (CT) scan, Magnetic Resonance Imaging (MRI) or other imaging studies.

The following are not covered:

- › cysts
- › granulomas
- › pituitary neuroendocrine tumours (PitNET)
- › pituitary gland haematomas; and
- › malformations in or of the arteries or veins of the brain.

Blindness in both eyes (severe and irrecoverable)

Means the severe and irrecoverable loss of sight (whether aided or unaided) in both eyes due to *injury* or *illness* where:

- › best corrected visual acuity is 6/60 or less (this means that even with visual aids you need to be at 6 metres or less to see what someone with normal vision can see at 60 metres); or
- › visual field is reduced to 20 degrees of arc or less (normal field of vision in the horizontal plane is 180 degrees).

Any loss of sight that is reversible through treatment or visual aids, including (but not limited to) cataracts, is excluded as it would not be considered irrecoverable.

The diagnosis must be confirmed by a *specialist medical practitioner*.

Cancer (in children, excluding early stage cancers)

Means any malignant tumours diagnosed with histological or cytological confirmation and characterised by:

- › the uncontrolled growth of malignant cells; and
- › invasion and destruction of normal tissue beyond the basement membrane.

The term malignant tumour includes lymphoma (including Hodgkin's and non-Hodgkin's disease), leukaemia, multiple myeloma and malignant bone marrow disorders.

The following are not covered:

- › all tumours which are histologically described as any of the following:
 - pre-malignant
 - non-invasive (includes tumours that are classified as Tis, Cis or pTa unless stated otherwise)
 - low-grade or high-grade dysplasia; or
 - borderline or low malignant potential.
- › all *carcinoma in situ*
- › all melanoma skin cancers unless having progressed to at least TNM classification T1bN0M0
- › all non-melanoma skin cancers, including squamous cell carcinomas and basal cell carcinomas, unless the skin cancer:
 - has spread to the bone, lymph node or other distant organs; or
 - measures greater than 4cm or with erosion of the muscle, cartilage, or with peri neural invasion
- › chronic lymphocytic leukaemia unless it has progressed to Rai stage 1 or more
- › all cancers of the bladder unless they have progressed to at least TNM classification T1N0M0 (Stage 1); and
- › indolent cutaneous lymphoma confined to the skin.

Cancer (of specified criteria)

Means any malignant tumours diagnosed with histological or cytological confirmation and characterised by:

- › the uncontrolled growth of malignant cells; and
- › invasion and destruction of normal tissue beyond the basement membrane.

The term malignant tumour includes lymphoma (including Hodgkin's and non-Hodgkin's disease), leukaemia, multiple myeloma and malignant bone marrow disorders.

The following are not covered:

- › all tumours which are histologically described as any of the following:
 - pre-malignant
 - non-invasive (includes tumours that are classified as Tis, Cis or pTa unless stated otherwise)
 - low-grade or high-grade dysplasia; or
 - borderline or low malignant potential
- › all *carcinoma in situ* except the following:
 - *carcinoma in situ* of the breast which requires the removal of the entire breast
 - carcinoma of the breast which requires breast conserving surgery with either radiotherapy or chemotherapy; and
 - *carcinoma in situ* of the testicle that requires removal of the entire testicle
- › all melanoma skin cancers unless having progressed to at least TNM classification T1bN0M0
- › all non-melanoma skin cancers, including squamous cell carcinomas and basal cell carcinomas, unless the skin cancer:
 - has spread to the bone, lymph node or other distant organs; or
 - measures greater than 4cm or with erosion of the muscle, cartilage, or with peri neural invasion
- › chronic lymphocytic leukaemia unless it has progressed to Rai stage 1 or more
- › all prostatic cancers unless the prostate cancer:
 - has a Gleason score of 6 or more;
 - has progressed to at least TNM classification T1c; or
 - requires major interventional therapy including radiotherapy, chemotherapy, biological response modifiers or any other major treatment to arrest the spread of malignancy

- › all cancers of the bladder unless they have progressed to at least TNM classification T1N0M0 (Stage 1); and
- › indolent cutaneous lymphoma confined to the skin.

Carcinoma in situ

Means carcinoma in-situ (non-invasive cancer cells), defined as such in relevant agreed staging criteria such as Tis (TNM) or an equivalent staging system.

Only the following sites are covered:

- › breast (without major interventionist treatment)
- › cervix uteri (classified as adenocarcinoma in situ, High-grade Squamous Intraepithelial Lesion (HSIL) or Cervical Intraepithelial Neoplasia grade 3 (CIN3))
- › ovary (including borderline tumours)
- › fallopian tube (including borderline tumours)
- › vulva (classified as High-grade Squamous Intraepithelial Lesion (HSIL) or Vulval Intraepithelial Neoplasia grade 3 (VIN3))
- › prostate
- › penis
- › testicle
- › perineum
- › uterus
- › vagina.

Cardiomyopathy (permanent and irreversible)

Means a permanent and irreversible condition of the heart muscle with impaired ventricular function of variable aetiology (often not determined) resulting in:

- › significant physical impairment to the degree of at least Class III on the New York Heart Association classification of cardiac impairment; or
- › a persistent left ventricular ejection fraction of less than or equal to 35% despite optimal medical therapy.

Chronic kidney failure (requiring transplantation or dialysis)

Means end-stage renal failure presenting as chronic irreversible failure of both kidneys to function, resulting in renal transplantation or the permanent requirement for renal dialysis.

The definition will also be met if, despite the need for renal transplantation or permanent requirement for renal dialysis as confirmed by a *specialist medical practitioner*, you choose renal supportive care.

Chronic liver failure (resulting in permanent symptoms)

Means end-stage liver failure resulting in permanent jaundice (yellow discolouration of the skin or eyes), chronic ascites (abnormal build-up of fluid in the abdomen) and/or hepatic encephalopathy (a decline in brain function that occurs as a result of severe liver disease).

Chronic lung failure (requiring long-term oxygen therapy)

Means chronic irreversible lung disease that has progressed to an advanced stage with either a PaO₂ consistently less than 55mmHg or requiring long term oxygen therapy of at least 15 hours per day

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Coma (of specified severity and duration)

Means a prolonged state of total unconsciousness characterised by abnormal response to all external stimuli, resulting in:

- › a Glasgow Coma Score (GCS) of 6 or less; and
- › requiring mechanical ventilation for a continuous period of at least 72 hours.

No amount will be paid where Coma (of specified severity and duration) is the result of the consumption of alcohol or the use of non-prescribed drugs.

The diagnosis of coma must be made by an appropriate *specialist medical practitioner*.

Congenital blindness in both eyes (total and permanent)

Means the unequivocal diagnosis of complete and irreversible loss of sight in both eyes resulting from a *congenital condition*, whether aided or unaided, as confirmed by an ophthalmologist.

Blindness due to cataracts is excluded.

Congenital deafness in both ears (profound and permanent)

Means the unequivocal diagnosis of profound and irreversible hearing loss resulting from a *congenital condition*, whether aided or unaided, as confirmed by an appropriate *specialist medical practitioner*.

Coronary artery angioplasty

Means the actual undergoing of either angioplasty or stenting on one or more coronary arteries, to treat coronary artery disease.

Coronary artery bypass surgery

Means bypass grafting performed to correct or treat coronary artery disease.

Dementia including Alzheimer's disease (permanent and irreversible with significant cognitive impairment)

Means the unequivocal diagnosis of dementia by a *specialist medical practitioner*. The diagnosis must confirm dementia or Alzheimer's Disease resulting in significant cognitive impairment.

Significant cognitive impairment means a Mini-Mental State Examination score of 24 or less out of 30, or an equivalent level of deterioration assessed under another clinically-appropriate cognitive assessment instrument.

Diagnosed benign brain or spinal cord tumour

Means a benign tumour of the central nervous system, including:

- › brain and spinal cord tumours
- › meningiomas
- › cranial nerve tumours; and
- › pituitary neuroendocrine tumours (PitNET) treated surgically by non-transsphenoidal techniques (for example through craniotomy).

The presence of the underlying tumour must be confirmed on imaging studies such as computerised tomography (CT) scan, Magnetic Resonance Imaging (MRI) or other imaging studies.

Disseminated intravascular coagulation (pregnancy related)

Means an over-activation of the coagulation and fibrinolytic system occurs due to pregnancy, resulting in thrombosis, consumption of platelets and coagulation factors causing life threatening haemorrhage or thrombosis at multiple sites.

Down's syndrome

Means a specific genetic condition caused by an extra chromosome 21, which causes intellectual disability and characteristic physical features.

Early stage chronic lymphocytic leukaemia

Means the presence of chronic lymphocytic leukaemia diagnosed as Rai Stage 0, which is defined to be in the blood and bone marrow only.

Early stage melanoma (excluding melanoma in situ)

Means the presence of one or more malignant melanomas with TNM classification T1aN0M0. Melanoma in situ is excluded.

Early stage prostate cancer

Means the presence of a tumour confined within the prostate, which is histologically described as TNM Classification T1a or T1b or a Gleason Score of less than 6 where major medical interventionalist therapy is not required.

Eclampsia of pregnancy

Means the occurrence of new onset generalised tonic-clonic seizures or coma in a woman with pre-eclampsia (including HELLP syndrome) or gestational hypertension.

Ectopic pregnancy (occurring in the fallopian tube and requiring specified treatment)

Means a fertilised ovum has implanted outside the uterine cavity often resulting in the rupturing or haemorrhaging of a fallopian tube, which results in a laparotomy or laparoscopic surgery removing the involved fallopian tube.

Encephalitis and meningitis (resulting in significant permanent neurological deficit)

Means the unequivocal diagnosis of encephalitis or meningitis where the condition is characterised by severe inflammation of the brain or the meninges of the brain resulting in permanent neurological impairment causing:

- › a permanent impairment of at least 25% of *whole person function*; or
- › you to be totally and permanently unable to perform any one of the *activities of daily living*.

Heart attack (myocardial infarction with evidence of heart muscle damage)

Means the death of a portion of the heart muscle (acute myocardial infarction) as a result of inadequate blood supply to the relevant area. The diagnosis must be supported by the diagnostic rise and/or fall of cardiac biomarkers with at least one value above the 99th percentile of the upper reference limit and at least one of the following:

- › symptoms of acute ischaemia (inadequate blood supply to the heart muscle) consistent with acute myocardial infarction (heart attack)
- › ECG changes indicative of new ischaemia (for example new ST-T changes or new left bundle branch block [LBBB])
- › development of pathological Q waves in the ECG
- › imaging evidence (for example echocardiogram, cardiac CT, cardiac MRI or cardiac nuclear scan) of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischaemic aetiology; or
- › identification of a coronary thrombus by angiography.

Myocardial ischaemia may be due to obstructed or non-obstructed coronary arteries (for example in myocardial infarction with non-obstructive coronary arteries or "MINOCA").

If the above tests are inconclusive, other appropriate and medically recognised tests will be considered.

The following are not covered:

- › a rise in biological markers as a result of an elective percutaneous procedure (such as a coronary stent) for coronary artery disease
- › other acute coronary syndromes including, but not limited to, angina pectoris
- › other causes of increased troponin levels in non-obstructive coronary arteries including myocarditis or coronary spasm where there is no evidence of infarction; or
- › any cardiomyopathy including Takotsubo cardiomyopathy (Takotsubo Syndrome).

Heart valve replacement or repair (minimally invasive)

Means the actual undergoing of a minimally invasive procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

For the purpose of this definition 'minimally invasive procedure' includes minithoracotomy, endovascular, transcatheter or percutaneous techniques.

Hydatidiform mole

Means abnormal fertilisation which results in abnormal development and proliferation of placental tissue in the absence of normal embryonic development, confirmed by histopathological evidence.

Loss of hearing in both ears (profound and irrecoverable, or requiring cochlear implant)

Means profound and irrecoverable loss of hearing in both ears which even with amplification results in an average hearing threshold of 91dB or greater in the better ear as measured at frequencies from 500 Hz to 3000 Hz.

The definition will also be met if a *specialist medical practitioner* has recommended and/or inserted a Cochlear implant due to loss of hearing in both ears.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Loss of hearing in one ear (profound and irrecoverable, or requiring cochlear implant)

Means profound and irrecoverable loss of hearing in one ear which even with amplification results in an average hearing threshold of 91dB or greater as measured at frequencies from 500 Hz to 3000 Hz.

The definition will also be met if a *specialist medical practitioner* has recommended and/or inserted a Cochlear implant due to loss of hearing in one ear.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Loss of independent existence (permanent and irreversible)

Means severe *cognitive impairment* or permanent and irreversible inability to perform any two of the *activities of daily living*.

Loss of sight in one eye (severe and irrecoverable)

Means severe and irrecoverable loss of sight (whether aided or unaided) in an eye due to *injury* or *illness* where:

- › best corrected visual acuity is 6/60 or less (this means that even with visual aids you need to be at 6 metres or less to see what someone with normal vision can see at 60 metres); or
- › visual field is reduced to 20 degrees of arc or less (normal field of vision in the horizontal plane is 180 degrees).

Any loss of sight that is reversible through treatment or visual aids, including (but not limited to) cataracts, is excluded as it would not be considered irrecoverable.

The diagnosis must be confirmed by a *specialist medical practitioner*.

Loss of speech (total and irrecoverable)

Means the total and irrecoverable 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, due to *illness* or *injury*.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Loss of use of a single limb (total and irrecoverable)

Means the total and irrecoverable loss of use of one *limb*.

Loss of use of limbs (total and irrecoverable)

Means the total and irrecoverable loss of use of two or more *limbs*.

Major head trauma (with significant permanent neurological impairment)

Means an accidental head *injury* resulting in permanent neurological deficit, causing:

- › permanent impairment of at least 25% of *whole person function*; or
- › you to be totally and permanently unable to perform any one of the *activities of daily living*; or
- › cognitive impairment as measured by a persistent score of 17 or less on a Montreal Cognitive Assessment (MoCA) test, or an equivalent severity on another standardised cognitive assessment test.

For the purposes of this definition accidental head *injury* means a bump, blow, or jolt to the head, or penetrating head *injury*.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Major organ transplant (of specified organs from a human donor, or placement on a waiting list)

Means either the undergoing of, or upon the advice of a *specialist medical practitioner* the placement on a waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit for, the human-to-human transplant from a donor to you of;

- › bone marrow;

or one of the following organs or a permanent mechanical replacement of one of the following organs:

- › kidney
- › heart
- › lung
- › liver
- › pancreas; or
- › small bowel.

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

Medically-acquired HIV (contracted from a medical procedure or operation)

Means infection with Human Immunodeficiency Virus (HIV) as a result of an *accident* where the virus was acquired in Australia by you from one of the following medically necessary events conducted by a recognised and registered health professional:

- › a blood transfusion
- › transfusion with blood products
- › organ transplant to you
- › assisted reproductive techniques; or
- › a medical procedure or operation performed by a *medical practitioner* or dentist.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection was medically acquired.

This Critical Illness Event will not apply and no payment will be made where:

- › the infection has arisen from any other cause, including sexual activity (whether as part of normal occupational duties or otherwise) or the use of drugs not medically prescribed for you; or
- › the Australian Government has approved a treatment which renders HIV inactive and non-infectious, or results in there being little or no impact on life expectancy.

Meningococcal disease (resulting in significant permanent impairment)

Means the unequivocal diagnosis of meningococcal septicaemia resulting in:

- › a permanent impairment of at least 25% of *whole person function*; or
- › you to be totally and permanently unable to perform any one of the *activities of daily living*.

Multiple sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)

Means a disease characterised by demyelination in the brain and/or spinal cord. Multiple sclerosis must be unequivocally diagnosed by a relevant *specialist medical practitioner*. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

Neurological investigations such as Magnetic Resonance Imaging (MRI) evidence of lesions in the central nervous system, evoked visual responses, evoked auditory responses and the presence of oligo-clonal bands within cerebrospinal fluid (CSF) in accordance with the 2017 McDonald Criteria are required to confirm diagnosis.

Muscular dystrophy

Means the unequivocal diagnosis of muscular dystrophy confirmed by a relevant *specialist medical practitioner* and which causes progressive and selective degeneration and weakness of voluntary muscles.

Occupationally-acquired hepatitis B or C

Means infection with Hepatitis B or Hepatitis C as a result of an *accident* or a malicious act of another person arising out of your regular occupation.

Proof of new hepatitis B or C infection must be registered within six months of the *accident* or malicious act.

Any incident giving rise to a potential claim must:

- › have occurred after the inception of your cover
- › be reported to the relevant authority or employer
- › be reported to us with evidence substantiating the occurrence and nature of the incident; and
- › be supported by a negative Hepatitis B or Hepatitis C test conducted by a *medical professional* within seven days of the incident.

The infection must manifest itself within six months of the *accident* or malicious act.

This Critical Illness Event will not apply and no payment will be made where:

- › the infection has arisen from any other cause, including sexual activity (whether as part of normal occupational duties or otherwise) or the use of drugs not medically prescribed for you
- › the Australian Government has approved a treatment which renders Hepatitis B or Hepatitis C (as applicable) inactive and non-infectious, or results in there being little or no impact on life expectancy; or
- › you've elected not to take a vaccine that is recommended by the relevant professional governing body for use in your regular occupation and which was available prior to the *accident* which caused the infection.

Occupationally-acquired HIV

Means infection with Human Immunodeficiency Virus (HIV) as a result of an *accident* or a malicious act of another person arising out of your regular occupation.

Any incident giving rise to a potential claim must:

- › have occurred after the inception of your cover
- › be supported by a sero-negative HIV test conducted by a *medical practitioner* within seven days after the incident
- › be reported to the relevant authority or employer; and
- › be reported to us with evidence substantiating the occurrence and nature of the incident.

The infection must manifest itself as a sero-positive HIV test result within six months of the reported incident.

This Critical Illness Event will not apply and no payment will be made where:

- › the infection has arisen from any other cause, including sexual activity (whether as part of normal occupational duties or otherwise) or the use of drugs not medically prescribed for you;
- › the Australian Government has approved a treatment which renders HIV inactive and non-infectious, or results in there being little or no impact on life expectancy; or
- › you've elected not to take a vaccine that is recommended by the relevant professional governing body for use in your regular occupation and which was available prior to the *accident* which caused the infection.

Open heart surgery

Means the undergoing of open chest surgery for the surgical treatment of a cardiac defect (including heart valve defect), cardiac aneurysm or benign cardiac tumour.

Osteoporosis (before age 55 and of specified severity)

Means the unequivocal diagnosis of osteoporosis before the age of 55 that has caused at least two vertebral body fractures or a fracture in the neck of femur; and

- › with a bone mineral density reading with a T-score of less than -2.5 bone density (that is, 2.5 standard deviations below the young adult mean for bone density), measured in at least two sites by dual energy x-ray absorptiometry (DEXA); or
- › a bone mineral density reading with Z-score of -2.0 or lower.

Out of hospital cardiac arrest (excluding medical procedures)

Means a loss of cardiac output that is not associated with any medical procedure and is due to:

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

The cardiac arrest must occur outside of a hospital and be documented by:

- › electrocardiogram; or
- › where electrocardiogram evidence is not available, other medical evidence that unequivocally confirms a cardiac arrest has occurred (including ambulance or hospital medical records).

Paralysis (total and permanent)

Means the total and permanent loss of function of two or more *limbs* through *illness* or *injury* causing permanent damage to the nervous system. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.

Parkinson's disease (permanent)

Means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by a relevant *specialist medical practitioner* and as characterised by the clinical manifestation of one or more of the following:

- › rigidity (extreme stiffness or resistance with passive movement of the major joints whilst in a relaxed position)
- › tremor (involuntary trembling of the body or *limbs*); and/or
- › akinesia (loss or impairment of the power of voluntary movement)

resulting from degeneration of the nigrostriatal system.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Pneumonectomy (total)

Means the undergoing of surgery to remove an entire lung.

Progressive and debilitating motor neurone disease

Means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease by a *specialist medical practitioner*.

Prolonged intensive care

Means an *illness* or *injury* has resulted in you requiring continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

No amount will be paid where intensive care results from the consumption of alcohol or the use of nonprescribed drugs.

Pulmonary arterial hypertension (idiopathic and familial with significant permanent impairment)

Means the unequivocal diagnosis of pulmonary arterial hypertension with right ventricular enlargement (enlarged right side of the heart muscle) established by investigations including cardiac catheterisation which is either:

- › idiopathic (from a spontaneous or unknown cause); or
- › familial (inherited or genetic);

resulting in permanent physical impairment to the degree of at least Class III of the World Health Organisation Functional Classification of Pulmonary Hypertension.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Rheumatoid arthritis (failed csDMARDs)

Means the unequivocal diagnosis of rheumatoid arthritis by a rheumatologist that fails to achieve remission or sustain low disease activity for at least six months despite treatment with conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs).

Severe burns (covering at least 20% of the body's surface area)

Means tissue *injury* caused by thermal, electrical or chemical agents causing third degree full thickness or deep partial thickness burns to at least:

- › 20% of the body surface area as measured by the "Rule of Nines" or the Lund and Browder Body Surface Chart
- › 50% of both hands, requiring surgical debridement and/or grafting; or
- › 50% of the face, requiring surgical debridement and/or grafting.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Severe Crohn's disease (requiring specified treatment)

Means the unequivocal diagnosis of Crohn's disease that has failed surgical treatment and/or standard therapy and requires permanent maintenance treatment with immunosuppressive medication or biologic therapies or surgical removal of the entire colon.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Severe rheumatoid arthritis (with specified treatment)

Means the unequivocal diagnosis by a rheumatologist of severe rheumatoid arthritis that fails to achieve remission or sustain low disease activity for at least 6 months despite intensive treatment with conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) and has also failed to respond to treatment with at least one biological DMARD (bDMARD).

This excludes corticosteroids and non-steroidal anti-inflammatories.

Severe ulcerative colitis (requiring specified treatment)

Means the unequivocal diagnosis of ulcerative colitis that has failed surgical treatment and/or standard therapy and requires permanent maintenance treatment with immunosuppressive medication or biologic therapies or surgical removal of the entire colon.

The diagnosis must be confirmed by a relevant *specialist medical practitioner*.

Spina bifida myelomeningocele or meningocele (of specified severity)

Means a defective closure of the spinal column resulting in a neural tube defect with a resultant myelomeningocele or meningocele and associated neurological deficit confirmed by a *medical practitioner*.

Spina bifida occulta is excluded.

Stillbirth (after at least 20 weeks gestation)

Means fetal death in utero or during delivery, after at least 20 weeks gestation and confirmed by an appropriate *specialist medical practitioner*.

Elective pregnancy termination is excluded.

Stroke (resulting in specified neurological impairment)

Means acute focal injury of the central nervous system (brain, spinal cord, or retina) by one of the following vascular causes:

- › thrombus or clot causing cerebral infarction
- › intracerebral bleed (a focal collection of blood within the brain parenchyma or ventricular system that is not caused by trauma)
- › non-traumatic subarachnoid haemorrhage
- › cerebral venous thrombosis.

There must be both:

- › evidence on neuroimaging (CT or MRI scan) of focal ischaemic injury in a defined vascular distribution; and
- › clinical evidence of focal ischaemic injury based on neurological deficit persisting more than 24 hours and all other causes ruled out.

The following are excluded:

- › transient ischaemic attacks (TIAs)
- › neurological symptoms due to migraine

- › brain damage due to an *accident, injury, or* widespread cerebral hypoxia
- › disorders of the vestibular system
- › autoimmune or demyelinating conditions affecting the optic nerve
- › subdural and/or epidural haematoma; and
- › silent stroke (silent intracranial haemorrhage/infarct or any abnormality on imaging) that has not resulted in neurological deficit.

Subacute sclerosing panencephalitis (in children)

Means the unequivocal diagnosis of this disorder by a *specialist medical practitioner*.

Systemic lupus erythematosus (with confirmed lupus nephritis of specified severity)

Means the unequivocal diagnosis of systemic lupus erythematosus according to the American College of Rheumatology or Systemic Lupus International Collaborating Clinics Classification Criteria.

In addition, there must be evidence of lupus nephritis confirmed by:

- › renal biopsy that is grade three to six of the ISN/RPS classification of lupus nephritis; and
- › persistent proteinuria (more than 2+).

Tetralogy of fallot (requiring specified treatment)

Means a combination of four congenital heart defects including pulmonary valve stenosis, a misplaced aorta, right ventricular hypertrophy and a ventricular septal defect allowing right-ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly.

The diagnosis must be supported by an echocardiogram and invasive surgery has been performed to correct the condition.

Transposition of the great arteries (requiring specified treatment)

Means a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery arises from the left ventricle.

The diagnosis must be based on an echocardiogram and invasive surgery has been performed to correct the condition.

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.

In the event that not all coronary arteries can be corrected in a single procedure and a second procedure is required, a benefit will be payable provided the second procedure occurs no more than three months after the first.

Type 1 diabetes mellitus diagnosed after age 30

Means the diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival.



PROTECT SUPER PLAN

Product Disclosure Statement.
For Futura Protection

ISSUE DATE | 1 OCTOBER 2025



This Product Disclosure Statement (Super PDS) contains important information about the Protect Super Plan (the Plan) and acquiring life insurance through the Plan. The Plan is a life insurance only division of OneSuper ABN 43 905 581 638 RSE R1001341 (the Fund). The Trustee is Diversa Trustees Limited ABN 49 006 421 638 AFSL 235153 RSE L0000635 (the Trustee). Throughout this Super PDS, the Trustee may also be referred to as 'we', 'our' or 'us'.

You should read this Super PDS in conjunction with the Futura Protection PDS which contains detailed information about the benefits, options, conditions and limitations of the insurance referenced in this Super PDS. The insurance referred to in the Futura Protection PDS is issued by NobleOak Life Limited ABN 85 087 648 708 AFSL 247302 (the Insurer), as supplemented or replaced from time to time. The Futura Protection PDS may be obtained from the Trustee or the Insurer on request, at no charge, or it's available from your financial adviser. The Trustee is not responsible for the content of the Futura Protection PDS.

The Plan provides members with access to life insurance through superannuation. Rollovers made to the Plan are only used for the purposes of paying insurance premiums. Members do not have an accumulation account balance in the Plan and therefore there is no investment component. The Trustee has delegated administration of the Plan to Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759, trading as NEOS (the Administrator).

The Administrator is also the promoter of the Plan and administrator and promoter of the Futura Protection product (excluding assessment and administration of claims). The Insurer is the issuer of the life insurance product structured through the Plan and is responsible for Futura Protection. The Insurer is not responsible for the Plan and does not issue, underwrite, or guarantee the superannuation interests described in this Super PDS. The Trustee of the Plan is responsible for the superannuation interest described in this Super PDS.

Warning: The information in this Super PDS only provides a brief summary of the insurance offering. Full information about eligibility, cancellation, any conditions or exclusions, the level, type, actual cost (or ranges of costs) of insurance cover, or any other matter in relation to insurance cover, is provided in the Futura Protection PDS. That information should be read before deciding whether to join the Plan.

Further information about the insurance cover you can apply for under this Super PDS is in the separate Futura Protection PDS issued by the Insurer.

Applications to the Trustee for membership of the Plan must be made along with an application for insurance cover. The application for membership of the Plan and application for insurance cover can be submitted by the financial adviser acting on your behalf. You should consider both this Super PDS, and the Futura Protection PDS issued by the Insurer, before completing the application for membership of the Plan and any application for insurance cover. You agree that any instruction or authority that you give to the Trustee is a valid instruction or authority to any successor trustee of the Plan, and any trustee of a successor fund of the Plan.

The information contained in this Super PDS is general information only. Your objectives, financial situation or needs have not been taken into account. You should consider the appropriateness of the information in this Super PDS, taking into account your objectives, financial situation and needs, before acting on any information in this Super PDS. Information about tax provided in this Super PDS is a guide only and is based on our understanding of the tax laws current at the date of this Super PDS. These laws can change, so you should speak to your tax adviser regarding the tax consequences of holding insurance cover inside superannuation.

References to superannuation law in this Super PDS include the *Superannuation Industry (Supervision) Act 1993* (Cth) and associated regulations as amended from time to time. All of the information contained in this Super PDS is current at the time of preparation of this Super PDS. Information contained in this Super PDS can change from time to time. If the change is to information that's not materially adverse information, the updated information will be available at **www.futuraprotect.com.au** and **www.diversa.com.au**.

A paper copy of any updated information will be given, or an electronic copy will be made available to you, on request, without charge by contacting the Administrator (see the contact details on page 19).



ABOUT THE PLAN

The Protect Super Plan (the Plan) is a division of the OneSuper Plan (the Fund) that provides members with access to death and disablement insurance cover inside superannuation. It doesn't provide accumulation style superannuation account balances or investment returns to members.

When you apply for insurance in superannuation you become a member of the Plan, and the insurance cover is purchased through the Plan. You'll be the person covered by the insurance however the insurance is issued to the Trustee, and we hold it on your behalf.

Within this Super PDS, 'you' means the person who will become the insured person (since the owner of the plan will be the Trustee) as a member of the Plan.

This Super PDS provides important information that will help you understand the types of insurance benefits available inside the Plan and the tax treatment that may apply, your options for meeting the costs of the insurance, and the potential risks of holding insurance inside the Plan. However, you should also refer to the Futura Protection PDS for information about the insurance benefits available inside the Plan.

The key documents associated with your membership in the Plan and your insurance are outlined below:

Document	What is it?
Super PDS	This PDS, which sets out information you need to know about membership of the Plan.
Futura Protection PDS	The PDS which sets out the information you need to know about the insurance cover available.
Plan Schedule	The document which outlines the types of insurance, the amount of the insurance and premium that applies to you.
Member Benefit Statement	A document which summarises all transaction details for the financial year, as well as providing information about any material changes.

It's important to note that the Plan operates as follows:

- ▶ The Trustee accepts rollovers to pay the premiums for insurance plans held inside the Plan, subject to the terms and conditions summarised in this Super PDS. The Plan doesn't offer a superannuation savings or investments facility.
- ▶ The Trustee expects to be able to claim a tax deduction for the insurance premium it pays and, subject to its absolute discretion, it may pass this benefit on to you by reducing the amount required to pay insurance premiums.
- ▶ An insurance benefit will only be payable from the Plan if the Insurer pays a benefit because an insured event happens according to the terms of the relevant Futura Protection cover type. In this instance, the Trustee will only pay the amount it's entitled to receive from the Insurer, less any tax that must be withheld. All amounts are paid as superannuation benefits in accordance with superannuation law, including the preservation rules and applicable tax treatment.
- ▶ The Trustee will only accept your application for membership of the Plan, on or after the date of this Super PDS, if your application for insurance is accepted by the Insurer and you have provided the Trustee with your Tax File Number. Other than interim cover that may be provided by the Insurer while your insurance application is being assessed or awaiting payment for the insurance cover, your insurance cover in the Plan only commences once applicable premiums are paid from rollovers received. Membership of the Plan is subject to terms and conditions determined by the Trustee from time to time. Please refer to page 16 for further information about how we use your Tax File Number.

The Plan and Futura Protection are subject to product design and distribution obligations. You can find information about the target market for these products in the relevant Target Market Determinations (TMDs) available at www.futuraprotect.com.au/TMD.

The insurance cover available

The Plan provides you with access to various types of insurance cover from which you may select, provided you meet relevant eligibility criteria and other terms and conditions relating to the acceptance of cover (for example, entry ages and minimum and maximum sums insured).

The insurance product which provides the cover types available through the Plan is Futura Protection.

The available cover types include:

- › Life Cover – providing cover for death and terminal illness
- › Total and Permanent Disability (TPD) Cover – providing cover for total and permanent disablement; and
- › Income Protection Cover – providing cover for temporary or permanent incapacity when you're unable to work to earn an income due to sickness or injury.

The insurance benefits available from the Plan are superannuation benefits pursuant to available insurance cover.

The Insurer is the provider of insurance cover to members of the Plan. If your application for cover is accepted, the Insurer will issue an insurance plan to the Trustee and you'll be the insured person under the Plan.

The terms and conditions of the available insurance cover, including definitions, limitations and exclusions, are described in the Futura Protection PDS which is current at the date of application, as supplemented or replaced from time to time. The amount of cover you select and any special conditions the Insurer applies to your cover, will be set out in a plan schedule which will be sent to you if your application for insurance is accepted.

It's important to note that there are differences between holding insurance cover directly from the Insurer and holding insurance cover inside the Plan. These differences include:

- › When you have insurance cover inside the Plan, the Trustee is the owner of the insurance plan and holds it on your behalf as the insured person. You cannot apply for cover on the life of another person (e.g. spouse or child) via the Plan.
- › Insurance cover held in the Plan is subject to superannuation law (including preservation rules) which governs the type of insurance benefits that can be
- › provided via a superannuation fund. These rules don't apply to insurance cover obtained directly by you outside of superannuation. This means that not all types of insurance cover described in the Futura Protection PDS can be held in the Plan. For example, Critical Illness Cover is not available inside the Plan.

- › Not all the insurance features (including definitions), benefits or available options described in the Futura Protection PDS apply to insurance cover held inside the Plan. For example, TPD Cover held inside the Plan cannot be based on your permanent incapacity to perform your own occupation only.
- › The Futura Protection PDS explains which insurance benefits are not included, or are subject to additional terms, when insurance cover is held inside super. Benefits not included inside super may be accessed via a second plan owned directly by you through the 'linking' or 'splitting' structures available under Futura Protection. For more details, please refer to the Futura Protection PDS.
- › Rollovers to the Plan are used to pay the premiums.
- › The terms and conditions applicable to your insurance cover differ depending on whether you have insurance cover directly under Futura Protection or you have insurance cover inside the Plan.
- › The Trustee can generally claim a tax deduction for premiums paid to the Insurer in respect of insurance cover, including premiums paid by a partial rollover. For partial rollovers, you're not able to claim the premiums as a deduction against your income. Instead, the tax deduction received by the Trustee on premiums paid by partial rollovers will usually be passed onto you in the form of a reduced premium. Situations where this premium reduction may cease in the future are explained in the section 'Paying premiums by rollover from another superannuation fund' on page 9.
- › If you have a complaint relating to your insurance cover held inside the Plan, it must be dealt with through the Trustee's complaint handling process, not the Insurer's complaint handling process. However, the Administrator will assist with the processing of such complaints.

For further information about these differences, refer to the Futura Protection PDS available from your financial adviser, or from **www.futuraprotect.com.au** or **www.diversa.com.au**.

Applying for insurance cover

Warning:

The information in this Super PDS only provides a brief summary of the insurance offering. Full information about eligibility, cancellation, any conditions or exclusions, the level, type, actual cost (or ranges of costs) of insurance cover, or any other matter in relation to insurance cover, is provided in the Futura Protection PDS. That information should be read before deciding whether to join the Plan.

While the Trustee has determined that the insurance cover described in the Futura Protection PDS can be held inside superannuation, this doesn't mean that the Trustee considers that an insurance plan available via the Plan is suitable for your personal situation, objectives or needs, or that the performance of the Insurer or any individual plan is guaranteed. The suitability of insurance cover available to you via the Plan depends on your individual circumstances. The Trustee is unable to provide personal financial advice to you in relation to insurance cover via the Plan.

Before applying for insurance cover inside the Plan, you should carefully read the Futura Protection PDS which sets out important information including:

- › Eligibility for insurance cover. If you're not eligible for insurance cover, you'll not be able to become a member of the Plan.
- › Your duty to take reasonable care not to make a misrepresentation when completing an application for insurance cover. If you don't adhere to this duty, adjustments to your insurance benefits (including partial, and in some cases, complete loss of your insurance cover) may occur.
- › The insurance benefits provided, including when cover starts and ends, minimum and maximum sums insured and any applicable payment limits. Interim cover may apply while your application is being processed - refer to the Futura Protection PDS for more information. If you've multiple types of cover under related plans via the Plan, benefit payments under either of the related plans may reduce the benefits under the other plan.
- › The cost of cover.
- › The terms and conditions of the available benefits, including important definitions.
- › Exclusions and restrictions on the payment of those benefits.

As with any insurance provided to individuals, the Insurer may impose additional conditions, exclusions, restrictions or premium loadings (depending on your personal circumstances) as a condition of the acceptance of cover. If you agree to these additional terms, they'll be set out in a plan schedule, a copy of which will be provided to you.

You should consult with a financial adviser before applying for insurance cover and becoming a member of the Plan. Your adviser can provide you with a Statement of Advice and other disclosure documents relevant to your insurance cover, taking into account your individual objectives, financial situation and needs.

You'll only be entitled to a benefit from the Plan if your claim for an insurance benefit is accepted and paid by the Insurer (because an insured event occurred while you were covered by a Futura Protection plan) and you've satisfied a condition of release under superannuation law.

Fees and costs

The cost of insurance – premiums and premium deductions

The cost of insurance cover under a Futura Protection plan is referred to as the premium and is determined by the Insurer.

The premium will include any commission, stamp duty or other amounts, or benefits paid (or payable) to your financial adviser by the Insurer, where applicable. The Trustee deducts amounts from funds you rollover into your Plan account in order to pay the applicable premiums.

The actual cost for you will depend on the insurance cover you select, and a range of factors as explained in the Futura Protection PDS. Your financial adviser can provide you with a quotation that will set out the indicative cost of your insurance cover for the first year of the Plan. The Insurer may impose additional costs (loadings), depending on your personal circumstances, as a condition of their acceptance of your insurance cover. You'll be advised of any loadings at the time of application.

The cost of insurance cover may be adjusted for any changes to your cover during a year.

Further information about insurance costs, including amounts payable to your adviser and stamp duty, is outlined in the Futura Protection PDS.

Other fees and costs

The Trustee doesn't charge any additional fees or costs to members of the Plan for membership or for setting up insurance.

The Trustee may receive payments from the Administrator and the Insurer in connection with their role and the management of super interests associated with this product. These payments are not an additional cost to you and may vary from time to time.

The Family Law Act helps super, life insurance and other investments to be divided between parties should there be a marriage or de facto relationship breakdown. The Trustee may be obliged to provide information to other parties and manage the insurance in line with court orders. The Trustee may charge a fee for any costs they incur.

Paying for insurance inside superannuation

The Trustee doesn't accept contributions into the Plan. It only accepts a rollover of benefits from other superannuation funds for the purpose of paying insurance premiums.

Some conditions apply to the types of rollovers that can be accepted by the Trustee as explained below.

Paying premiums by rollover from another superannuation fund

You must provide a valid authority that instructs the Trustee to request from your nominated superannuation fund the amount required. You may do this by providing an Enduring Rollover Authority, which allows the Trustee to request your nominated fund to rollover benefits until you revoke the instruction.

The Trustee expects to be able to claim a tax deduction for the insurance premium it pays and, if so, it may pass this benefit on to you by reducing the amount of the rollover required to pay insurance premiums. In this instance, the rollover amount will be reduced by 15%.

For example, if the premium due (including any management fee and stamp duty) is \$1000, and the value of the tax deduction is \$150, the portion of the premium to be paid by the rollover is reduced to \$850, resulting in a 15% reduction for you. You'll be notified of the reduced amount required before the rollover request is sent to your nominated fund. Any changes to this practice will be communicated to you with advance

notice. As the provision of this reduction relies on the Trustee exercising its discretion, the Trustee may reduce or cease applying this reduction at any time in the future where the Trustee considers it appropriate to do so.

Under the administrative arrangements for the Plan, the Administrator will initiate rollovers annually, or as required (where a member consents), to the Plan on behalf of the Trustee. Both the rollover amount and the tax credit amount (if applicable), being the annual premium payable on your plan, will be paid to the Insurer.

If you cease to be a member of your nominated fund before your insurance plan anniversary date, you'll lose the benefit of the tax deduction for insurance premiums for that year (from the premium plan anniversary date).

The Trustee is unable to accept rollovers that:

- › have an untaxed element
- › contain United Kingdom (UK) transfer or New Zealand KiwiSaver transfer amounts; or
- › aren't equal to the specific amount due.

Rollovers that cannot be accepted will be returned to the transferring superannuation fund. If a rollover is returned, you'll be requested to provide alternate instructions so that the premium can be paid.

Your nominated fund may apply limits or other conditions on rollovers, such as minimum withdrawals, and may charge fees for processing your request. You should check the terms and conditions with your nominated fund and ensure there's a sufficient balance in your account to cover the rollover each year. Otherwise, your Plan cover may be cancelled due to non-payment of premiums as discussed below.

Non-payment of premiums

Rollovers must be received when the premium is due for payment. Under the administrative arrangement for the Plan, the Administrator will notify you directly of your premium obligations. If rollovers aren't received when the premium is due, your insurance cover will be cancelled after giving notice to you to allow you the opportunity to contribute the overdue premium for the Plan.

If a payment sufficient to meet the amount due is not made by the date notified, insurance cover will be cancelled and you'll cease to be a member of the Plan.

The Trustee is not responsible for ensuring your insurance cover doesn't lapse due to insufficient or late premium payments. You may have to re-apply for insurance cover if it lapses.

Insurance cover may cease in other circumstances. You should refer to the Futura Protection PDS for further information about the cessation of cover.

Cancelling or varying your insurance cover inside superannuation

Cooling-off period

You have a 30-day cooling-off period during which time you can cancel your insurance cover if you decide that it doesn't meet your needs. If you cancel your insurance cover during the cooling-off period, your membership of the Plan will also cease. You'll be entitled to a refund of the premium (including any management fee) paid to the Insurer, but it'll be subject to the tax and superannuation preservation rules imposed by the law on the Trustee. See the section over, titled 'Refunds', for more information.

If you wish to use the cooling-off period, you must not have made a claim and must notify the Administrator (in writing or by phone – see the contact details on page 19) within 30 days of the earlier of:

- › the date you receive your copy of the Plan schedule from the Administrator; and
- › the end of the 5th day after the Plan was issued, and your membership commenced.

Varying your insurance cover

After you become a member of the Plan, you can make changes to your insurance cover (such as vary the type or amount of cover) at any time. For example, you may increase the amount of your Life, TPD or Income Protection Cover; subject to the Insurer's assessment of your application, their approval, and payment of applicable premiums.

If you want to increase your cover, you'll need to complete a Futura Protection application form. Other alterations to your cover can be made with a letter or a short application form, depending on the change. For information about the documentation needed to vary your cover, contact the customer service team on 1300 407 349. Eligibility criteria and minimum and maximum insurance amounts apply. For further information, please refer to the Futura Protection PDS.

Any changes will be effective only if the Insurer accepts your application. The applicable changes will be shown in a revised plan schedule, a copy of which will be provided to you.

Cessation or reduction of cover (and membership)

Insurance cover ceases in certain circumstances, as described in the Futura Protection PDS. These circumstances include termination of the applicable insurance plan by you (by a notice provided to the Administrator), on your death or when the benefit expiry date is reached. Your insurance cover in the Plan may also cease or be reduced if you claim on cover under a non-superannuation Futura Protection insurance plan which is related or attached to your insurance policy in the Plan. There may be other circumstances when your disability benefit may also be reduced. Refer to the Futura Protection PDS for further information on the 'linking' or 'splitting' structures available, and your plan schedule.

Refunds

Rollovers received into the Plan are subject to superannuation preservation rules. In cases where a premium is refunded by the Insurer to the Trustee (for example, a part refund of a yearly premium when cover is cancelled before the next plan anniversary, or a full refund of the initial premium paid when cover is cancelled in the cooling-off period), whether or not preservation rules apply, the refund will be returned to the account which most recently initiated a rollover into

your member account, or where this is not possible, held in your member account until such time as you provide instructions to roll the funds over to another complying superannuation fund.

The amount refunded for a premium you paid by rollover will be calculated on the rollover amount received, not the higher gross premium before any reduction in the premium amount as a result of tax deductions received, and passed on, by the Trustee.

You can transfer funds out of your member account by accessing your Australian Tax Office (ATO) online account linked to your myGov account (www.mygov.com.au) or by contacting your other complying superannuation fund.

If you don't transfer your funds, they'll remain in your member account until such time as the Trustee determines that you're a lost or inactive member and it transfers your account balance to the ATO. You'll still be able to transfer these amounts to another complying superannuation fund in future through your myGov account.

No interest or fees will be applied to any funds remaining in your member account. If there is any interest earned on any funds, such as rollovers received or refunds awaiting processing, this interest on these funds will be retained in the Fund's Expense Reserve or credited to the Operational Risk Reserve.

The Expense Reserve may be used to cover fund-related expenses and to benefit the members of the Fund.

Operational Risk Reserve

The Federal Government as part of its Stronger Super reforms introduced a requirement for funds to establish and maintain an Operational Risk Reserve ('ORR') to specifically address potential losses arising from operational risks that may affect the Funds' business operations. An operational risk is the risk that a superannuation fund may suffer loss due to inadequate or failed internal processes, people and systems, or from external events. The ORR may be drawn upon to assist in compensating members or the Fund in the event of an operational risk having materialised.

Benefit payments and tax

Death, terminal illness and permanent incapacity benefits can only be paid to, or in respect of, eligible members of the Plan in the form of a lump sum payment. Income Protection Cover benefits are paid to eligible members of the Plan in the form of a regular income.

To claim a benefit, you must satisfy the Insurer's claim requirements. For information about this, refer to the Futura Protection PDS.

The Insurer will pay the insurance benefit to the Trustee as soon as the requirements in your plan have been satisfied. It's then up to the Trustee to determine that the benefit can be paid from the Plan and to who the benefit will be paid. This might be you, your legal personal representative or one or more of your dependants. In the case of death benefits, you may nominate your legal personal representative or your beneficiaries (see page 13).

Benefits paid from the Plan are treated as superannuation benefits for tax purposes. Where required, tax payable on a benefit will be withheld before an amount is paid from the Plan by, or on behalf of, the Trustee.

Financial Advice Benefit

The Financial Advice Benefit is a separate benefit offered by the Insurer, under the Futura Protection PDS, and is not part of the terms offered under this PDS.

If payable, the Financial Advice Benefit will be payable directly without the involvement of the Trustee. The benefit will not be paid to the Trustee; and the Trustee has no involvement in the benefit nor responsibility for the benefit. The Trustee states that it has no responsibility for the conduct of any financial adviser or for any financial advice, in connection with the benefit; and no responsibility for assisting anyone in connection with claiming the benefit.

Conditions of release

Conditions of release apply to the preserved component of your superannuation. Superannuation trustees are required by law to provide insurance benefits that may only be paid upon meeting a condition of release. The conditions of release that may be relevant for each type of insurance are provided below.

Document	What is it?
Life Cover	Death Terminal Medical Condition <p>A terminal medical condition exists in relation to a member of a superannuation fund at a particular time if the following circumstances exist:</p> <ul style="list-style-type: none">› two registered medical practitioners have certified, jointly or separately, that the member is suffering from an illness, or has incurred an injury, that is likely to result in death within a period (the certification period) that ends not more than 24 months after the date of the certification› at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the member; and› for each of the certificates, the certification period has not ended.
TPD Cover	Permanent Incapacity <p>Permanent incapacity in relation to a member of a superannuation fund means ill-health (whether physical or mental), where the Trustee is reasonably satisfied that the member is unlikely, because of their ill-health, to engage in gainful employment for which the member is reasonably qualified by education, training or experience.</p>
Income Protection Cover	Temporary Incapacity <p>Temporary incapacity in relation to a member of a superannuation fund who has ceased to be gainfully employed (including a member who has ceased temporarily to receive any gain or reward under a continuing arrangement for the member to be gainfully employed), means ill-health (whether physical or mental) that caused the member to cease to be gainfully employed but does not constitute permanent incapacity. A benefit can't be paid for longer than the period of temporary incapacity.</p>

There are other conditions of release allowed under superannuation law. Irrespective of the conditions of release described above, the applicable insurance definition in the Futura Protection PDS must be met for an insurance benefit to be payable.

Under superannuation law, you must satisfy a condition of release before a benefit can be paid to you. For more information about conditions of release under superannuation law, go to **www.apra.gov.au** or **www.ato.gov.au**.

Preservation age

Your preservation age is age 60.

Lump sum benefits

Lump sum benefits will not be paid until the Trustee has determined to who the benefit will be paid. If a lump sum benefit becomes payable, tax may be deducted before a benefit is paid. As the Plan doesn't offer a superannuation savings or investment facility, any insurance benefit received by the Trustee from the Insurer will not attract investment earnings for the period that it's held in the Plan.

Death benefits

The taxation of lump sum death benefits will depend on the relationship between you (the deceased member of the Plan) and the beneficiary. If the beneficiary is a dependant (as defined under taxation law) of yours, the benefit may be paid free of tax. Otherwise, the taxable component of the death benefit will generally be taxed at up to 15% plus the Medicare levy. If the benefit contains an untaxed element, then a tax of 30% plus the Medicare levy can apply (or up to 45% if the untaxed element exceeds \$1,780,000 for the 2024/25 financial year, which is subject to indexation in future years). Please refer to page 16 for information about who qualifies as a 'dependant'.

You should note that an adult child (aged 18 or more) is not a dependant for taxation purposes, unless they're financially dependent, or in an interdependency relationship, with you as defined in superannuation law.

Permanent incapacity benefits

The taxation of lump sum benefits that qualify as a permanent incapacity benefit depends on your age and other circumstances. If you're 60 or more, the benefit is tax-free unless the benefit includes an untaxed element.

If you're under 60, any tax-free component can be received free of tax and the balance of the benefit may be taxable, depending on whether or not you've reached your preservation age.

If you're at or above your preservation age but under 60, the taxable component up to the low rate cap amount (\$245,000 for the 2024/25 financial year, which is subject to indexation in future years) is received tax-free. The taxable component above the low rate cap amount will be taxed at a maximum rate of 15% plus the Medicare levy. If you're under your preservation age, the taxable component of the benefit will be taxed at a maximum of 20% plus the Medicare levy.

Terminal illness benefits

Terminal illness benefits that qualify as the payment of a benefit to the insured person with a terminal medical condition (requiring the Trustee to be satisfied that you're suffering a terminal medical condition as defined in superannuation law) are tax-free.

Income protection benefits

The benefits paid under Income Protection Cover (in the form of regular income payments that qualify as temporary incapacity benefits under superannuation law) must be included in your tax return and will be taxed at your marginal income tax rate.

Death benefit nominations

In the event of your death, benefits will be paid to one or more of your dependants, to your legal personal representative or otherwise in accordance with superannuation law.

Unless a valid binding nomination is in place, any beneficiary nomination you make will be considered by the Trustee, but the Trustee will determine, in its complete discretion, to whom the benefit will be paid.

Binding nominations

You have the option of making a binding death benefit nomination. In this case, the Trustee must pay the death benefit in accordance with your nomination, as long as the person that you've nominated to receive the benefit (or a share of the benefit) is eligible to receive it at the date of your death and the nomination is valid. If anyone you nominate is not entitled to receive a share of your benefit, the Trustee may distribute that person's share according to the Trustee's discretion.

Each binding nomination remains valid for only three years. If you choose this option, it's your responsibility to renew your nomination and advise the Trustee of appropriate changes.

Under superannuation law, you may only nominate a person who qualifies as a dependant for superannuation purposes or your legal personal representative.

The Trustee is only bound by a nomination if:

- › it's made in writing and signed by you in the presence of two witnesses who are over 18 years of age and not named as beneficiaries in your nomination
- › it clearly identifies the proportions in which the death benefit is to be allocated between nominated beneficiaries and your legal personal representative, if you have more than one beneficiary; and
- › it complies with any other form and content requirements of the Trustee from time to time.

To change or replace a nomination, you must complete and return another death benefit nomination form.

The death benefit nomination form is available at **www.futuraprotect.com.au** or by calling the customer service team on 1300 407 349.

The validity and effectiveness of any nomination is determined by the Trustee at the date of death.

Definition of a dependent

Under superannuation law, a dependant includes:

- › your current spouse (including de facto spouse) of either gender
- › your children of any age (including adopted children, stepchildren and your spouse's children)
- › someone who is financially dependent on you; or
- › someone with whom you have an 'interdependency relationship'.

Under superannuation law, two people have an 'interdependency relationship' if:

- › they have a close personal relationship
- › they live together
- › one or each of them provides the other with financial support; and
- › one or each of them provides the other with:
 - domestic support and personal care, but not if one of them provides domestic support and personal care to the other under an employment contract, a contract for services or on behalf of another person or organisation such as a government agency, a body corporate or a benevolent or charitable organisation; or
 - support or care of a type and quality normally provided in a close personal relationship, rather than by a mere friend or flatmate.

Two people also have an 'interdependency relationship' if they've a close personal relationship, but they don't meet the other requirements of interdependency because:

- › either or both of them suffer from a disability including a physical, intellectual or psychiatric disability; or
- › they're temporarily living apart.

Please note, children aged 18 or more are not considered to be dependants for taxation purposes unless they satisfy the definition of dependant in the superannuation law in some other way (for example, they're considered to be 'financial dependents').

Depending on who you nominate, there may be different taxation consequences. You should obtain taxation advice about this, having regard to your personal circumstances.

Definition of a legal personal representative

Your legal personal representative, for the purpose of any distribution of death benefits, usually means the executor of the will or administrator of the estate of a deceased person.

Risks of holding insurance inside superannuation

There are risks you should consider before deciding to hold insurance inside superannuation, including:

- › In addition to the terms and conditions of the applicable insurance plan which govern the grant of insurance cover, and payment of benefits, by the Insurer to the Trustee, insurance benefits inside superannuation are also subject to superannuation law and the Trust Deed of the Fund. In relation to the insurance benefits provided by the Trustee from the Plan, if there's any inconsistency between the applicable insurance plan and the Trust Deed, the Trust Deed prevails. Superannuation law will prevail over both the Trust Deed and the insurance plan, to the extent of any inconsistency.
- › A benefit paid from the Plan is a superannuation benefit for tax purposes. Depending on your tax circumstances, it may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation.
- › Limits apply to the amount you can contribute to superannuation each year. Any contributions you make to superannuation to fund the rollover of premiums associated with insurance in the Plan will reduce the amount you may be able to contribute to superannuation for retirement savings purposes.
- › Premiums for insurance cover will reduce your retirement savings so that you may have less available to you on retirement than otherwise may have been the case.
- › Taxation or superannuation law may change in the future, therefore altering the suitability of holding insurance cover in superannuation.

In addition to the risks associated with purchasing insurance inside superannuation, there are other risks associated with purchasing and holding insurance. Refer to the Futura Protection PDS for more information.

Your financial adviser and how to apply

This superannuation product (including the insurance cover available through this product) is available through financial advisers, referred to in this Super PDS as 'your financial adviser'.

Your financial adviser may act as your agent and lodge on your behalf an application for membership of the Plan and your application for insurance cover. If your application is accepted, the Insurer may pay your financial adviser a commission for selling the insurance cover to you. You can obtain details from your financial adviser of any commission paid. The commission is paid by the Insurer out of insurance premiums it receives from the Plan. Commissions are not paid by the Trustee.

When your financial adviser lodges an application on your behalf, they're required to confirm that they have authorisation to act as your agent. It's your responsibility to ensure that the information provided to the Administrator, the Insurer and the Trustee by your financial adviser is accurate and complete. The Trustee and the Insurer will rely on the accuracy of the information provided via any online application as if a paper application was signed and submitted by you.

Applications for membership of the Plan can only be accepted after the insurance cover application has been accepted by the Insurer. In accepting your application, the Trustee and the Insurer will rely on declarations and authorisations made by you, either directly or via your financial adviser, relating to the following matters:

- › You've appointed your financial adviser to act on your behalf in relation to your application and, if you choose to submit an online application, you've appointed your financial adviser to complete and lodge an application as your agent.
- › You've received this Super PDS and the Futura Protection PDS.
- › You confirm the information supplied in connection with the application is true and correct and no information material to the application has been withheld.
- › You authorise the rollover collection of premiums from the account designated in the application.
- › You have read the privacy statement provided on the next page.

Tax file number collection

Collection, use and disclosure of tax file numbers (TFNs) by superannuation funds is authorised under the Superannuation Industry (Supervision) Act 1993 (Cth). The Trustee will only use your TFN for purposes authorised by law. The purposes may change in the future as a result of legislative change. The purposes currently authorised include:

- › taxing benefit payments at lower rates than may otherwise apply
- › passing your TFN to the Australian Taxation Office
- › allowing the Trustee to provide your TFN to another superannuation provider if your benefit is being transferred to that provider. However, the Trustee will not do so if you advise in writing that you don't want it to be passed on; and
- › locating accounts in the Fund or, with your consent, consolidating certain accounts within the superannuation environment.

Declining to quote your TFN is not an offence; however, if you don't provide your TFN:

- › the Trustee cannot accept contributions made by you or someone on your behalf (other than your employer)
- › certain concessional contributions and other amounts may be subject to an additional no-TFN tax
- › you may pay more tax on your superannuation benefits than you have to; and
- › it may be more difficult to find your superannuation benefits if you lose contact with your superannuation fund.

As a consequence, the Trustee has determined that it will not accept your application for membership of the Plan until you provide your TFN.

Trustee privacy statement

This privacy statement relates to the collection, use, storage and disclosure of personal information about you in all communications with the Trustee.

Please view our full Privacy Policy online at **www.diversa.com.au/privacy** which sets out our full obligations regarding the handling of your personal information.

The Trustee only collects information from you that's necessary to admit you as a member of the Fund and to administer your Fund membership. By this, we mean creating and managing your account, and providing you with information about other products or services that may be available to you.

If the Trustee is unable to obtain the personal information it needs about you, the Trustee may be unable to process your application for membership of the Fund or to properly administer your Fund membership. The Trustee has engaged professional service providers to provide financial, administrative, insurance and other services in connection with the operation of the Fund, including the Insurer and the Administrator. These third parties are authorised, under the strictest confidence, to only use your personal information to admit you as a member of the Fund, or to administer your Fund membership in accordance with the requirements of the privacy law.

The Trustee may also disclose your personal information when required by law (for example, to a law enforcement agency, or to another superannuation fund from or to which your benefits are being transferred). Your financial adviser may be given read-only access to your personal information, if you have consented to this. You may notify us at anytime if you'd like to withdraw your consent to your personal information being disclosed for that purpose. Any other use or disclosure of your personal information to a service provider, body or agency will be subject to the terms of our Privacy Policy.

Access to your personal information

Under privacy laws, you're entitled to request access to personal information held by the Trustee about you and to ask the Trustee to correct this information when you believe it's incorrect or out of date. No fee will be charged for an access request. You may be charged for the reasonable expenses incurred in giving you any information you have requested (e.g. searching and photocopying costs). To access personal information held about you, or to obtain more information about your rights or our Privacy Policy, please contact:

Member Services

Diversa Trustees Limited

Post: Level 17, IBM Tower, 60 City Road, Southbank
Victoria 3006

Phone: 03 9097 2800

Supporting identification documents

As a result of the Trustee's obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) (Cth) and the Australian Sanctions laws, you may be required to provide proof of identity prior to being able to access your benefits in cash (called 'customer identification and verification' requirements).

These requirements may also be applied by the Trustee from time to time in relation to the administration of your superannuation benefits as required or considered appropriate under the Government's legislation. You'll be notified of any requirements when applicable.

If you don't comply with these requirements the Trustee may decide to delay or refuse any request to process any transaction, freeze accounts or restrict access to funds (where permissible under any applicable legislation), if the Trustee is concerned that the request or transaction may breach any obligation they have under the AML/CTF Act, or cause them to commit or participate in an offence, under any law. The Trustee will incur no liability to you if they do so.

Who to contact

In the first instance, enquiries should be directed to:

General enquiries

Customer Service

Protect Super Plan

Mail: GPO Box 239, Sydney NSW 2001

Phone: 1300 407 349

Email: customer@futuraprotect.com.au

Website: www.futuraprotect.com.au

Claims

Claims

Protect Super Plan

Mail: GPO Box 239, Sydney NSW 2001

Phone: 1300 407 349

Email: claims@futuraprotect.com.au

Website: www.futuraprotect.com.au

What to do if you have a complaint

Superannuation law requires the Trustee to take all reasonable steps to ensure that complaints are properly considered and dealt with within 45 days, unless the complaint is about death benefit distributions, in which case it is 90 days. If you have a complaint, please contact:

Complaints Officer
Protect Super Plan
Mail: GPO Box 239, Sydney NSW 2001
Phone: 1300 407 349
Email: customer@futuraprotect.com.au
Website: www.futuraprotect.com.au

We will acknowledge your complaint within 24 hours of receipt and aim to resolve your complaint as soon as possible. If you're not satisfied with our response, or we don't respond within 45 days, you may wish to refer the matter to the Australian Financial Complaints Authority (AFCA), an independent financial services disputes resolution scheme that is free for customers:

Australian Financial Complaints Authority
Mail: GPO Box 3, Melbourne, VIC 3001
Phone: 1800 931 678
Website: www.afca.org.au

To find out more about Futura Protection, please visit our website at www.futuraprotect.com.au

For assistance, please contact us on the below details:

Customer service

Phone: 1300 407 349
Email: customer@futuraprotect.com.au

Claims

Phone: 1300 407 349
Email: claims@futuraprotect.com.au

This Product Disclosure Statement is issued by Diversa Trustees Limited ABN 49 006 421 638 AFSL 235153 RSE L0000635 (Diversa, the Trustee) as trustee of the Protect Super Plan (the Plan), a life insurance only division of OneSuper ABN 43 905 581 638 RSE R1001341 (the Fund). NobleOak Life Limited ABN 85 087 648 708 AFSL 247302 (NobleOak, the Insurer) is the issuer of the insurance plans to the Trustee for the benefits provided from the Plan. NEOS is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS provides superannuation promoter services and administration services in relation to the Plan on behalf of Diversa and insurance administration services (excluding assessment and administration of claims) in relation to Futura Protection on behalf of NobleOak.



To find out more about Futura Protection, please visit our website at: www.futuraprotect.com.au

For assistance, please contact us on the below details:

Customer service

Phone: 1300 407 349

Email: customer@futuraprotect.com.au

Claims

Phone: 1300 407 349

Email: claims@futuraprotect.com.au

