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IOOF Portfolio Service **Personal Superannuation**

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Insurance Application Booklet

1 July 2013

Issuer: IOOF Investment Management Limited (ABN 53 006 695 021, AFS Licence No. 230524),
as Trustee of the IOOF Portfolio Service Superannuation Fund (ABN 70 815 369 818)

This Booklet has been prepared and issued by IOOF Investment Management Limited (IIML) ABN 53 006 695 021, AFS Licence No. 230524. IIML is the Trustee of the IOOF Portfolio Service Superannuation Fund (Fund), ABN 70 815 369 818. The following products are superannuation products forming part of the Fund:

IOOF Portfolio Service Personal Superannuation,

IOOF Portfolio Service Wholesale Personal Superannuation

IOOF LifeTrack Personal Superannuation

Financial Partnership Portfolio Service Personal Superannuation

IOOF Pursuit Core Personal Superannuation.

About the Trustee

- IIML is a part of the IOOF group comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF group).
- As Trustee, IIML is responsible for operating the Fund honestly and in the best interests of members.

IIML is solely responsible for the content of this Booklet. This Booklet was prepared by IIML based on its interpretation of the relevant legislation as at the date of issue. The terms 'our', 'we', 'us' and 'Trustee' in this Booklet refer to IIML.

Insurer

Insurance cover available is provided by TAL Life Limited (TAL) ABN 70 050 109 450 AFS Licence No 237848 or another insurance provider approved by the Trustee (the Insurer/s).

General advice warning

The information contained in this Booklet:

- does not and is not intended to contain any recommendations, statements of opinion or advice
- is of a general nature only and does not take into account your individual objectives, financial situation or needs.

You should consider the appropriateness of this information having regard to your objectives, financial situation and needs and you may want to seek advice before making a decision about purchasing insurance through super.

Insurance terms and conditions

The information outlined in this Booklet is subject to the Insurer continuing to offer insurance under the terms and conditions contained in the relevant insurance policies. You'll be informed if the terms and conditions change.

The Insurer may accept or reject any request for insurance or impose different terms and conditions based on their assessment of a member's health, occupation and pastimes. All insurance is subject to written acceptance by the Trustee and the Insurer.

The Trustee and the Insurer will assess all claims based on their criteria and in accordance with the terms and conditions of the relevant Policy document. The Trustee is only liable to pay (if the Trust Deed and super law permits) the insured component of a benefit upon acceptance of the claim by the Insurer and on receipt of the proceeds from the Insurer.

Please note that while every effort has been made to ensure that the information contained in this Booklet is accurate, the terms and conditions of the Policy document issued by the Insurer to the Trustee will prevail to the extent that they are inconsistent with the information contained in this Booklet.

If you want to purchase insurance cover (or vary your existing cover) through your personal superannuation (super), this Booklet contains detailed information to help you make your decision.

This Booklet contains important information including the definitions, exclusions and limitations to any cover you may decide to purchase through your personal super. It is a summary of the main terms and conditions of the Policy we have with the Insurer. We recommend that you read this entire Booklet.

The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in this insurance Booklet.

About the Trustee

Insurer

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Insurance terms and conditions

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Key words

There may be words in this Booklet you may not be familiar with. To help you understand these terms we have defined them in Section 7 and they are capitalised throughout the document.

Section 1 – Insurance coverage – choose what is right for you

Everyone's lifestyle is different. Only you truly understand the effect your death, disablement or inability to work would have on you and your family.

The right insurance cover can provide you with the peace of mind that you or your family will be able to financially survive an unexpected death, illness or injury.

If you are unable to earn an income, the right insurance cover could help you meet repayments and not lose any car, home and other assets you may already have. Underinsurance remains a significant issue in the Australian market¹. Many individuals and families experience severe financial hardship following an unexpected death, illness or injury – an added burden at an already difficult time.

Arranging insurance through your super can be a tax-effective way to protect your family and lifestyle, as the premiums are paid from your super account and can be funded by pre-tax dollars.

Death and Total and Permanent Disablement (TPD) cover provides a lump sum benefit whereas Income Protection (often called income replacement or salary continuance cover) provides a regular monthly benefit for the insured period while you are off work due to illness or injury.

Important note

If you had insurance cover in place as a member of an Employer Fund in the Fund and you have left that employer, the amount of that cover does not change provided you remain eligible for cover and continue to be an eligible member of the Fund. However, the premium you are charged following your transfer to personal superannuation is the personal insurance premium rates applicable for a smoker (unless you have provided a non-smoker's declaration) for the same occupational rating as applied to you in the Employer Fund.

How to apply

The first step is to read this Booklet carefully as it provides a comprehensive explanation of the features and benefits available. You need to understand the costs involved, any exclusions or limitations and when a claim may be payable.

To apply for insurance you have to complete an insurance application and submit it to us. Your financial adviser may be authorised to use Portfolio Online to complete an online insurance application on your behalf. You need to be open and honest, providing as much detail as possible when completing an application. This is called your duty of disclosure. If you fail to mention something relevant and you end up making a claim, the Insurer may decline your claim or amend any benefit payable. For full information on your duty of disclosure, see the 'Information you must provide – your duty of disclosure' section in this Booklet.

The application for insurance asks questions about your health and medical history, occupation, pursuits, pastimes and other details the Insurer needs to assess an application.

In some cases, further information may be required, for example, a medical examination, blood tests or more detailed financial information.

Once the Insurer receives your application, they may ask us to contact you for further details, to provide medical records or to even take a few tests.

We will notify you when your application has been accepted by the Insurer.

¹ "Rice Warner Actuaries calculate that the fact that over 95 per cent of families do not have adequate insurance means Australia is underinsured by \$1.37 trillion" Lifewise/NATSEM Underinsurance report Feb 2010 (page 5).

What will the premiums be?

Premiums are the monthly cost that you'll have to pay out of your super account to have cover. The insurance premiums you pay may differ depending on factors such as:

- your age and gender
- the type and amount of cover you choose
- your occupation and leisure activities
- your health and medical history
- whether or not you smoke.

To help you estimate how much you are likely to pay for the amount of insurance cover you want, you should talk to your financial adviser or call our client services team.

Your insurance premium is reviewed and recalculated each year on 1 July to take into account changes in your age. The new premium will be shown on your Annual Statement.

Who provides the insurance?

Although you're applying for insurance as an individual, you do not actually own the Policy. You are covered under a group Policy issued by the Insurer and owned by the Trustee. If you need to make a claim, then you need to contact us. We cannot pay you an insured benefit until it has been paid to us by the Insurer.

What are the main insured benefits available?

Type of insurance	Description	Maximum cover available
Death	Death cover provides your family with financial security in the event of your death. If you die, your insured benefit may be paid to your dependants or estate in addition to your super account balance.	There's no limit to the amount of Death Benefit that you can apply for.
Total & Permanent Disablement (TPD)	TPD cover provides you and your family with financial security in the event you become totally and permanently disabled. If this happens, your insured benefit may be paid to you, in addition to your super account balance.	The maximum TPD Benefit available is \$5 million.
Income Protection	Income Protection cover provides you with a regular monthly income if you become Totally Disabled because of Illness or Injury and are unable to work and earn your income. You can choose a Benefit Payment Period of two or five years or to age 65 after a 30, 60 or 90 day Waiting Period.	The maximum amount of Income Protection insurance you can apply for is 75% of your Declared Earned Income (plus up to 10% of your Declared Earned Income as Superannuation Contributions Benefit) not exceeding \$30,000 per month.

Section 2 – Details of the insurance available

This section provides you with details of the types of cover available, the eligibility requirements as well as how to go about applying for cover. It also provides you with information about your duty of disclosure and when your cover commences.

What insurance can you purchase?

Death cover

Death cover provides your family with financial security in the event of your death or if you become terminally ill. In the event of your death or Terminal Illness, your insured benefit may be payable as a lump sum in addition to your super account balance.

There's no limit to the amount of Death cover that you can apply for, however, the maximum amount of Terminal Illness Benefit will be restricted to \$5 million (refer to Section 5 under the heading 'Lump sum insured benefits available' for more information). The higher the level of cover you choose, the higher the annual premiums you will pay.

To be eligible for Death cover you must be within the eligible age range, which is from age 16 (next birthday) to age 70 (next birthday).

Death & TPD cover

For an additional cost, you can add TPD cover to your Death cover, which provides a lump sum benefit should you become totally and permanently disabled. In some circumstances, depending on which definition of TPD applies, you may not receive your TPD Benefit at the time of claim, instead your TPD Benefit may be paid into your super account. Keep in mind that you will only be able to access this benefit if you meet a condition of release for super law purposes.

You can apply for TPD cover of up to \$5 million. The higher the level of cover you choose, the higher the annual premiums you will pay.

To be eligible for TPD cover you must be within the eligible age range, which is from age 16 (next birthday) to age 70 (next birthday).

Income Protection cover

Income Protection cover provides you with a regular monthly payment if you become Totally Disabled because of Illness or Injury.

To be eligible to apply for Income Protection cover you must be within the eligible age range, which is from age 16 (next birthday) to age 65 (next birthday) and working at least 15 Hours Per Week. Income Protection is not available for non-working members.

Depending on your agreed level of cover, Income Protection cover can provide you with a benefit payment of up to 75 per cent of your Declared Earned Income with:

- a 30, 60 or 90 day Waiting Period
- a Benefit Payment Period of two or five years or to age 65
- a Superannuation Contributions Benefit of up to 10 per cent of your Declared Earned Income.

Information you must provide – your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* to disclose to the Trustee and the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer or Trustee before you apply:

- to vary your existing insurance cover
- for new cover
- for any lapsed cover to be reinstated.

Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer
- is common knowledge
- the Insurer knows or, in the ordinary course of their business, ought to know
- the Insurer has waived.

Your duty of disclosure continues until the insurance cover has been accepted by the Insurer and confirmation is issued to the Trustee.

If you do not, or the Trustee on your behalf does not, disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it.

If the Insurer is entitled to avoid insurance cover, it may elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you, or the Trustee on your behalf, had disclosed all relevant matters to the Insurer.

If your non-disclosure, or the Trustee's non-disclosure on your behalf, is fraudulent, the Insurer may avoid your cover at any time.

Treatment of certain occupations

Hazardous Occupations

There are certain occupations considered by the Insurer to be hazardous or uninsurable. If you are working in such an occupation at the time you apply for cover or an increase in cover you may not be accepted for Income Protection cover or may have a modified definition for TPD cover.

Once you have been accepted for cover, if you subsequently change employment to a hazardous occupation, your cover will remain in place provided you remain an eligible member of the Fund.

Hazardous Occupations include unskilled workers, those involved in hazardous or very heavy manual work and/or specific occupations such as professional divers, fishermen, labourers, truck drivers, factory workers involved in highly repetitive unskilled duties, mining groups or drilling, exploration and explosive related industries, as well as any underground/underwater workers, forestry workers, workers at heights including riggers, scaffolders, roof workers, antenna erectors, seasonal workers/industries like fruit picking, prison services, firemen, police, ambulance drivers, paramedics, professional sportspeople or entertainers and pilots and crew of commercial airlines.

Casual and contract workers

Casual and contract workers are eligible for Death cover, Death & TPD cover and Income Protection cover. For Income Protection cover, you need to be working at least 15 Hours Per Week at the time cover commences. However, when you make a claim, a different definition of TPD and Total Disability will apply where your hours of work fall below 15 Hours Per Week (see the definitions in Section 5 – General information for more information).

Our responsibility

We do not guarantee the payment of an insured benefit or the performance of the Insurer. Any insurance benefit received by us from the Insurer is credited to your Cash Account. It will only be paid to you in accordance with the Trust Deed of the Fund and relevant super law requirements.

Privacy and complaints resolution

It's important to read the complaint resolution process in this document. Please take note of the privacy policy on our website (www.ioof.com.au/privacy) and the privacy statement which forms part of the insurance application procedure.

Application process

All applications for insurance are subject to acceptance by the Insurer. The Insurer may impose special conditions of acceptance including exclusions and/or an increase in the premium payable for the cover to be provided. It will be your decision then if you still want to go ahead with the insurance.

Interim Accident cover applies for up to 90 days from the date that your application is received by us while your application for insurance is being processed.

When does cover commence?

If your application is accepted by the Insurer, we will notify you in writing of the date your insurance cover commenced, premium and other details of your insurance. We will also notify you in the event that your application for insurance is rejected.

Section 3 – How to make changes to your insurance cover

How to increase your cover

You can use the insurance application to apply to:

- add further insurance– for instance, you may have Death cover and would like Death & TPD cover
- increase your current level of cover
- make any changes to your insurance cover.

How to cancel or reduce your cover

If you no longer want part or all of your insurance cover, you need to advise us. This request needs to be signed and dated and must specify which cover you want to cancel or the amount by which you want it reduced. Your insurance cover will be reduced or cancelled from the date on which we receive your request. Premiums cannot be refunded once they are deducted from your account.

How to re-apply for cover

You cannot restart your insurance at any time. You must re-apply and meet the eligibility conditions. Your application will then be assessed by the Insurer. As a result of this assessment, you may not receive the same level of cover or pay the same premium as you previously paid under the cancelled or lapsed cover.

The Insurer will reinstate any Income Protection cover you previously held without the need for Underwriting provided you return to gainful employment, at any time within 12 months after your employment ceased.

Section 4 – How much is your insurance cover going to cost?

Estimating insurance premiums

There are a number of factors which affect the calculation of your premium. Your financial adviser can assist you to calculate an approximate premium. A copy of the premium rates is available on our website.

Factors affecting your insurance premium

It's important to be aware of the various factors that may impact the premiums payable for your insurance cover. These include:

- type of cover you choose (Death, Death & TPD, Income Protection)
- level of cover (Sum Insured etc)
- occupation
- age
- gender
- state of health
- sporting/recreational activities
- financial adviser remuneration
- stamp duty.

Level of cover

The amount of cover you choose will affect the premium you pay. As the amount of insured benefit you select increases so does the premium (for example \$500,000 of Death cover has a higher premium than \$100,000 of Death cover).

Occupation

Your premium rate may also depend on your occupational classification. The following table is intended as a guide to how some occupations might be classified. You should check with us to obtain your own current occupational classification and details of any adjustment factor that may apply.

After you have been accepted for cover, if you change your occupation, including undertaking employment in a more Hazardous Occupation, you do **not** need to inform the Insurer.

If you are applying to change your cover, you will need to inform the Insurer of your current occupation at the time of completing the application for a change of insurance.

Occupational classification	Example	Adjustment factor		
		Death	Death & TPD	Income Protection
Category 1	White collar professionals performing no manual duties (such as lawyer, accountant). Usually those with a tertiary qualification (such as a university degree) or registration by a government body or professional institute. You must be using these qualifications in the occupation you are currently working in. Well established executives and senior managerial white collar workers with incomes in excess of \$80,000 pa without tertiary qualifications may also be included.	0.875	0.875	0.750
Category 2	Clerical, administration and managerial occupations involving office and travel duties only with no manual work. Includes occupations with tertiary qualifications that involve very light physical work (such as osteopath, physiotherapist).	1.00	1.00	1.00
Category 3	Certain qualified trades people (such as an electrician) who engage in light manual work only. Includes business owners in non-hazardous industries involved in light manual work (such as a coffee shop owner) and those who may supervise medium blue collar workers (no more than 25% of their work time). Includes occupations that are not limited to an office, where travel is an essential part of the job (such as a field surveyor).	1.00	1.25	1.50
Category 4	Qualified skilled trades people in non-hazardous industries wholly involved in manual duties (such as a carpenter, plumber, plasterer or mechanic).	1.30	1.70	2.00
Category 5	Heavy manual workers in non-hazardous industry performing higher risk occupations (such as an interstate bus driver, warehouse worker, labourer, bricklayer or house removalist).	1.60	2.10	3.00

Stamp duty

The premium rates for Death cover and Death & TPD cover include an allowance for stamp duty. The stamp duty for Income Protection cover varies depending on which state you live in. You are able to obtain the information relating to your premium rates and the stamp duty rate applicable to your state on our website.

Premium for Interim Accident cover

We do not charge a separate premium for Interim Accident cover. When an application is approved by the Insurer, premiums will be charged from the effective date of cover.

Payment of premiums

Insurance premiums are deducted each month in arrears from your Cash Account. Your annual insurance premium is shown on your Statement of Membership and your Annual Statement. Your Annual Statement shows the premiums paid for the previous financial year and the new premium payable for the next financial year taking into account any change in premiums based on your age or change in salary. As your insurance premiums are deducted from your super account, it's important when choosing the level of cover to consider the effect these regular costs will have on your retirement savings.

Increasing your insurance premiums will reduce your retirement benefit. You can find up to date information on your insurance premium by visiting our online service – Portfolio Online.

Changes in premium

Your insurance premium is reviewed and recalculated each year on 1 July to take into account changes in your age and salary (where applicable). The new premium will be shown on your Annual Statement.

We have the ability to increase your premium at any time provided we give you 30 days prior written notice. The changes due to your age or salary may (depending upon benefit design), take place automatically without notification each 1 July.

Any increase in Government charges may be passed on to you at any time by increasing your premium payable without notification.

Insufficient funds

You should ensure your account balance is sufficient to cover all fees and charges, including insurance premiums. We may redeem sufficient assets to pay fees, charges and insurance premiums.

If, at the time a premium is due to be deducted, your account balance is not sufficient to meet the premium, you will have 90 days to increase your account balance so that the full amount of the premiums can be deducted. **If after 90 days your account balance is still insufficient to deduct the total premium owing for the last 90 days, your insurance cover will cease.**

We will normally send you a reminder notification 28 days prior to your cover lapsing. To reinstate your cover after it has lapsed, you will need to notify us and go through the Underwriting process which begins with a new application for insurance. This application will need to be accepted in writing by the Insurer before you are covered.

The Trustee bears no responsibility and accepts no liability for your insurance cover lapsing as a result of either:

- **you having an insufficient account balance to pay premiums**
- **not informing you that your cover is about to lapse or has lapsed.**

You should monitor your account balance regularly.

Section 5 – General information

Types of insured benefits payable and the Insurer's definitions of each benefit

The following are all the possible benefits that you may receive if you take out insurance through your personal super. You are only entitled (subject to the satisfaction of relevant criteria) to the benefits applicable to the cover you have taken out. This section also provides the Insurer's detailed definition of each benefit type. It is very important that you understand these definitions and your rights in case you ever need to make a claim.

The payment of any insurance benefit is conditional on the Insurer accepting the claim and paying the benefit to the Trustee (us) first. We cannot pay any benefit we have received from the Insurer on your behalf until we have satisfactory proof that you've satisfied a condition of release.

Lump sum insured benefits available

Death Benefit

An insured Death Benefit is payable in the event of your death.

Amount payable

The amount accepted by the Insurer and communicated to you in writing as your insured Death Benefit.

Your Death Benefit is reduced by the amount of any TPD Benefit or Terminal Illness Benefit previously paid to you under the Policy that we have with the Insurer.

Terminal Illness Benefit

You may receive an insured Terminal Illness Benefit prior to your death if you are diagnosed as terminally ill.

Definition of terminally ill

You are regarded as terminally ill if you are conclusively diagnosed by a specialist Medical Practitioner, which is confirmed by a specialist Medical Practitioner approved by the Insurer, that you have a remaining life expectancy of less than 12 months.

Amount payable

Upon meeting the Terminal Illness definition for insurance purposes, the insured benefit paid is the amount of your Death Benefit subject to a maximum of \$5 million. Provided that you remain an eligible member of the Fund, any Death Benefit you have in excess of \$5 million will be paid to your dependant(s) and/or Legal Personal Representative when you die.

If the amount paid for a Terminal Illness Benefit is equal to your Death Benefit, no Death Benefit will be paid when you die.

TPD Benefit

An insured TPD Benefit is payable to you in the event of your total and permanent disablement.

Definition of TPD

The definition of TPD applicable to you will be determined by the Insurer at the time of claim in accordance with the following criteria:

- if you are under age 65, working 15 hours or more per week (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement) or unemployed for a period of less than six months, you must satisfy either Part A, B, C or D(i) below of the definition of TPD, or
- if you are under age 65, working less than 15 Hours Per Week or unemployed for a period of more than six months or in unpaid domestic duties, you must satisfy either Parts A, B, C or D(ii) below of the definition of TPD, or
- if you are age 65 or older, you must satisfy either Part A or C below of the definition of TPD.

TPD means that, in the Insurer's opinion, while insured by the Insurer, you:**Part A.** Solely because of Illness or Injury, have suffered the permanent loss of:

- i) the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle),
or
- ii) the sight in both eyes, or
- iii) the use of one limb and the sight in one eye.

OR**Part B.** Solely because of Illness or Injury:

- i) have suffered at least 25 per cent whole person impairment
- ii) are not engaged in any occupation, and
- iii) are disabled to such an extent as to render you unlikely to ever be engaged in any occupation for which you are reasonably suited by education, training or experience.

Where 'whole person impairment' means the same as that term in the latest edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide approved by the Insurer.

The assessment of whole person impairment will be undertaken by the appropriate certified specialist based on you attaining maximum medical recovery.

OR**Part C.** Solely because of Illness or Injury, are unlikely ever to be able to perform at least two of the following activities of daily living:

- dressing – the ability to put on and take off clothing without assistance
- bathing – the ability to bathe or shower without assistance
- toileting – the ability to use the toilet including getting on and off without assistance
- mobility – the ability to get in and out of bed and a chair without assistance
- feeding – the ability to get food from a plate into your mouth without assistance.

Where 'assistance' means the assistance of another person.

OR**Part D (i).** Where at the time of disablement, you were under age 65 and working for 15 or more Hours Per Week (averaged over the 13 week period prior to the Date of Disablement or a shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement), or were unemployed for less than 6 months, and you have all of the following applying:

- a) you have been absent as a result of Illness or Injury from employment for six consecutive months, and
- b) after consideration of all relevant evidence you are disabled to such an extent as to render you unlikely to ever again be engaged in any occupation for which you are reasonably suited by your education, training or experience.

OR

TPD means that, in the Insurer's opinion, while insured by the Insurer, you:

Part D (ii). Where at the time of disablement, you were under age 65 and working less than 15 Hours Per Week, or unemployed for a period of more than six months, or you were engaged in unpaid domestic duties at home; and you satisfy all of the following:

- a) as a result of Illness or Injury, you are under the care of a Medical Practitioner
- b) are unable to perform those domestic duties
- c) are unable to leave your home unaided
- d) have not engaged in any gainful employment for a period of six consecutive months after the occurrence of the Injury or Illness, and
- e) at the end of the period of six months, in the Insurer's opinion, after consideration of all relevant evidence, you are disabled to such an extent as to render you unlikely to perform those domestic duties or engage in any gainful occupation for which you are reasonably suited by education, training or experience.

Where 'domestic duties' means the tasks performed by you, whose main occupation is to maintain your family home. For example:

- cooking of meals for your family
- cleaning of the family home
- shopping for your family's food
- doing your family's laundry
- taking care of dependent children (if applicable)

but excluding any tasks performed for salary, reward or profit.

Amount payable

The TPD Benefit will be equal to the amount of cover for which you have been Underwritten.

If the TPD Benefit paid is equal to the Death Benefit, your cover will cease. If the TPD Benefit paid is less than the Death Benefit, the remaining balance is payable on the earlier of your death or Terminal Illness, provided the applicable premium is paid and cover does not cease.

Monthly insured benefits under Income Protection**Total Disability Benefit**

If you have a continuous period of Total Disability for longer than the Waiting Period, the Insurer may pay a monthly benefit.

Definition of Total Disability

The definition of Total Disability which applies to you is the definition most applicable to you at the time you became Totally Disabled according to the following criteria:

- Own Occupation – you were working 15 hours or more per week (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement).
- Any Occupation – you were working less than 15 Hours Per Week not due to Illness or Injury (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement).
- Similar Occupation – you have become unemployed and are actively seeking employment.

Own Occupation Definition of Total Disability

Total Disability and Totally Disabled means that due to suffering an Illness or Injury you are:

- unable to perform at least one important income producing duty of your regular occupation
- not working in any capacity, gainful employment or otherwise, and
- under the regular care and following the advice of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Any Occupation Definition of Total Disability

Total Disability and Totally Disabled means that due to suffering an Illness or Injury you are:

- unable to perform the important duties of any gainful employment, business, profession for which you are reasonably suited by education, training or experience
- not working in any capacity, gainful employment or otherwise, and
- under the regular care and following the advice of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Similar Occupation Definition of Total Disability

Total Disability and Totally Disabled means that due to suffering an Illness or Injury you:

- in respect of the first two years of disability meet the Own Occupation Definition above, and
- thereafter meet the Any Occupation Definition above.

Amount payable

The Total Disability Benefit is payable monthly in arrears by way of instalments after a continuous period of Total Disability for longer than the Waiting Period and is payable from the expiry of the Waiting Period until the earliest of:

- the first day upon which you are not Totally Disabled
- the end of your Benefit Payment Period
- the date you reach age 65
- the date of your death.

If the Total Disability Benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/365th of the benefit for every day that it is payable.

If, during the Waiting Period, you return to gainful employment:

- a) for five days or less, and become Totally Disabled as a result of the same Illness or Injury, then those days for which you were gainfully employed will be added to the Waiting Period
- b) for more than five days, then a new Waiting Period will commence.

The benefit available is up to 75 per cent of your Declared Earned Income (which, together with the Superannuation Contributions Benefit, if selected, cannot exceed \$30,000 per month).

If you become Totally Disabled while unemployed for up to six months, the benefit payable will be based upon the Earned Income definition applicable to you on the last date of your most recent period of employment. The monthly benefit will be paid to us and we will make the applicable tax deductions before forwarding the benefit to you.

Partial Disability Benefit

If you have been Totally Disabled for at least 14 consecutive days and you return to work, but have not fully recovered you may be entitled to an insured Partial Disability Benefit.

If you are Partially Disabled, the Insurer may pay an insured monthly benefit from the later of the first day after the Waiting Period and immediately upon you ceasing to be Totally Disabled.

Definition of Partial Disability

You are Partially Disabled if you were Totally Disabled for at least 14 consecutive days and as a result of the same Illness or Injury that caused your Total Disability all of the following apply:

- you cannot work your pre-disability working hours or are unable to perform at least one important income producing duty of your regular occupation or you do not have the capacity to work at the same level you were working at prior to commencement of the Total Disability
- you suffer a reduction of your Earned Income, and
- you are under the regular care and following the advice of a Medical Practitioner and, in the Insurer's reasonable opinion, are complying with the advice and treatment given by that Medical Practitioner. All work undertaken by you must be approved by the Insurer and your Medical Practitioner.

Amount payable

The Partial Disability Benefit is payable monthly in arrears by way of instalments from the later of the first day after the Waiting Period and the date on which you cease to be Totally Disabled until the earliest of:

- the first day upon which you are not Partially Disabled
- the end of your Benefit Payment Period
- the date you reach age 65
- the date of your death.

If the Partial Disability Benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/365th of the benefit for every day that it is payable.

If, during the Waiting Period, you return to gainful employment:

- a) for five days or less, and become Partially Disabled as a result of the same Illness or Injury, then those days for which you were gainfully employed will be added to the Waiting Period
- b) for more than five days, then a new Waiting Period will commence.

A Partial Disability Benefit is a proportionate benefit of the monthly benefit you would receive if you were Totally Disabled and is calculated as follows:

$$\frac{(A - B)}{A} \times \text{Total Disability Benefit}$$

A

where

A is your Declared Earned Income

B is your Return to Employment Income

Superannuation Contributions Benefit

This Income Protection option allows you to continue to build your super while you are not at work and entitled to a Total or Partial Disability Benefit. This means the Insurer will make contributions to your super account on your behalf while you are receiving a Total Disability or Partial Disability Benefit.

Amount payable

The maximum Superannuation Contributions Benefit payable is the lesser of the actual percentage of superannuation contributions made by you or your employer on your behalf or ten per cent of your Declared Earned Income.

For the purpose of calculating your Declared Earned Income for this benefit your employer's mandated and/or voluntary superannuation contributions (but not including any salary sacrifice contributions made at your request) are not included.

These contributions by the Insurer are taxed at 15 per cent in the Fund and are treated as concessional contributions for the purposes of the contributions caps.

Interim Accident Benefit

Prior to acceptance by the Insurer of an application for insurance, the Insurer may provide you with Interim Accident cover for the type of cover you applied for (Death, Death & TPD or Income Protection cover), where the claim results directly from an Accident.

When is an Interim Accident Benefit payable?

You are entitled to an Interim Accident Benefit if the Accident occurred after the Insurer receives your fully completed insurance application and before:

- the application is withdrawn
- the Insurer advises the Trustee that it has cancelled the Interim Accident cover (where permitted to do so by law)
- the Insurer declines to accept the cover for you
- the Insurer accepts the application, conditionally or unconditionally 30 days from the date that the Insurer notifies the Trustee of your acceptance
- 90 days from the date the Insurer receives the fully completed application, or
- in case of an application to increase cover, the date you cease to be an insured member of the Fund.

If the application is for Death or Death & TPD, Interim Accident cover will begin on the date the Insurer receives your fully completed application for insurance.

If the application is for Income Protection then if, as a result of an Accident, you have a continuous period of Total Disability for longer than the Waiting Period, an interim disability benefit is payable from the first day after the Waiting Period until the earliest of:

- the first day upon which, in the Insurer's reasonable opinion, you are no longer Totally Disabled or Partially Disabled
- the date you reach 65 years of age
- the date of your death, or
- the end of your Benefit Payment Period.

An Accident is defined to be an unforeseen, violent, external and visible event.

Amount payable

The amount of the benefit payable under the Interim Accident cover will be the amount of the benefit you specify when applying for insurance, subject to a maximum of \$750,000 for Death cover and Death & TPD cover, or \$15,000 per month for Income Protection cover.

Death Benefit when receiving a disability benefit

If you die while receiving an insured Total Disability or Partial Disability Benefit you will receive an additional lump sum.

Amount payable

The additional lump sum will be equal to one quarter of the Total Disability Benefit payable for one year.

Automatic reduction of TPD Benefit

Where your TPD Benefit does not reduce as you get older (such as a fixed dollar amount or a fixed multiple of salary), your TPD Sum Insured will reduce annually as at 1 July from age 72 next birthday, as shown in the following table.

As at 1 July, your age next birthday	Death Benefit	TPD Benefit (as % of Death Benefit)
72	100%	80%
73	100%	60%
74	100%	40%
75	100%	20%
76*	Nil	Nil

* Cover will cease on your 75th birthday.

Example: Insurance cover based on a fixed Death & TPD Benefit of \$250,000

As at 1 July, your age next birthday	Death Benefit	TPD Benefit (as % of Death Benefit)
71 or less	\$250,000	\$250,000
72	\$250,000	\$200,000
73	\$250,000	\$150,000
74	\$250,000	\$100,000
75	\$250,000	\$50,000
76*	Nil	Nil

* Cover will cease on your 75th birthday.

Life Events Cover increases

You may apply for an increase to your Death, Death & TPD or Income Protection cover if one of the following Life Events occurs:

- you marry
- the birth of your child
- the adoption of a child by you
- your dependant child starts secondary school
- you divorce
- you take out a mortgage on the purchase of your primary place of residence (either alone or jointly with another person)
- you increase your existing mortgage for building or renovating your primary place of residence.

You may apply for an increase of your cover due to a Life Event only once in any 12 month period. To apply for this increase in cover, you need to:

- submit the application to us within 90 days of the life event or 30 days from the date of your annual Member Statement following the Life Event
- provide us with satisfactory evidence of the occurrence of the Life Event within the required time frame.

For Death or Death & TPD cover, the maximum increase for each Life Event application should be the lesser of the following:

- 25 per cent increase from the existing cover
- the total amount or amount of increase of the mortgage you are taking out (where applicable)
- \$200,000.

The total level of cover after the increase can be no more than \$5 million.

For Income Protection cover, the maximum increase for each Life Events cover application should be the lesser of:

- \$2,500 per month
- 25 per cent increase from the existing cover.

The total level of cover after the increase will be the lesser of the following:

- \$30,000 per month
- your selected insured percentage or 75 per cent of your Earned Income, plus Superannuation Contributions Benefit of up to ten per cent of your Earned Income (if you have selected this cover).

You are not eligible for a Life Events cover increase if any of the following applies to you:

- your insured benefit has increased during the previous 12 months
- your insured benefit following the increase will exceed the maximum benefit allowed
- in any 12 month period, the amount of benefit increase exceeds 25 per cent of your insured benefit before the benefit increase
- you have applied for an increase of cover during the previous 12 months
- you have had an application for Death, Death & TPD or Income Protection cover declined or had a loading, limitation or exclusion added
- you suffer from a serious Illness that may cause a Terminal Illness or permanent inability to work
- you have been diagnosed with an Illness that reduces your life expectancy to less than 12 months
- you are above age 60
- you are engaged in a Hazardous Occupation
- due to an Illness, Accident or Injury, you are off work, or unable to perform your full and normal duties on a full-time basis (for at least 30 Hours Per Week) even though your actual employment may be full-time, part-time or casual
- you have made, or are entitled to make, a claim for any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing TPD cover, accident or sickness cover.

An application for Life Events cover may be accepted or rejected by the Insurer. If your Life Events cover increase is accepted by the Insurer it will commence from the date the Insurer accepts your application. If you are not At Work on the commencement date, your Life Events cover increase will be subject to Limited Cover Conditions for the first 12 months and from the expiry of the 12 month period until the date you are At Work.

Life Events cover increase will not be payable if your claim arises from suicide or an intentional self-inflicted act or injury within the first 13 months of the commencement date.

You may be eligible for Interim Accident cover in relation to your Life Events cover increase application.

Adjusting Income Protection with salary increases

If your salary is increased by your employer, you may apply for an increase of your Income Protection cover within 60 days of the effective date of your salary increase.

When you apply, you must provide us proof of your new salary, the effective date and the amount of the increase.

For your Income Protection cover to increase due to salary increase, the requested increase of your cover must be agreed by the Insurer based on your application. The Insurer may agree to increase your Income Protection cover without Underwriting, if you meet all of the following conditions:

- your employer confirms your salary increase in writing
- your insured benefit has not increased during the previous 12 months
- your insured benefit following the increase does not exceed the maximum benefit allowed
- in any 12 month period, the amount of benefit increase does not exceed 25 per cent of your insured benefit before the benefit increase
- your insured benefit is limited to the maximum of your selected percentage or 75 per cent of your Earned Income (whichever is the lesser), plus Superannuation Contributions Benefit of up to ten per cent of your Earned Income (if you have selected this cover)
- you are at work on the date your increased cover commences, and are not, due to Accident, Illness or Injury, off work or unable to perform your full and normal duties on a full-time basis (for at least 30 Hours Per Week) even though your actual employment may be full-time, part-time or casual
- you have not applied for an increase of cover during the previous 12 months
- you have not been diagnosed with an Illness that reduces your life expectancy to less than 12 months
- you do not suffer from a serious Illness that may cause Terminal Illness or permanent inability to work
- you have not had an application for Death, Death & TPD or Income Protection cover declined or offered a cover on alternative terms with a loading, limitation or exclusion added
- you are age 60 or under age 60
- you are not engaged in a Hazardous Occupation
- you have never made, and are not entitled to make, a claim for any injury or sickness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing total & permanent disablement cover, accident or sickness cover.

Other insured benefits

Worldwide cover

Subject to certain exclusions and conditions, you're covered anywhere in the world, 24 hours a day, 365 days a year.

Upgrade of benefits

Generally, any improvement in benefits which is made to the Policy the Insurer has with the Trustee will be provided to all existing members, not just new members. The improvement will only apply to future claims and not past or current claims or any claims resulting from health conditions or events which began or took place before the effective date of the improvement.

Other Income Protection Benefits

Type of benefit	Definition	Amount payable
Rehabilitation benefit	If you are suffering a Total Disability or Partial Disability, the Insurer may pay for the cost of approved rehabilitation if the Insurer reasonably considers the program likely to assist in your rehabilitation.	The cost of the approved rehabilitation program.
Benefit escalation	If you have been receiving a Total Disability or Partial Disability Benefit for a continuous period of 12 months or more, the Insurer will increase your benefit payments from each anniversary date.	The benefit payments will be increased annually whilst on claim, by CPI subject to a cap of 5% pa. The increase will occur on the first payment of the benefit after your benefit payment anniversary.
Premium waiver	The Insurer will waive the insurance premium for your Income Protection cover while you are entitled to a Total Disability or Partial Disability Benefit.	The amount of the premium due at that time.

Limitations and exclusions to your insured cover

Cover while on leave without pay

While on employer approved leave without pay, provided premiums continue to be paid and you remain insured:

- a) Your Death cover will continue.
- b) Your TPD cover will continue subject to the following:
 - i) For the first 12 months of leave without pay you will have your claim assessed in accordance with TPD definition applicable to you based on your occupation before you took the leave without pay.
 - ii) At the conclusion of the 12 months period referred to in (b)(i) above, if you are
 - under age 65 you will have your claim assessed against Parts A, B, C and D(ii) of the TPD definition
 - 65 or older, you will have your claim assessed against Parts A and C of the TPD definitions.
- c) Your total disability cover will continue for up to 12 months. During this time your pre-leave employment status will be used to assess any claim. Prior written consent from the Insurer is required for cover to continue where leave extends past 12 months.

Cover while unemployed

Death and TPD cover

If you have TPD cover, you are under age 65 and are unemployed for a continuous period of more than six months, Parts A, B, C and D(ii) of the TPD definition (as detailed on page 10) will apply to you.

Where you are under age 65, unemployed for a continuous period of more than six months and subsequently return to work for at least 15 Hours Per Week for 30 consecutive working days, cover under Part D(i) of the TPD definition will also be included.

Where you are aged 65 or over, cover under Part A and C of the TPD definition will be provided regardless of your employment status.

Income Protection cover

The Similar Occupation definition of Total Disability for Income Protection cover applies to you while you are unemployed and actively seeking employment. However, if you do not find employment within six months, your Income Protection cover will cease.

Cover while employed overseas

You are covered worldwide 24 hours a day, seven days a week, subject to the terms of the insurance Policy.

Death and TPD cover

If you are temporarily residing or travelling overseas or employed overseas by a participating employer, your Death and TPD cover can continue for up to three years. At the conclusion of the three year period all cover will cease unless the Insurer's prior written consent to continue the cover has been given.

Income Protection cover

If you are temporarily residing and employed overseas by an employer, your Total Disability or Partial Disability cover can continue for up to three years. At the conclusion of the three year period, all cover will cease unless the Insurer's prior written consent to continue your cover has been given.

Permanently moving overseas

If you permanently leave Australia, your cover will cease.

Limitations to insured Death Benefits

Any Death Benefit paid to your account or your estate will be reduced by the amount of any benefit you have already received under these insurance arrangements for Terminal Illness or TPD. It is important to note that, in the situation where your cover for Death is higher than the TPD or Terminal Illness Benefit, the Death cover reduced by the amount of any TPD or Terminal Illness payment will continue even after a TPD or Terminal Illness claim has been paid subject to the relevant premiums continuing to be paid.

Limitations to Income Protection Benefits

Any insured Total Disability or Partial Disability Benefit payable to you shall be reduced by all amounts paid or payable from:

- a) Workers' Compensation schemes
- b) statutory compensation, pension, social security or similar schemes
- c) benefits paid under state or federal legislation, such as the Department of Veterans' Affairs
- d) income benefits from other disability income policies or super funds
- e) employer funded sick leave entitlements.

Any Superannuation Contributions Benefit payable to you will be reduced by all amounts paid or payable for you from other sources such as the employer's superannuation guarantee obligations, award or industrial agreement obligations or additional voluntary contributions during a period of Total or Partial Disability.

Exclusions

No insured Death, Terminal Illness Benefit or TPD Benefit shall be payable where a claim arises from any of the following:

- a) suicide occurring in the first 13 months after the date that the cover commences or is reinstated after having lapsed for any reason
- b) TPD as a result of an intentional self-inflicted act or intentional self-inflicted injury by you
- c) any such exclusion as the Insurer may apply to you as a condition of acceptance of cover.

No Income Protection Benefit of any type is payable if your Total Disability or Partial Disability arises from any of the following:

- a) intentional self-inflicted injury
- b) uncomplicated pregnancy or childbirth
- c) war or acts of war whether declared or not
- d) service in the armed forces of any national or international organisation (other than non-active service within Australian armed force reserve units)
- e) any such exclusion as the Insurer may apply to you as a condition of acceptance of cover.

When does cover cease?

Your cover will continue without the need to provide any further health evidence subject to the terms and conditions outlined in this Booklet.

Your cover will cease, without any notification from us or the Insurer, when any of the following events occur.

Situation	Death	Death & TPD	Income Protection
On the day you reach age 65	N/A	N/A	√
On the day you reach age 75	√	√	N/A
The date the Trustee accepts your request to terminate your cover	√	√	√
The date the Policy terminates	√	√	√
The expiry of 12 months of the approved leave without pay, unless otherwise agreed by the Insurer in writing prior to the expiry of such leave	N/A	N/A	√
The expiry of the three year period as outlined in the 'Cover while employed overseas' section of this Booklet	√	√	√
60 days from the date you cease to be a member of the Fund ²	√	√	√
The date the Insurer makes a payment of the total insured amount under the Policy	√	√	N/A
The end of the Benefit Payment Period applicable to you on a claim	N/A	N/A	√
90 days after Trustee has issued a lapse notice to you and the premium remains unpaid	√	√	√
The date of your death	√ ³	√	√
If you permanently move overseas	√	√	√
Six months from the date you ceased to be last employed	N/A	N/A	√ ⁴
Retirement from the workforce	N/A	N/A	√

Note:

√ means that the insurance cover specified in the relevant column will cease upon occurrence of the event described in the relevant row.

N/A means the event described in the relevant row is not applicable to the cessation of the insurance cover in the relevant column.

If you have both TPD and Income Protection cover, you may be able to make a claim for TPD, even if you have claimed a Total Disability Benefit under Income Protection, provided the relevant terms and conditions to claim each benefit are satisfied.

What do you need to know about making a claim?

While we hope you do not ever need to make a claim, the following information will assist with the claim process. Any insured benefit to which you may be entitled will be paid in addition to your super account balance (less applicable fees and taxes).

2 Subject to your options to:

- (a) transfer your cover between funds or between products within the same fund
- (b) purchase an individual Death only term life policy or individual Income Protection policy from the Insurer under the continuation option.

3 A claim may still be able to be made for any eligible Death Benefit.

4 If you are insured for Income Protection the Insurer will reinstate the cover you previously held without the need for Underwriting, provided you return to gainful employment within 12 months after your employment ceased.

How to make a claim

You need to notify us in writing as soon as you can of an event that is likely to give rise to a claim. Once you have informed us about the claim, we will send you (or your Legal Personal Representative in the case of your death) a list of the initial requirements and the claim forms which need to be completed and returned to us. The claim forms will generally require relevant medical certificates, Medical Practitioner's reports, employer reports and relevant evidence for the claim. You are responsible for meeting any costs in completing the claim forms including any associated documents.

The sending of your claim form by us to the Insurer does not constitute an admission of liability in respect of any claim.

To assist with the assessment of your claim, you may receive a request for additional information or be required to undergo an examination by a Medical Practitioner or relevant professional of the Insurer's choice including pathology tests.

The Insurer will meet the costs in relation to this additional information. If you fail to attend any pre-arranged medical examination then you will be liable to pay any fees incurred. It is important that all information requested is submitted otherwise the claim may be delayed while waiting for that information.

Payment of a claim

After considering the evidence provided, we and the Insurer will decide if you meet the relevant definition of your cover and whether you're entitled to payment.

Payment of your Sum Insured will be made to us and we will credit the proceeds to your super account. A claim for a Death or TPD Benefit will not be released until the claim is approved by our claims committee.

Income Protection claims, once approved, will be paid to you by us after the applicable tax is deducted.

Please note that, as the insurance benefits are Underwritten by the Insurer, the payment of the insurance benefit is conditional on the Insurer accepting the claim and paying the benefit to us.

Incorrect age

If your age is incorrectly stated, we and the Insurer have the right to adjust the premium or the benefit based on your correct age.

Claims after your cover has ceased

If a claim event occurs prior to the date your cover ceased or terminated you may still be eligible for that claim to be considered by the Insurer, subject to the terms and conditions of the Policy.

Claims whilst overseas

In the event you suffer TPD or are Totally Disabled whilst overseas, the Insurer may require you to return to Australia at your own expense for assessment of the claim.

If you are receiving a Total Disability or Partial Disability Benefit whilst outside Australia, benefits will cease six months after the date of commencement of the benefit, unless you have permanently returned to Australia at your own expense.

What to do if your claim is declined

If you are not happy with a decision made about your claim, you can request us to reconsider the decision. Our claims committee will review your claim and may make a representation to the Insurer on your behalf.

If you have a complaint about the treatment of your claim (or wish to obtain further information about the status of an existing complaint), please contact the Manager, Customer Care on 1800 062 963 or write to:

Manager, Customer Care
IOOF Investment Management Limited
GPO Box 264
Melbourne VIC 3001

If you let us know of any concerns arising from your dealings with us, we can work towards providing suitable resolutions and better service for all clients in the future.

When you get in touch with us, please provide:

- your contact details
- your account or client number
- a detailed description of the facts surrounding your complaint.

Where possible, concerns will be resolved immediately.

If further investigation is required, our customer care team will acknowledge your complaint in writing and will consider and deal with your complaint as quickly as possible. We are required by law to deal with your complaint within 90 days.

If you are not satisfied with the outcome you can raise the issues with the Superannuation Complaints Tribunal (SCT) by calling 1300 884 114, or by writing to the SCT at Locked Bag 3060, Melbourne VIC 3001.

This service is available free of charge to you, however the SCT can only hear your complaint after you have first made use of our internal complaints handling arrangements (as explained above).

Special conditions relating to Income Protection claims

Payment of benefit before notification

The Insurer will not pay a Total Disability or a Partial Disability Benefit for any period more than 14 days before the date that the Insurer is notified of a claim.

Waiting Period

A Total Disability Benefit will only be payable after the expiry of the Waiting Period. If you return to work during the Waiting Period for five days or less, the Waiting Period is extended by this time. However, if you return to work for more than five days, the Waiting Period will start again from the date you again cease work.

Example of a Waiting Period

Joe has Income Protection cover with a 90 day Waiting Period, a Benefit Payment Period of five years and a monthly benefit of \$3,000.

On 1 July 2012 Joe was injured and submitted a claim to the Insurer which was accepted. Joe does not receive any benefit during the Waiting Period which ends 90 days after 1 July, being 28 September 2012.

Joe is entitled to receive his first monthly benefit of \$3,000 from 29 September 2012. Benefits are paid monthly in arrears. He continues to receive his monthly benefit payment while he remains Totally Disabled, or a lesser amount if Partially Disabled, until 27 September 2017.

Recurrent claims

If you've been receiving an Income Protection Benefit payment and return to work, but within six months of benefit payments ending you again become Totally or Partially Disabled as a result of the same or related Illness or Injury, the Insurer will regard it as a continuation of your previous claim. The Waiting Period will not apply and the Insurer will pay the benefit as a continuation of the previous claim. However, your Benefit Payment Period will be reduced by the number of days that were paid under your previous claim.

Moving between products in the Fund

We have a range of products within the Fund. If you move to another IOOF super product in the Fund, you may be able to continue your cover without the need for further acceptance by the Insurer.

Applicants transferring from another IOOF super product will be entitled to maintain their existing Death or Death and TPD and Income Protection cover without the need for further acceptance by the Insurer subject to the terms and conditions in this Booklet and the relevant insurance policies.

Ceasing to be a member of the Fund

When you cease to be a member of the Fund, you need to be aware of the following.

Extension of cover

Your insurance cover will continue for up to 60 days from the date on which you ceased to be a member of the Fund. For Income Protection cover, this is subject to you maintaining employment during this time.

Continuation option

When you cease to be covered (generally this is when you leave the Fund or cancel your insurance) you may be able to purchase your own separate personal policy from the Insurer outside the Fund without further evidence of health, but at a revised premium, subject to the type of cover you previously had and the conditions in the following table.

Eligibility for continuation option

'√' means that with respect to the type of cover specified in the relevant column, the eligibility criteria for a continuation option in the relevant row must be satisfied in order for the continuation option to apply.

'N/A' means that with respect to the type of cover specified in the relevant column, the eligibility criteria for a continuation option set out in the relevant row is not applicable.

Situation	Death	Death & TPD	Income Protection
You are under age 60 at the time your insurance ceases.	√	√	√
You are not leaving employment for reasons of ill health.	√	√	√
You complete an application for the new policy and return it to the Insurer together with the required premium within 60 days of you ceasing to be an insured member of the Fund.	√	√	√

Terms and conditions of the new policy obtained under the continuation option

'√' means that in relation to the new policy purchased under the continuation option, the terms and/or conditions of the continuation option in the relevant row applies to the type of cover specified in the relevant column.

'N/A' means that in relation to the new policy purchased under the continuation option, the terms and/or conditions of the continuation option in the relevant row are not applicable to the type of cover specified in the relevant column.

Situation	Death	Death & TPD	Income Protection
The new policy will be subject to the same value of your cover last agreed by the Insurer under the Policy.	√	√	N/A
The new policy meets the minimum premium requirements and you are within the Insurer's usual minimum/maximum age range for the purchase of such a policy.	√	√	√
The new policy is based on the terms and conditions which apply to a policy of that type at the time.	√	√	√
The new policy will be subject to any special conditions, premium loading or endorsements applicable to you under the Policy.	√	√	√
For Death & TPD cover, the new policy will only provide Death cover.	√	√	N/A
For Income Protection cover, the new policy will be subject to the same Waiting Period and Benefit Payment Period as was held under the Policy.	N/A	N/A	√
You have either commenced or are contracted to commence employment in an occupation acceptable to the Insurer, or you have entered into an agreement to operate your own business enterprise and that enterprise is acceptable to the Insurer.	N/A	N/A	√

Section 6 – Significant risks

As with the purchase of any financial product, you should consider the risks that may impact your personal super insurance arrangement.

Main risks that may affect your insurance

Pre-existing Conditions risk	If you apply for cover, or an increase in cover, you must disclose any Pre-existing Conditions with your request for cover or increase in cover. Non-disclosure could result in a claim being declined or the Insurer avoiding your insurance cover.
Non-disclosure risk	If you fail to comply with your duty of disclosure the Insurer may be able to decline a claim, void your insurance cover or reduce the amount of benefit payable to you.
Variation of terms and conditions risk	The Trustee is able to change the terms and conditions of your insurance arrangements by giving at least 30 days prior written notice.
Variation of premium rates risk	The Trustee has the right to increase the premium rates (outside of the normal age changes which take place automatically each 1 July) by giving you 30 days prior written notice.
Change of Insurer risk	The Trustee has the right to change the Insurer by giving you 30 days prior notice.
Replacing or changing your insurance	The terms and conditions between insurance policies can vary significantly and it is important that you compare the differences when you are looking at replacing or cancelling your insurance cover. There is a risk that your new cover may not provide the same benefits or have pre-existing restrictions or other limitations that did not exist under your old insurance arrangement or Policy. It is important that you also consider the risk that you might not be covered for a period of time if you cancel your insurance before the new insurance commences.
Future insurability	There is a risk as you get older that you may not be able to obtain insurance or insurance without a significant premium loading/restriction. Therefore it is recommended that you consider your insurance needs now or take this into consideration if you are contemplating the cancellation of your cover.
Limitations and exclusions to cover	Insurance policies tend to have various limitations and exclusions which apply that vary between insurance policies. It is important that you understand the limitations and exclusions which apply to your cover.
Low account balance	There is a risk that your cover might lapse if there are insufficient funds in your super account to pay your insurance premiums. To avoid this happening you may need to make further contributions to ensure that there are sufficient funds in your super account to pay the premiums when due.

Section 7 – Key words explained

This section helps explain some of the key terms used in this Booklet.

Hours Per Week	'Hours Per Week' is based on the terms of your usual employment and averaged over the consecutive 13 week period prior to the Date of Disablement in case of TPD cover (or prior to the date cover commences in case of Income Protection cover), or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement in case of TPD cover (or prior to the date cover commences in case of Income Protection cover).
Accident	An unforeseen, violent, external and visible event during the period of cover.
At Work	A person is: <ul style="list-style-type: none"> actively and competently performing all the essential duties of their usual occupation without restriction, or is on approved leave other than leave which is taken for reasons related to Injury or Illness, and is not receiving and/or entitled to receive or claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.
Benefit Payment Period	The maximum period for which an Income Protection Benefit begins to accrue, and excludes the Waiting Period.
Consumer Price Index (CPI)	The Consumer Price Index (all groups weighted average for eight capital cities) issued by the Australian Bureau of Statistics for the most recent twelve months before the date of calculation.
Date of Disablement	The later of the following: <ul style="list-style-type: none"> the date you cease to work due to Injury or Illness the date a Medical Practitioner examines you and certifies in writing that you suffer from the Illness or Injury that is the principal cause of your inability to work.
Declared Earned Income	For the purposes of determining the level of Income Protection Benefit applicable, means the lesser of: <ul style="list-style-type: none"> your annual earnings most recently agreed by the Insurer and the Trustee in writing the sum calculated in accordance with the Earned Income definition below.

<p>Earned Income</p>	<p>If you are employed this means the annual wages or salary last agreed between you and your employer immediately before commencement of Total Disability, plus:</p> <ul style="list-style-type: none"> • any commissions paid by your employer to you in the twelve month period immediately before commencement of Total Disability • all other regular (cash and non-cash) payments or benefits provided to you by your employer in the twelve month period immediately before commencement of Total Disability, which when combined with the above, the Insurer reasonably considers as your remuneration package. <p>For the avoidance of doubt, Earned Income:</p> <p>a) does not include employer superannuation contributions that are required to be made to meet the employer's:</p> <ol style="list-style-type: none"> i) superannuation guarantee obligations ii) award or industrial agreement obligations iii) additional voluntary contributions <p>b) includes employer superannuation contributions made under an effective salary sacrifice arrangement.</p> <p>If you are self-employed this means the annual income generated by you from your personal exertion, calculated by averaging your net income per year for the two years immediately preceding commencement of Total Disability. For the purposes of this definition, net income means your gross income less all expenses incurred by you in earning that income but does not include investment income, profit distributions or similar payments.</p>
<p>Hazardous Occupation</p>	<p>Includes, however is not restricted to, the following:</p> <ul style="list-style-type: none"> • offshore oil rig workers • fishermen • forestry workers • workers in mining or drilling, exploration and explosive related industries • underground/underwater workers • workers at heights, including riggers, scaffolders, roof workers, antenna erectors • seasonal workers/industries with a high proportion of seasonal or casual workers (such as fruit picking) • pilots and aircrew of commercial airlines • prison services • factory workers involved in highly repetitive (unskilled) duties • labourers • firemen, police, ambulance drivers/paramedics • truck drivers • professional sportspeople or entertainers.
<p>Illness</p>	<p>Sickness or disease that occurs during the period during which you have cover under the Policy.</p>
<p>Injury</p>	<p>Bodily injury resulting from an Accident that occurs during the period during which you have cover under the Policy.</p>
<p>Limited Cover</p>	<p>Cover for claims arising from an Illness that first became apparent or an Injury which first occurred on or after commencement of cover or the date the cover recommenced or increased. This excludes cover for any Pre-existing Conditions.</p>

Medical Practitioner	A Medical Practitioner who is legally qualified and registered to practice in Australia and is not you, or one of your relatives, business partners, shareholders or employees. Where the Medical Practitioner is outside Australia, he or she must have qualifications equivalent to Australian standards.
Pre-existing Condition	An Illness or Injury for which, prior to the application for cover, you <ul style="list-style-type: none"> • have received treatment, and • have suffered symptoms, or • were aware of.
Policy	The group life policy or group income protection policy issued by the Insurer to the Trustee, as amended from time to time. The Policy does not form part of this Booklet and is a legal agreement between the Insurer and the Trustee.
Return to Employment Income	Means either: <ul style="list-style-type: none"> • if you are employed, the annual wages or salary last agreed between you and your employer (including commissions, bonus and other payments that the Insurer reasonably considers form part of your remuneration package) • if you are self-employed, the gross income generated by you as a result of your personal exertion less all expenses incurred by you with earning that income.
Sum Insured	The amount for which you are covered under the Policy.
Terminal Illness	The conclusive diagnosis by a specialist Medical Practitioner, which is confirmed by a specialist Medical Practitioner approved by the Insurer, that you have a remaining life expectancy of less than 12 months.
Totally Disabled	Means you satisfy the Total Disability definition for your employment status.
Underwriting/underwritten	This is the process by which the Insurer reviews your personal, medical, financial and other circumstances to decide if it will accept your application for insurance and, if accepted whether it will apply standard rates or add extra loadings or exclusions to your cover.
Waiting Period	The Waiting Period commences from the first day of the Total Disability during which no benefit is payable. Depending on your cover, the Waiting Periods are 30, 60 or 90 consecutive days for which you must be Totally Disabled. The Waiting Period starts on the day you first became Totally Disabled. An example of a 90 day Waiting Period appears in the section entitled 'What do you need to know about making a claim?'

1 July 2013

Application for Insurance (Personal Superannuation)

Incorporates personal health statement

This form should also be used to apply for or change any existing insurance you may have.

Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.

Step 1: Applicant details

Account number (if known) - -

Title (Dr/Mr/Mrs/Ms/Miss) Surname

Given name(s)

Email

Date of birth / / Gender Male Female

If any of the answers you give in this application are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save delays in finalising your insurance.

Phone (bh) Phone (mobile)

Best time to call : until :

How many hours do you work per week? hours per week*

* To apply for income protection cover, you must be working 15 hours or more per week.

Do you intend to change your occupation in next 12 months? Yes No

What is your annual salary/remuneration** package (gross)? \$

** Salary/remuneration package (gross): comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer, and excludes superannuation guarantee contributions.

Are you self-employed? Yes No

Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase your existing Death or Death and TPD cover.

This is an application for:

New cover

Increase of existing Death or Death and TPD cover

Fixed dollar cover

Total new Death cover \$

Total new TPD cover \$

Please note: TPD cover is unavailable without death cover. You must apply for death and TPD cover if you wish to have TPD cover.

The TPD cover cannot exceed the amount of death cover.

OR Fixed premium cover per week (such as \$1, \$2, other)

Death only cover \$

OR Fixed premium cover per week (such as \$1, \$2, other)

Death and TPD cover \$

Step 3: Income protection cover

Please complete Step 3 to apply for, or increase your existing income protection cover.

This is an application for:

New cover

Increase of existing income protection cover

Please note: You can have a monthly benefit of up to \$30,000 providing that amount is below the total of 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary.

Specify cover required (mandatory information)

Income level (% of your salary) 75% Other up to 75%

Waiting period (days) 30 60 90

Benefit payment period 2 years 5 years to age 65

Superannuation contributions benefit (optional)

Do you want the superannuation contributions benefit? Yes No

Income level (% of your salary) % (up to 10% of your salary)

For more information see the Personal Superannuation Insurance Application Booklet available on the IOOF website (www.ioof.com.au).

Step 4: Personal Health Statement

1 Have you smoked in the last 12 months?

Yes No

If you have answered Yes how many cigarettes do you smoke per day?

2 Have you smoked any substance other than tobacco?

Yes No

If you have answered Yes please specify the type of substance.

3 Do you consume alcohol?

Yes No

If yes, please specify:

a Quantity of alcohol consumed per day (in standard units)

Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, 285ml glass of beer

b Type of alcohol

4 Height in centimetres

cm

5 Weight in kilograms

kg

Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your occupation and the percentage of time performing each (to a total of 100%):

Principal duties	Percentage of time spent (%)
1. Clerical/administration/managerial	
2. Light manual (such as qualified tradespeople, coffee shop owner)	
3. Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
4. Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
5. Other – please specify:	

Activities

9 Do you currently intend to participate in any of the following activities?

- a Aviation other than as a fare paying passenger on a commercial airline Yes No
- b Any activity generally classified as hazardous or extreme in nature Yes No
(such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving)

If you have answered Yes please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

Residence and Travel

10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? Yes No

If you have answered Yes please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11 Are you an Australian or New Zealand citizen? Yes No

If you have answered Yes please go to Previous Insurance section of the form

12 Do you hold an Australian Permanent Resident's Visa? Yes No

If you have answered No please provide your residency details below:

Previous Insurance

- 13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the IOOF group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits? Yes No
- 14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused? Yes No
- 15 Do you have, or are you applying for, any other life or disability cover? Yes No

If you have answered Yes to question 13, 14 or 15 above please provide full details below:

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/exclusion/declined	To be replaced? (Yes/No)

Medical

- 16 Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you answer Yes to any of the following questions, please complete the table on the following page.

- a Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder, rheumatic fever Yes No
- b Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis Yes No
- c Impairment of sight, hearing or speech Yes No
- d Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate or gall bladder, thyroid problem Yes No
- e Leukaemia, hepatitis, hemochromatosis, or any blood problem Yes No
- f Asthma, bronchitis or other respiratory disorder Yes No
- g Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis Yes No
- h Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder Yes No
- i Cancer, tumour, melanoma, sun spot, mole or growth of any kind Yes No
- j Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse Yes No
- k Psoriasis, eczema or any skin problem Yes No
- l Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury Yes No

Females only

- m Gynaecological conditions (such as endometriosis, abnormal pap smear)? Yes No
- n Complications of pregnancy or childbirth? Yes No
- o Are you currently pregnant?
If you have answered Yes when is the expected delivery?

- p Breast lump (even if you have not seen a doctor about it)? Yes No

Other Medical

- q Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication) Yes No
- r Apart from the questions A to Q in question 16, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned? Yes No

Please provide details for all Yes answers in questions 16A to 16R above in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 16A) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 16) with a Yes answer (for example Q16A)			
Question no:	Q16__	Q16__	Q16__	Q16__
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				
13 Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

s Name and address of your usual doctor

t Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

u If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

Family history

17 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65? Yes No

18 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

Lifestyle

19 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? Yes No

Work health history

20 Are you, at the date of this application, due to injury, accident or illness:

a off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis? Yes No

b have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years? Yes No

Step 5: Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* to disclose to the Trustee and the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer or Trustee before you apply for any of the following:

- to vary your existing insurance cover;
- for new cover; or
- for any lapsed cover to be reinstated.

Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer;
- is common knowledge;
- the Insurer knows or, in the ordinary course of their business, ought to know; or
- the insurer has waived.

Your duty of disclosure continues until the insurance cover has been accepted by the Insurer and confirmation is issued to the Trustee.

If you do not, or the Trustee on your behalf does not, disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it.

If the Insurer is entitled to avoid insurance cover, it may elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you, or the Trustee on your behalf, had disclosed all relevant matters to the Insurer.

If your non-disclosure, or the Trustee's non-disclosure on your behalf, is fraudulent, the Insurer may avoid your cover at any time.

Step 6: Privacy statement

The way in which IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IIML and TAL Privacy Policies available respectively at www.ioof.com.au/privacy and www.tal.com.au/en/privacy.aspx or on request.

IIML and TAL may collect and use your personal information (including health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided IIML and TAL may not be able to process your form.

Generally, individuals are entitled to access information held about them unless there is a legal exemption. Information about privacy legislation is available at the Office of the Australian Information Commissioner (www.oaic.gov.au).

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

Telephone: 1300 209 088

Fax: 02 9465 2065

Write to: TAL Life Limited, GPO Box 5380, Sydney NSW 2000

Step 7: Member/Applicant declaration and signature

- I, the applicant, acknowledge that I have read the notice explaining my duty of disclosure in Step 5 on this application form and understand that this duty also applies until formal notification of acceptance by TAL. I have read and checked any answers not completed in my handwriting and, to the best of my knowledge and belief, all the answers to the questions in this application form and any supplementary application form or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I acknowledge that I have received, read and understood the Personal Superannuation Insurance Application Booklet in relation to this insurance.
- I have read the privacy statement in Step 6 of this application form, and consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form; including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If I provided IIML and/or TAL with information about another person, I undertake to advise them that:
 - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy policies
 - their personal information may be disclosed to a third party; or
 - they may access or correct any personal information held about them.

Member/Applicant signature

Signature

Date

 / /

Please sign and return this form to:

Post: IOOF Portfolio Service, Reply Paid 264, Melbourne, VIC 8060

Email: clientservices@ioof.com.au

Facsimile: 1800 558 539

Enquiries: 1800 062 963

Trustee: IOOF Investment Management Limited, ABN 53 006 695 021, AFS Licence No. 230524

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Trustee

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