



PROTECTION PLAN

PRODUCT DISCLOSURE STATEMENT

Featuring:

- Life Insurance
 - Total and Permanent Disablement
 - Trauma Insurance
- Income Protection and Business Expenses Insurance

Issue Date 1 March 2010

TRUSTEE & ISSUER

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INSURER

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You should read the enclosed material carefully, especially the Product Disclosure Statement. This PDS contains the important information you should know about My Protection Plan.

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This Product Disclosure Statement (PDS) was issued on 1 March 2010. The PDS will be withdrawn immediately in the event of any material alteration occurring, which would result in the information contained in this PDS becoming misleading.

Information in this PDS is based on the current taxation laws and their interpretation.

All applications for insurance must be received on an application form attached to the current PDS.

All benefits under the My Protection Plan range of policies are subject to the terms and conditions contained in the policy documents, Acceptance Letter and any Special Acceptance Terms.

IMPORTANT INFORMATION

This PDS contains information you need to read before making any decision to acquire any of the types of insurance described in the PDS. It is important that you read this PDS carefully and understand the terms of insurance before making an application under this PDS.

Noblelink Financial Services Pty Ltd (ABN 66 112 981 718) (AFSL 286798) is the trustee (the Trustee) of the Plan and is the issuer of interests under this product disclosure statement (PDS). NobleOak Life Limited (ABN 85 087 648 708) is the insurer (the Insurer).

Information in this PDS is of a general nature only and any advice does not take into account your personal objectives, financial situation or needs.

Information in the PDS may change from time to time. Changes that are not materially adverse to you will be available to you on our website, www.noblegroup.com.au. You can request us to provide a paper copy of such changes to you, free of charge, by calling us on 1300 551 044. If we make changes that are materially adverse we will issue a supplementary PDS or otherwise advise you in accordance with legislation.

The Trustee is responsible for the information in the PDS.

Benefits payable by the Trustee are limited to the insured benefit that is paid to the Trustee by the Insurer. The Plan is not a savings plan. The primary purpose of the Plan is to provide a benefit in the event of death, total and permanent disablement and/or crisis recovery, depending on which insurance cover you choose. If you terminate your cover at any time you will not receive any benefit.

This PDS only constitutes an offer to a person receiving it in Australia.

ABOUT THE TRUSTEE

The Trustee (Noblelink Financial Services Pty Ltd ABN 66 112 981 718) is a wholesale insurance provider specialising in the development and administration of specialist products and is the issuer of this PDS.

The Trustee holds an Australian Financial Services Licence Number 286 798.

ABOUT THE INSURER

NobleOak Life Limited (ABN 85 087 648 708) (the Insurer) has been serving the Australian population as a friendly society for over 130 years, by providing members with investment products, funeral funds and health insurance. During this time, its mission has been to provide members with financial security when it has been most needed. As a registered life insurance company, the Insurer combines extensive experience with local expertise to offer some of the country's most innovative life insurance options today. The products are continually reviewed and upgraded to ensure they meet the changing needs of our members.

ABOUT THE REINSURER

The reinsurer is Hannover Re of Australasia, a subsidiary of the Hannover Re Group. The Hannover Re Group is one of the world's leading reinsurance groups with a gross premium in excess of A\$16 billion.

It transacts all lines of non-life and life and health reinsurance and maintains business relations with more than 5,000 insurance companies in about 150 countries. Its worldwide network consists of more than 100 subsidiaries, branch and representative offices in around 20 countries with a total staff of roughly 1,900.

WHAT YOU NEED TO KNOW ABOUT THE LIFE, SALARY CONTINUANCE AND BUSINESS EXPENSES POLICY

Developing effective insurance strategies and providing independent product evaluation is an important part of insurance planning. Equally important are the products that are available to support your needs.

Why Might I Need Life Insurance?

Most of us do not hesitate to insure our car, house and other valuable possessions. However, we often neglect to insure ourselves and our partners.

At certain stages in life, insuring yourself and your partner is particularly important. For example, if you have a young family, a mortgage or business debts, it is comforting to know that you can ensure your family's current standard of living or that your business wellbeing will be maintained if something happens to you.

Insurance is a flexible and useful tool that can be adapted to suit your needs at each stage of your life. In determining the amount of insurance required, you should consider your financial goals, and your personal and business commitments and responsibilities.

How The Life Insurance Policy Works

My Life Insurance Policy, a part of My Protection Plan provides to persons who apply and are admitted as members of the Plan, simple and competitively priced Life Insurance to cover Life, Life and Total and Permanent Disablement, Life and Crisis Recovery or Life, Total and Permanent Disablement and Crisis Recovery.

The Trustee is the holder of a wholesale insurance policy issued by NobleOak Life Limited (the Insurer).

This policy forms part of the Insurer's Risk Benefit Fund No 1.

Under the policy, the Insurer provides benefits in the event of death, total and permanent disablement (TPD) or crisis recovery of members admitted to the Plan. If you are a member of the Plan, you obtain access to these Life, TPD and Crisis Recovery benefits.

You should note however, that as a member of My Protection Plan, you would not hold an individual contract of insurance with either the Insurer or the Trustee. You would merely access the benefits by becoming a member of the group to which the wholesale insurance policy applies. The Trustee, as the owner of the policy, directs the Insurer to pay any benefit which is payable to you or your nominated beneficiaries.

Why Might I Need Salary Continuance Insurance?

Salary continuance insurance gives you financial protection if you are disabled through injury or sickness and are unable to work. If this happens, the insurance pays you a portion of your monthly income. This helps to minimise the effect on you, your family and on your lifestyle caused by your sickness or injury.

Thousands of Australians experience a heart attack or major illness each year. These events are stressful and can also be a financial drain. Salary continuance insurance can ease this burden, paying you a lump sum if you are diagnosed with specific conditions.

Insurance is a flexible and useful tool that can be adapted to suit your needs at each stage of life. In determining the amount of insurance required, you should consider your financial goals, your family commitments and responsibilities, and your business responsibilities. You should also consult your personal financial adviser to ensure your income benefits meet your current and ongoing needs.

The cover offered by the Plan is designed to help your family remain financially secure at times of personal crisis. The Salary Continuance Policy is simple, low-cost and can be tailored to suit your individual needs.

How The Salary Continuance Insurance Policy Works

The Salary Continuance Insurance Policy, a part of My Protection Plan, provides income protection to persons who apply and are admitted as members of the Plan.

The Trustee of the Plan, Noblelink Financial Services Pty Ltd (the Trustee) is the holder of a wholesale insurance policy issued by NobleOak Life Limited (the Insurer).

This policy forms part of the Insurer's Risk Benefit Fund No 1.

Under this policy, the Insurer provides benefits in the event of total disablement of members of My Protection Plan. If you are a member of My Protection Plan, you obtain access to these total disablement benefits.

You should note however, that as a member of My Protection Plan, you would not hold an individual contract of insurance with either the Insurer or the Trustee. You would merely access the benefits by becoming a member of the group to which the wholesale insurance policy applies. The Trustee, as the owner of the Policy, directs the Insurer to pay any benefit which is payable to you or your nominated beneficiaries.

Why Might I Need Business Expenses Insurance?

Business expenses insurance protects your business if you are totally disabled and unable to work due to sickness or injury, by covering the monthly expenses of the business. This insurance can help your business pay allowable critical day-to-day expenses such as:

- Business rent, electricity, water or gas;
- Pay for employees who do not generate income;
- Make regular business loan repayments.

You can package your Business Expenses Insurance with your Salary Continuance Insurance. Insurance is a flexible and useful tool that can be adapted to suit your needs at each stage of life. In determining the amount of insurance required, you should consider your financial goals, your family commitments and responsibilities, and your business responsibilities. You should also consult your personal financial adviser to ensure your income benefits meet your current and ongoing needs.

The benefit of business expenses insurance is that it provides financial certainty that the business can continue while the owner or key income generator is unable to work and develop business revenue. The Business Expenses Insurance is simple, low-cost and can be tailored to suit your needs.

How The Business Expenses Insurance Policy Works

The Business Expenses Insurance Policy, a part of My Protection Plan, provides benefits on a reimbursement basis. As expenses are incurred, the plan can be used to pay the bills on a monthly basis. The maximum amount payable is governed by a predetermined monthly amount which you nominate when you first take out the cover.

The expenses covered under the plan need to be of a fixed ongoing nature – in other words, the expenses that will be incurred whether or not the business is producing output. This includes items such as rent, leases, utilities, professional fees and office expenses. It does not include expenses that directly relate to production, such as stock. The benefit payments during disablement will normally continue for up to one year.

The Trustee of the Plan, Noblelink Financial Services Pty Ltd (the Trustee) is the holder of a wholesale insurance policy issued by NobleOak Life Limited (the Insurer).

This policy forms part of the Insurer's Risk Benefit Fund No 1.

Under this policy the Insurer provides benefits in the event of total or partial disablement of the members of My Protection Plan. If you are a member of My Protection Plan, you obtain access to these total or partial disablement benefits.

You should note however, that as a member of My Protection Plan, you would not hold an individual contract of insurance with either the Insurer or the Trustee. You would merely access the benefits by becoming a member of the group to which the wholesale insurance policy applies. The Trustee, as the owner of the Policy, directs the Insurer to pay any benefit which is payable to you or your nominated beneficiaries.

LIFE INSURANCE: PRODUCT DISCLOSURE STATEMENT

THE PLAN

For a description of the Life Insurance Policy, please refer to page 2. If you require any further information, please contact your adviser or the Client Services Line on 1300 551 044.

Some of the key features of Life Insurance cover are:

Minimum Age at Entry:	16
Maximum Age at Entry:	70
Termination Age:	85
Maximum Sum Insured:	\$15,000,000

PREMIUMS

Premium payments are based on several factors such as the level of benefit you choose, your gender, age, smoking status, health, pursuits and occupation.

Total and Permanent Disablement Insurance (TPD) and Crisis Recovery Insurance may be added to Life Insurance as optional benefits for an additional premium.

Generally, the cost of insurance is higher as you get older, and higher for greater amounts of benefits insured. The Insurer may apply a premium loading (usually a percentage on top of the standard premium rate) having regard to your current state of health, family history and pastimes. Quotations and a table of current premium rates for the Life Insurance Policy, are available on request from your adviser or from the Trustee's Client Service Team on 1300 551 044.

No minimum premium will apply to members of the Plan.

Premiums are based on the amount of insurance cover required. The insurance will not have a surrender or cash value at any time.

The premiums will be payable by you on an annual basis at each renewal date. If you do not pay the premiums, your insurance will lapse 60 days after the due date. To ensure your insurance remains in place, you must pay the total premium due at the renewal date. For your convenience, premiums while calculated yearly, may be paid monthly through a direct debit arrangement or through your Visa or MasterCard account.

After age 65, the TPD insured amount is reduced each year by 10% until the earlier of age 75 or TPD. This will be reflected in the premium payable. After age 65, the definition of TPD will revert to the 'Activities of Daily Living' definition.

Future premium rates are not guaranteed to remain the same as current rates. The Insurer reserves the right to change the premium rates for all policies in a particular category.

Stamp Duty

Insurance premiums attract State stamp duty. This charge is included in your premium and the Insurer will be responsible for these payments.

BENEFITS

Once you have applied and your application is successful, you or your beneficiaries will be entitled to the following benefits.

Death Benefit

In the event of your death while insured, the Insurer will pay the agreed insured amount (see 'Level of Cover') as a lump sum to your nominated beneficiaries.

If you have not made a nomination, the Insurer will pay the agreed insured amount to your estate.

Terminal Illness Benefit

In the event of you becoming terminally ill, the Insurer will pay the death benefit sum insured that applied when you first stopped work due to the terminal illness, up to a maximum of \$1,000,000. Your death benefit sum insured will be reduced by the amount of any terminal illness benefit paid.

To be eligible for this payment:

- You must be diagnosed by a registered medical practitioner as being terminally ill;
- The illness must prevent you from working in a job to which you are reasonably suited by education, training or experience; and
- After consideration of medical and other evidence satisfactory to the Insurer, it is of the opinion that you are not expected to live more than 12 months.

The registered medical practitioner cannot be you or a member of your family, your business partner, your employee or your employer.

Total and Permanent Disablement Benefit

In addition to Life or Life and Crisis Recovery insurance, you may apply for Total and Permanent Disablement (TPD) insurance.

Some of the key features of TPD cover are:

Minimum Age at Entry:	16
Maximum Age at Entry:	65
Termination Age:	75
Maximum Sum Insured:	\$3,000,000

This optional benefit is available for an additional premium. If you obtain TPD insurance, in the event of you becoming totally and permanently disabled, the Insurer will pay you the agreed insured amount as a lump sum (see 'Level of Cover').

A person is considered to be totally and permanently disabled when he or she has either:

a) Suffered the total and irrevocable loss of the:

- Sight of both eyes; or
- Use of two limbs; or
- Sight of one eye and use of one limb (where limb is defined as the whole hand or the whole foot).

b) Where the member is gainfully employed and working a minimum of 25 hours per week at the time of injury, sickness or disease, then as a result of that injury, sickness or disease:

- Has not performed any work for an uninterrupted period of at least 6 consecutive months solely due to the same injury, sickness or disease; and
- Is attending a registered medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and
- After consideration of all the medical evidence and such evidence as the Insurer may require, has become incapacitated to such an extent as to render him or her unlikely to ever be able to engage in his or her occupation and any other occupation for which he or she is reasonably suited by education, training or experience; or

c) Where the member is engaged in 'house duties' or is gainfully employed and working less than 25 hours per week or is unemployed at the time of injury, sickness or disease, then as a result of that injury, sickness or disease is totally and irreversibly unable to perform at least two of the five 'Activities of Daily Living' (see below).

'House duties' means the member is engaged in full-time unpaid domestic duties in their own residence.

'Activities of Daily Living' are:

- **Bathing** – The ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person. You will be considered to be able to bathe yourself even if the above tasks can only be performed by using equipment or adaptive devices.
- **Dressing** – The ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. You will be considered able

to dress yourself even if the above tasks can be performed only by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

- **Eating** – The ability to get nourishment into the body by any means once it has been prepared and made available to you without the standby assistance of another person.
- **Toileting** – The ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the standby assistance of another person. You will be considered able to toilet yourself even if you have had an ostomy and are able to empty it yourself, or if you use a commode, bed-pan or urinal and are able to empty and clean it without the standby assistance of another person.
- **Transferring** – The ability to move in and out of a chair or bed without the standby assistance of another person. You will be considered able to transfer yourself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices are used.

Crisis Recovery Benefit

In addition to Life or Life and TPD insurance, you may apply for Crisis Recovery insurance. However, Crisis Recovery insurance cannot be owned within a superannuation fund.

Some of the key features of Crisis Recovery Insurance are:

Minimum Age at Entry:	18
Maximum Age at Entry:	60
Termination Age:	70
Maximum Sum Insured:	\$2,000,000

This optional benefit is available for an additional premium. This benefit eases the financial burden of the costs associated with recovering from a medical crisis. The Insurer will provide a lump sum payment to you if you are diagnosed with one of the following 37 Crisis events.

Crisis Events¹

The crisis events covered under this benefit are:

- Accidental HIV Infection
- Alzheimer's Disease/Irreversible Organic Disorder
- Aplastic Anaemia
- Bacterial Meningitis
- Blindness
- Cancer
- Cardiomyopathy
- Chronic Liver Disease
- Chronic Lung Disease
- Coma
- Coronary Artery Angioplasty²
- Coronary Artery By-Pass Surgery
- Dementia

- Diplegia
- Heart Attack
- Heart Valve Replacement
- Hemiplegia
- Kidney Failure
- Leukaemia
- Loss of Hearing
- Loss of Independence
- Loss of Limbs and Sight of One Eye
- Loss of Speech
- Major Burns
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Other Serious Coronary Artery Disease
- Paraplegia
- Parkinson's Disease
- Pulmonary Arterial Hypertension (Primary)
- Quadriplegia
- Stroke
- Surgery to Aorta
- Terminal Illness
- Viral Encephalitis

1 Definitions of Crisis Recovery Events are fully explained from page 8.

2 For coronary artery angioplasty the benefit payable is 25% of the Crisis Recovery sum insured to a maximum of \$25,000.

Crisis Recovery Qualifying Period

The Crisis Recovery benefit will not be payable if you sustain one of the following crisis events within ninety (90) days after the commencement date or any increase or reinstatement:

- Accidental HIV Infection
- Cancer
- Coronary Artery Angioplasty
- Coronary Artery By-Pass Surgery
- Heart Attack
- Heart Valve Replacement
- Leukaemia
- Major Organ Transplant
- Other Serious Coronary Artery Disease
- Pulmonary Arterial Hypertension (Primary)
- Stroke
- Surgery to Aorta

Eligibility

To be eligible for Life, TPD and Crisis Recovery, provided the Insurer accepts your application, you must be:

- at least 16 years of age and not older than 65 years of age next birthday (Life and TPD); and
- at least 18 years of age and not older than 60 years of age next birthday (Crisis Recovery).

Level of Cover

You can select the level of insurance to suit your needs, up to a maximum of \$15,000,000 for Life, \$3,000,000 for TPD (and no greater than

the Life Cover effected) and \$2,000,000 for Crisis Recovery (and no greater than the Life Cover effected). However, the Insurer will consider applications for insurance cover above these levels. Other maximum levels may apply at the discretion of the Insurer.

After age 65, the TPD insured amount is reduced each year by 10% until the earlier of age 75 or TPD. This will be reflected in the premium payable. After age 65, the definition of TPD will revert to the 'Activities of Daily Living' definition.

Any claim paid under Crisis Recovery will reduce the payment of a claim under the Life or Life and TPD benefit cover by that amount. The Crisis Recovery sum insured will be reduced by the amount of the claim paid, with the premium adjusted accordingly. Crisis Recovery Benefit will be paid once only.

Acceptance of Cover

When you apply to be a member of My Protection Plan, your insurance will commence from the date you join the Plan, subject to acceptance by the Insurer.

The Insurer may automatically accept cover for Life Only Cover below \$1,000,000, and TPD Cover of under \$800,000, - if you are able to answer 'NO' to the questions numbered 1 to 13 in Part 7 of the Application Form. Please read YOUR DUTIES AND OBLIGATIONS on Page 21.

In all other instances and for all applications for Crisis Recovery, you will need to provide evidence of your insurability to the Insurer. You can ask your financial adviser or the Trustee's Client Service Team on 1300 551 044 to provide you with the Insurer's requirements.

Note that cover will only commence once accepted by the Insurer. You will be notified of this in writing. In some cases, the Insurer may require further information before accepting your application in which case it will notify you in writing.

When Will Cover Cease?

The insurance of a member will terminate on the earlier of:

- Death of the member;
- The date the member reaches age 75 for TPD and 70 for Crisis Recovery;
- The date the member reaches age 85 (Life);
- The date a member ceases to be a member of the Life Plan;
- 60 days after the premium has fallen due and remains unpaid;
- The date the Policy is terminated;
- The payment of the full sum insured in respect of the member.

Alternatively you may advise the Trustee when cover is no longer required.

Exclusions

The insurance benefit will not be payable if death is a result of suicide occurring within 13 months following the commencement, reinstatement or increase of your insurance policy.

A benefit will not be payable for TPD where it is caused by:

- Any intentional self-injury or suicide (whether felonious or not) or any attempts while sane or insane within 13 months from commencement, reinstatement or increase of your insurance cover; or
- The abuse of alcohol, illegal drugs or controlled substances (except when legally prescribed by a medical practitioner and taken or used as prescribed); or
- The member engaging in or taking part in service in the armed forces of any country other than service in the Citizen Forces within the Commonwealth of Australia.

A benefit will not be payable for a crisis event if:

- A crisis event is directly or indirectly caused by war (whether declared or not), invasion or civil war; or
- A crisis event is directly or indirectly caused by intentional self-inflicted injury (whether illegal or not) or any such attempt by the life insured while sane or insane; or
- The member has consulted a medical practitioner or undergone an investigation in relation to a crisis event before the commencement, reinstatement or increase of your cover and has not disclosed full details to the Insurer. The Crisis Recovery benefit will not be paid in respect of that crisis event and any associated crisis event. No benefit would be payable if your claimed condition is subject to an exclusion, which is specific to you and noted in any Special Acceptance Terms.

TAXATION

Your Life, TPD and Crisis Recovery insurance premiums are not generally an allowable deduction from your assessable income.

Any benefit you receive from this insurance will, in most instances, be tax-free. As this may change in some circumstances, we recommend that you seek professional taxation advice as you may have to pay tax on the benefit.

The above tax information is a general statement only. It is based on the continuation of present taxation laws and their interpretation.

CRISIS EVENT DEFINITIONS - LIFE INSURANCE

As listed on pages 5 and 6.

ACCIDENTAL HIV INFECTION means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the Life Insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within 6 months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under this Policy.

Any accident giving rise to a potential claim must be reported to the Insurer within 30 days and be supported by a negative HIV Antibody Test taken within 7 days after the accident. The Insurer must be given access to test independently all blood samples used, if it so requires and the Insurer retains the right to take further independent blood tests or other medically accepted HIV tests.

ALZHEIMER'S DISEASE/IRREVERSIBLE ORGANIC DISORDER means deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's Disease or an irreversible organic degenerative brain disorder, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Insured. The diagnosis must be clinically confirmed by an appropriate consultant and be supported by the Insurer's Chief Medical Officer.

APLASTIC ANAEMIA means chronic persistent bone marrow failure, which results in anaemia, neutropenia and thrombocytopenia requiring treatment over a period of at least two months by at least one of the following:

- Blood product transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplantation.

BACTERIAL MENINGITIS means the diagnosis of the Life Insured with Bacterial Meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. Diagnosis must be confirmed by a consultant neurologist. Bacterial Meningitis in the presence of HIV infection is excluded. All other forms of meningitis including viral, are excluded.

BLINDNESS means total irreversible loss of sight in both eyes certified by an ophthalmologist and as a result of disease or accident.

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

- Tumours which are histologically described as pre-malignant or showing changes of "carcinoma in situ";
- Prostate cancers which are histologically described as TNM classification T1 or are of another equivalent or lesser classification;
- Melanomas of less than 1.5mm thickness as determined by histological examination and which are also less than Clark Level 3 depth of invasion;
- All hyperkeratosis or basal cell carcinomas of the skin;
- All squamous cell carcinomas of the skin, unless there has been spread to other organs;
- Chronic lymphocytic leukaemia BINET stages A and B or Rai stages 0, I and II;
- Polycythemia Rubra Vera requiring treatment by venesection alone; and
- Tumours treated by endoscopic procedures alone.

CARDIOMYOPATHY means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class 3 on the New York Heart Association classification of cardiac impairment.

CHRONIC LIVER DISEASE means end stage liver failure, together with permanent jaundice, ascites, and hepatic encephalopathy. Such disease directly related to alcohol or drug abuse is excluded.

CHRONIC LUNG DISEASE means end stage respiratory failure requiring extensive, permanent and continuous oxygen therapy as well as an FEV1 test result of less than one litre.

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

For the purposes of this definition, 'significant' shall mean at least 25% loss of function, and 'function' shall include cognitive and physical function.

Excluded from this definition is Coma resulting from alcohol or drug abuse.

CORONARY ARTERY ANGIOPLASTY means the actual undergoing for the first time of either:

- Balloon angioplasty; or
- Insertion of a stent;

to one or more coronary arteries. The procedure must be considered necessary by a cardiologist to correct or treat coronary artery disease. Intra-arterial investigative procedures, "keyhole" and laser procedures are not included.

CORONARY ARTERY BY-PASS SURGERY means the actual undergoing of by-pass surgery, including saphenous vein or internal mammary graft(s), for the treatment of coronary artery disease. The operation must be open chest, for the treatment of two or more coronary arteries and angioplasty contra-indicated and must be considered medically necessary by a consultant cardiologist.

DEMENTIA means clinical confirmation of Dementia due to failing brain functions, resulting in the need for continual assistance in the activities of daily living, as confirmed by a consultant neurologist, psychogeriatrician, psychiatrist or geriatrician. Dementia directly related to alcohol or drug abuse is specifically excluded.

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

HEART ATTACK (Myocardial Infarction) means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The basis for the diagnosis of a heart attack will include either of the following:

- confirmation of new electrocardiogram (ECG) changes or a left ventricular ejection fraction of less than 50%; and

- elevation (other than as a result of cardiac or coronary intervention) of:
 - cardiac enzymes CK-MB above standard laboratory levels of normal; or
 - levels of Troponin I greater than 2.0 ug/l or Troponin T greater than 0.6 ug/l, or their equivalent.

If a diagnosis cannot be made on the basis of these criteria, the Insurer will pay a claim based on satisfactory evidence that the Life Insured has unequivocally been diagnosed as having suffered a heart attack resulting in:

- a reduction in the left ventricular ejection fraction to less than 50%, measured 3 months or more after the event; or
- new pathological Q waves.

HEART VALVE REPLACEMENT means the actual undergoing of open-heart surgery to replace cardiac valves as a consequence of heart valve defects occurring after the Commencement Date or last reinstatement date of the Policy. Valvotomy is specifically excluded.

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

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

LEUKAEMIA means the diagnosis of the Life Insured with Leukaemia other than chronic lymphocytic Leukaemia BINET stages A and B or Rai stages 0, I and II.

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

LOSS OF INDEPENDENCE means

a) A condition as a result of an Injury or Sickness, whereby the Life Insured is totally and irreversibly unable to perform at least three (3) of the following five (5) 'Activities of Daily Living'.

- **Bathing** means the ability of the Life Insured to wash Himself or Herself either in the bath or shower or by sponge bath without the standby assistance of another person. The Life Insured will be considered to be able to bathe Himself or Herself even if the above tasks can only be performed by using equipment or adaptive devices.

- **Dressing** means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The Life Insured will be considered able to dress Himself or Herself even if the above tasks can be performed only by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.
- **Eating** means the ability to get nourishment into the body by any means once it has been prepared and made available to the Life Insured without the standby assistance of another person.
- **Toileting** means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing without the standby assistance of another person. The Life Insured will be considered able to toilet Himself or Herself even if He or She has an ostomy and is able to empty it Himself or Herself, or if the Life Insured uses a commode, bedpan or urinal and is able to empty and clean it without the standby assistance of another person.
- **Transferring** means the ability to move in and out of a chair or bed without the standby assistance of another person. The Life Insured will be considered able to transfer Himself or Herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used.

or

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

LOSS OF LIMBS AND SIGHT OF ONE EYE means the total and irrecoverable loss by the Life Insured of any of the following:

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

LOSS OF SPEECH means the complete and irrecoverable loss of the ability to speak as a result of Sickness or Injury which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.

MAJOR BURNS means Third Degree Burns (full thickness skin destruction) to at least 20% of the body surface area.

MAJOR ORGAN TRANSPLANT means actually having undergone as a recipient, a medically necessary transplant procedure involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.

MOTOR NEURONE DISEASE means the unequivocal diagnosis of Motor Neurone Disease by a consultant neurologist with persistent neurological deficit resulting in at least 25% permanent impairment of physical and cognitive function.

MULTIPLE SCLEROSIS means unequivocal diagnosis of Multiple Sclerosis by two consulting neurologists.

Diagnosis must be based on all of the following:

- Symptoms referable to tracts (white matter) involving the optic nerves, brain stem, and spinal cord, producing well defined neurological deficits;
- A multiplicity of discrete lesions; and
- A well-documented history of exacerbations and remissions of said symptoms/neurological deficits.

MUSCULAR DYSTROPHY means the diagnosis of Muscular Dystrophy, confirmed by a consulting neurologist, based on a combination of some or all of the following:

- Clinical presentation including absence of sensory disturbance, abnormal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram;
- Clinical suspicion confirmed by muscle biopsy, and which in the Insurer's opinion confirms the diagnosis of Muscular Dystrophy.

OTHER SERIOUS CORONARY ARTERY DISEASE means the narrowing of the lumen of at least 3 coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

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

PARKINSON'S DISEASE means unequivocal diagnosis of Parkinson's Disease by a consultant neurologist registered in Australia where the condition:

- Cannot be controlled with medication;
- Shows signs of progressive impairment; and
- 'Activities of Daily Living' assessment confirms the inability of the Life Insured to perform without assistance 3 or more of the following: bathing, dressing, eating, toileting, transferring in or out of bed or a chair.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.

PULMONARY ARTERIAL HYPERTENSION (PRIMARY) means an increase in blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increase in pulmonary blood flow or pulmonary vascular resistance.

The following diagnostic criteria must be met:

- Dyspnoea and fatigue;
- Increased left atrial pressure (at least 20 units more);
- Pulmonary resistance of at least 3 units above normal;
- Pulmonary artery pressures of at least 40mmHg;
- Pulmonary wedge pressure of at least 6mmHg;
- Right ventricular end-diastolic pressure of at least 8mmHg; and
- Right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

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

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

STROKE means a cerebrovascular accident or incident producing neurological deficit resulting in permanent and significant functional impairment (where significant means 25 per cent loss of brain function). This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage or embolisation from an extracranial source. Transient ischaemic attacks, reversible ischaemic neurological deficit and cerebral symptoms due to migraine are excluded.

SURGERY TO AORTA means the actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

TERMINAL ILLNESS means the diagnosis of the Life Insured with an illness which in the Insurer's opinion, will result in the death of the Life Insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.

VIRAL ENCEPHALITIS means the diagnosis of the Life Insured with encephalitis due to direct viral infection of the central nervous system. The encephalitis must produce neurological deficit causing permanent and significant functional impairment certified by a consultant neurologist. Encephalitis in the presence of HIV infection is excluded.

SALARY CONTINUANCE INSURANCE

THE PLAN

For a description of the Salary Continuance Insurance Policy, please refer to page 2. If you require any further information please contact your adviser or the Client Services Line on 1300 551 044.

Some of the key features of Salary Continuance Insurance are:

Minimum Age at Entry:	16
Maximum Age at Entry:	60
Termination Age:	65
Maximum Sum Insured:	\$25,000

PREMIUMS

The premium amount depends on:

- The amount of annual benefit;
- Your age – the premium generally increases with age;
- Your gender – premium rates are generally higher for women than for men;
- The waiting period selected – generally the longer the period, the lower the premium rate;
- The benefit period selected – generally the longer the period, the higher the premium rate; and
- Your occupation.

Also, the Insurer may apply a premium loading (usually a percentage on top of the standard premium rate) having regard to your current state of health, family history or pastimes.

Quotations and a table of current premium rates for Salary Continuance Policy, are available on request from your adviser or from the Trustee's Client Service Team on 1300 551 044.

No minimum premium will apply to members of the Plan.

Premiums are based on the type and level of insurance cover selected. The insurance will not have a surrender or cash value at any time.

The premium will be payable by you on an annual basis at each renewal date. If you do not pay the premium, your insurance will lapse 60 days after the due date. To ensure your insurance remains in place you must pay the total premium due at the renewal date. For your convenience, premiums while calculated yearly, may be paid monthly through a direct debit arrangement or through your Visa or MasterCard account. Future premium rates are not guaranteed to remain the same as current rates. The Insurer reserves the right to change premium rates for all policies in a particular category.

Stamp Duty

Insurance premiums attract State stamp duty. This charge is included in the premium and the Insurer will be responsible for these payments.

BENEFITS

Once you have applied and your application is successful, you and your beneficiaries will be entitled to the following benefits.

Total Disablement Benefit

If the person insured becomes totally disabled (subject to the exclusions on page 16), he or she will receive a monthly payment after the selected waiting period has expired for the duration of the benefit period to replace part of his or her income. The benefit is payable in arrears.

In choosing the level of monthly benefit, please refer to 'Level of Cover' on page 15.

In determining whether the insured person's total disablement is caused by an injury or sickness, based on medical evidence, the following meanings will be applied:

- 'Injury' means accidental bodily injury of a person insured occurring after cover for the person insured begins.
- 'Sickness' means sickness or disease suffered by a person insured that manifests itself after cover for the person insured begins.

If the insured person's total disablement commences more than 30 days after the date of injury, the Insurer will treat the cause as a sickness. A benefit is payable for only one sickness or one injury if the insured person is totally disabled because of more than one injury or sickness, or both. In determining whether or not you are totally disabled, one of the following two definitions will be applied:

Definition 1 'Any Occupation'

As a result of injury, sickness or disease:

- During the first two years you are unable to perform your regular occupation; and
- After the first two years you are unable to perform any occupation for which you are reasonably suited by education, training or experience because of the same injury, sickness or disease; and
- You are not engaged in any occupation; and
- You are under the regular care and attendance of a registered medical practitioner.

Definition 2 'Own Occupation'

As a result of injury, sickness or disease:

- You are unable to perform your regular occupation; and
- You are not engaged in any occupation; and
- You are under the regular care and attendance of a registered medical practitioner.

Your occupation will determine which definition will apply and this will be advised to you when your cover is accepted.

The registered medical practitioner must be independent from you (for example, not a relative, a business partner, employee or employer).

Partial Disablement Benefit

The Insurer will pay you a Partial Disablement Benefit if:

- You return to work immediately after being totally disabled for at least 14 consecutive days and are able to perform one or more duties of your usual occupation but not all of them; and
- You suffer a loss of income, that is, your income whilst you are partially disabled is less than your income immediately before becoming totally disabled.

The benefit will be payable if your income is reduced as a result of partial disablement and will be proportionate to the loss of income sustained. The benefit will be paid monthly in arrears.

You must be under the regular care and attendance of a registered medical practitioner and the waiting period must have expired before payment commences.

Recurring Disablement Benefit

If you return to work for less than 6 months after receiving your most recent total or partial disablement benefit and suffer a recurrence from the same or related cause, the claim will be treated as a continuation of the original claim. No waiting period will apply for this benefit.

Specific Injuries and Sickness Benefit

If you suffer a Specific Injury or Sickness and your waiting period is 90 days or less, the Insurer will pay you a monthly income benefit equal to your total disablement benefit regardless of whether or not you are totally disabled and regardless of whether or not you can return to work.

The monthly income benefit will be paid in advance as follows from the date your condition is diagnosed:

Length of Waiting Period	How Long We Pay You For
30 Days	6 Months
90 Days	3 Months

Specific Injuries and Sickness Benefit - Details

The following injuries and sicknesses covered under this benefit are:

- **Cancer** – means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:
 - Tumours which are histologically described as pre-malignant or showing changes of 'carcinoma in situ';
 - Prostate cancers which are histologically described as TNM classification T₁ or are of another equivalent or lesser classification;
 - Melanomas of less than 1.5mm thickness as determined by histological examination and which are also less than Clark Level 3 depth of invasion;
 - All hyperkeratoses or basal cell carcinomas of the skin;
 - All squamous cell carcinomas of the skin, unless there has been a spread to other organs;
 - T1N0M0 papillary carcinoma of the thyroid less than 1 cm in diameter;
 - Polycythemia rubra vera requiring treatment by venesection alone; and
 - Tumours treated by endoscopic procedures alone.
- **Kidney Failure** – means end stage renal failure, which presents as chronic irreversible failure of both kidneys to function as a result of which, regular renal dialysis is initiated or renal transplantation is carried out.
- **Coronary Artery By-Pass Surgery** – means the actual undergoing of by-pass surgery, including saphenous vein or internal mammary graft/s, for the treatment of coronary artery disease. The operation must be open chest, for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered medically necessary by a consultant cardiologist.
- **Heart Attack (Myocardial Infarction)** – means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The basis for the diagnosis of a heart attack will include either of the following:

- confirmation of new electrocardiogram (ECG) changes or a left ventricular ejection fraction of less than 50%; and
- elevation (other than as a result of cardiac or coronary intervention) of:
 - cardiac enzymes CK-MB above standard laboratory levels of normal; or
 - levels of Troponin I greater than 2.0 ug/l or Troponin T greater than 0.6 ug/l, or their equivalent.

If a diagnosis cannot be made on the basis of these criteria, the Insurer will pay a claim based on satisfactory evidence that the Life Insured has unequivocally been diagnosed as having suffered a heart attack resulting in;

- a reduction in the left ventricular ejection fraction to less than 50%, measured 3 months or more after the event; or
- new pathological Q waves.
- **Heart Valve Replacement** – means the actual under-going of open-heart surgery to replace cardiac valves as a consequence of heart valve defects occurring after the commencement date or last reinstatement date or any increase in cover of the policy. Valvotomy is specifically excluded.
- **Major Organ Transplant** – means actually having undergone as a recipient, a medically necessary transplant procedure involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.
- **Major Burns** – means Third Degree Burns (full thickness skin destruction) to at least 20% of the body surface area.
- **Stroke** – means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:
 - There is an acute onset of objective and ongoing neurological signs that are expected to be permanent; and
 - Findings on magnetic resonance imaging, computerised tomography or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, vasculitis or an inflammatory disease is excluded.

If you suffer more than one of these injuries or sicknesses at the same time, only one monthly income benefit is payable. No other benefit will be payable by the Insurer whilst this benefit is being

paid, including the Nursing Care Benefit. However, you will be paid the appropriate benefit if you are totally or partially disabled after the period (either 3 or 6 months) ends (see page 13), with no waiting period applicable. Payment will be made from the date the condition is diagnosed or the Insurer has admitted the claim. Payment will cease when you stop being entitled to benefits for total or partial disablement.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period you may be eligible for this benefit which will help pay your rehabilitation costs and may include equipment purchases. Prior to any expenses being incurred, the Insurer must give written approval. This benefit is only payable where a registered medical practitioner states in writing that the rehabilitation costs are required as part of the rehabilitation required for the member to return to work. The maximum benefit payable is an amount equal to up to six monthly payments.

Nursing Care Benefit

If you are totally disabled and confined to bed and a registered medical practitioner certifies in writing that you need the full-time care of a registered nurse for more than two consecutive days during the waiting period, you may be eligible for the Nursing Care Benefit.

If you meet the above conditions, the Insurer will pay you a daily proportion, monthly in arrears, of your total disablement benefit while this nursing care continues, for up to 30 days for each day after the first two consecutive days.

The nurse must be independent from you (for example, not a relative, a business partner, employee or employer).

Death Benefit

If you die before reaching the age of 65 while the Insurer is paying you a total disablement benefit, your estate will be entitled to receive from the Insurer a lump sum benefit equal to one month's total disablement benefit

Spouse Benefit

If your spouse (i.e. your legal husband or wife or the person living with you as your spouse on a domestic basis in good faith) has to stop working because of your disablement, we will pay, monthly in arrears, the amount your spouse would have earned per month had he or she kept working, or a monthly benefit of \$2,000, whichever is the lesser, for up to six months subject to the following conditions:

- Your spouse must not have been your employee, or an employee of an entity which you own or owned;

- Your spouse must have been earning income from a full-time or permanent part-time occupation; and
- The Insurer must have been paying the total disablement benefit to you for more than 90 days.

Waiting Period

The waiting period is the period you elect to wait before the benefit period begins. You may select a 30 or 90 day period, which begins from the date a registered medical practitioner examines you and certifies you as totally disabled. You can return to full-time paid work once for less than six consecutive days during the waiting period without the waiting period recommencing, provided that the total disablement recurs for the same or related reasons. Any days worked are added to your waiting period. If, in the same waiting period, you return to work a second time the waiting period will recommence.

Benefit Period for Total and Partial Disablement

The Insurer will pay a benefit until one of the following events occurs:

- You cease to be eligible for a benefit payment; or
- Your benefit period expires; or
- Your 65th birthday; or
- Your death.

Claim Payment Benefit Increases

After receiving a benefit for total or partial disablement for 12 consecutive months, your monthly benefit will automatically increase each year by 5% or the increase in the Consumer Price Index (CPI), whichever is less. Your benefit will again increase after a further 12 months by the same method, as long as payments have continued to be made to you (without cessation) due to your total or partial disablement. When payments cease, the benefit will revert to the monthly benefit shown in the Policy Schedule.

Waiver of Premium

Once you have made a claim and are receiving an income benefit, you do not need to pay any premiums until total disability payments cease.

Eligibility

To be eligible for Salary continuance Cover, provided the Insurer accepts your application, you must be:

- At least 17 years of age next birthday; and
- Not older than 60 years of age next birthday.

To join the Plan you must be permanently and gainfully employed for at least fifteen (15) hours per week and a permanent resident of Australia.

Level Of Cover

You may choose the level of monthly benefit to a maximum of 75% of your income over the last 12 months, excluding business expenses (if any), but including tax, plus a maximum of 10% of your income for superannuation contributions for any period you are on claim.

The following conditions apply:

- The minimum benefit you can apply for is \$1,000 per month;
- The maximum level of cover available is \$25,000 per month. However, the Insurer will give special consideration to cover above this level.
- You can elect to receive benefits for 2 years or until age of 65.

Claims Offsets

In the event of a claim, the Insurer may reduce the amount of monthly benefit otherwise payable by amounts received from other sources in respect of the member's injury or sickness. Amounts that can be offset include:

- Payments made under a worker's compensation, social security, sick leave or motor accident claim or any claim made under any similar state or federal legislation;
- Other insurance or regular payments from a superannuation/pension plan that provides income payments due to injury or sickness.

Any payment which is in the form of a lump sum or is exchanged for a lump sum is deemed to be the monthly equivalent of 1/60 of the lump sum over a period of 60 months. Any lump sum Total and Permanent Disablement benefit will not be offset against the monthly benefit.

The monthly benefit will be reduced only to the extent that the aggregate of the monthly benefit and any other payments made due to the member's injury or sickness cannot exceed 75% of the member's pre-disablement income. (A person's pre-disablement income is the gross monthly income earned by the member over the 12 months immediately prior to the most recent disablement.)

Income

Income in the case of a salaried person is the total pre-tax remuneration paid by an employer, including salary, fees and fringe benefits, for the last 12 months. Where commission and bonuses form over 40% of the pre-tax remuneration for the last 12 months, the Insurer will take them into account. Where the salaried person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees and fringe benefits for the last 12 months.

Income in the case of a self-employed person, a working director or partner in a partnership is the income generated by the business or practice due to the person's personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last 12 months.

Acceptance of Cover

When you apply for salary continuance insurance through My Protection Plan, your insurance will commence from the date you join the Plan, subject to acceptance by the Insurer.

In all instances you will need to provide evidence of your insurability to the Insurer. You may ask your financial adviser or the Trustee's Client Service Team on 1300 551 044 to provide you with the Insurer's requirements.

Note that cover will only commence once accepted by the Insurer. You will be notified of this in writing. In some cases, the Insurer may require further information before accepting your application in which case it will notify you in writing. However, the Insurer will provide cover for you interim for total disablement caused by an injury which lasts for at least the length of the elected waiting period (see page 13) to the limit of the cover for all or the relevant part of the benefit which would have commenced if acceptance terms did not apply.

The interim cover automatically ceases when one of the following events occurs:

- The Insurer accepts, limits or rejects the cover which is subject to acceptance terms; or
- The cover is cancelled; or
- The application is withdrawn; or
- 60 days lapse from the date cover for all, or the relevant part of the benefit, would have started if acceptance terms did not apply.

When Will Cover Cease?

The insurance of a member shall terminate on the earlier of:

- The date you reach age 65; or
- The date you cease to be eligible for this insurance cover; or
- The date you permanently retire from the workforce; or
- The date you cease to be a member of the Salary Continuance Policy; or
- 60 days after the premium has fallen due and is still unpaid; or
- The date the Policy is terminated; or
- The date of your death.

Alternatively, you may advise the Trustee when cover is no longer required.

Exclusions

A benefit will not be payable by the Insurer if your injury or sickness is caused by:

- Uncomplicated pregnancy, childbirth or miscarriage;
- The abuse of alcohol, illegal drugs or controlled substances (except when legally prescribed by a medical practitioner and taken or used as prescribed);
- Intentional self-injury or attempted suicide while sane or insane;
- Your service in the armed services of any country or international organisation; or
- An exclusion, which is specific to you and noted in any Special Acceptance Terms.

The Insurer may be entitled to deny paying any benefit if you have not complied with the duty of disclosure (see page 21).

TAXATION

The cost of your salary continuance insurance, whether you are employed or self-employed, may be an allowable deduction from your assessable income.

If you intend to hold salary continuance cover in your superannuation plan, more complex rules may apply.

Any benefit you receive from this insurance cover will generally be assessable as income and therefore will generally be subject to tax.

The above tax information is a general statement only. It is based on the continuation of present taxation laws and their interpretation. As individual circumstances differ, we recommend you seek professional taxation advice before applying for insurance cover.

BUSINESS EXPENSES INSURANCE

THE PLAN

For a description of the Business Expenses Insurance Plan, please refer to page 3. If you require any further information please contact your adviser or the Client Services Line on 1300 551 044.

Some of the key features of Business Expenses Insurance cover are:

Minimum Age at Entry:	18
Maximum Age at Entry:	60
Termination Age:	65
Maximum Sum Insured:	\$25,000

PREMIUMS

Premium payments are based on several factors such as the level of benefit you choose, your gender, age, smoking status, health, pursuits and occupation.

The Insurer may also apply a premium loading (usually a percentage on top of the standard premium rate) having regard to your current state of health, family history or pastimes.

Quotations and a table of current premium rates for the Business Expenses Income Insurance Policy, are available on request from your adviser or from the Trustee's Client Service Team on 1300 551 044.

No minimum premium will apply to members of the Plan.

Premiums are based on the type and level of insurance cover selected. The insurance will not have a surrender or cash value at any time.

The premium will be payable by you on an annual basis at each renewal date. If you do not pay the premium, your insurance will lapse 60 days after the due date. To ensure your insurance remains in place you must pay the total premium due at the renewal date. For your convenience, premiums while calculated yearly, may be paid monthly through a direct debit arrangement or through your Visa or MasterCard account.

Future premium rates are not guaranteed to remain the same as current rates. The Insurer reserves the right to change the premium rates for all policies in a particular category.

Stamp Duty

Insurance premiums attract State stamp duty. This charge is included in the premium and the Insurer will be responsible for these payments.

Extent of Cover

This insurance cover is provided subject to the following terms and conditions:

The payment of any Insured Monthly Benefit in respect of a Life Insured will always be subject to:

- The provisions of the Business Expenses Plan;
- Any special terms and conditions contained in your certificate of membership;
- Any special terms and conditions of acceptance for you; and
- Any special terms and conditions agreed in writing with you.

BENEFITS

Once you have applied and your application is successful, you or the person nominated by you will be entitled to the following benefits.

Total Disablement Benefit

If the person insured becomes totally disabled (subject to the exclusions on page 19), for longer than the Waiting Period, he or she will receive the Insured Monthly Benefit payment after the selected waiting period has expired for the duration of the benefit period to replace part of his or her income. The benefit is payable in arrears.

The claim amount we will pay will be calculated on the lesser of:

- The Insured Monthly Benefit; and
- 1/12 of the Allowable Business Expenses actually incurred by you in the operation of your profession, business or occupation during the twelve (12) months immediately preceding your Total Disability and which continue during that Total Disability.

In determining whether the insured person's total disablement is caused by an injury or sickness, based on medical evidence, the following meanings will be applied:

- 'Injury' means bodily injury which is caused by accidental means independently of any other cause and is not intentionally self-inflicted irrespective of whether the person is sane or insane after cover for the person insured begins.
- 'Sickness' means illness or disease which manifests itself after the Business Expense Plan commences, and which results in a Total Disablement or Partial Disablement.

If the insured person's total disablement commences more than 30 days after the date of injury, the Insurer will treat the cause as a sickness. A benefit is payable for only one sickness or one injury if the insured person is totally disabled because of more than one injury or sickness, or both.

Partial Disablement Benefit

The Insurer will pay you a Partial Disablement Benefit if:

- You return to work immediately after being totally disabled for at least fourteen (14) consecutive days and are able to perform one or more duties of your usual occupation but not all of them; and
- You suffer a loss of income, that is, your income whilst you are partially disabled is less than your income immediately before becoming totally disabled.

The benefit will be payable if your income is reduced as a result of partial disablement and will be proportionate to the loss of income sustained. The benefit will be paid on a daily basis and paid monthly in arrears.

This amount will be the lesser of:

- The Insured Monthly Benefit; and
- 1/12 of the Allowable Business Expenses actually incurred by you in the operation of your profession, business or occupation during the twelve (12) months immediately preceding your Total Disability and which continue during that Partial Disablement,

Less:

- Any amounts that are reimbursed or received from elsewhere for your disablement, and
- Your share of the gross income of the business for that period.

The Insurer will determine your share of Allowable Business Expenses actually incurred, or share of gross income of the business, in line with the usual manner of apportioning profits and/or losses of the business between yours and any co-owners of the business.

When you are Partially Disabled and not working, the Insurer will determine the gross income of the business. The Insurer will consider the opinion of your Medical Practitioner and any Medical Practitioners the Insurer has nominated.

You must be under the regular care and attendance of a registered medical practitioner and the waiting period must have expired before payment commences.

Benefit Period for Total and Partial Disablement

If at the end of the Benefit Period, the Life Insured remains Totally Disabled, and the total benefit paid is less than 12 times the insured Monthly Benefit, the Insurer will continue to pay the benefit until the earliest of:

- The Insurer has paid, in total, 12 times the Insured Monthly Benefit;
- A further 12 months have expired;
- The Life Insured ceases to be totally disabled; and
- The insurance cover has terminated pursuant to the clause below entitled "When will Cover Cease?"

Waiver of Premium

If the Life Insured is due a claim payment under the Business Expenses Plan, the premiums payable in respect of the period the claim payment relates to will be waived.

Eligibility

To be eligible for Business Expenses Insurance Cover, provided the Insurer accepts your application, you must either be a Life Insured, or meet our eligibility requirements to be a Life Insured, and has been nominated by you for insurance cover under this Business Expenses Plan.

Members must be permanent residents of Australia and between the age of 18 and under the age of 60 at the time of requesting cover under the Policy.

Level of Cover

Insurance cover in respect of an Eligible Person may be provided up to a maximum of \$25,000 per month for this benefit and all similar benefits held on the Life Insured by the Insurer.

All similar benefits includes any insurance obtained under the Salary Continuance Plan. In determining the maximum Insured Monthly Benefit that will be accepted, the Insurer will have regard to the benefits payable under any other income protection or business expenses insurance policy in force or proposed in respect of the Life Insured. If you do not disclose any such benefits at the time of the application for insurance cover, the Insurer may reduce the amount of the claim amount otherwise payable if a claim occurs.

The maximum amount may be varied from time to time. Any reduction in this amount will however not reduce the Insured Monthly Benefit already agreed in respect of a Life Insured.

Allowable Business Expenses

Allowable Business Expenses refers to the Life Insured's share of business expenses as listed below and any others which have been specifically approved:

- Premises expenses: Cleaning, insurance, interest and fees on loan to finance the premises, property rates/taxes, rent, repairs and maintenance, security costs.
- Services expenses: Electricity, fixed telephone and fax lines, gas, Internet service provider, mobile telephone, postage and couriers, water and sewerage.
- Equipment: Depreciation, motor vehicle leasing, insurance of vehicles and equipment, registration of vehicles, repairs and maintenance.
- Salaries and related costs: Salaries of employees who do not generate any business income, payroll tax and superannuation (SGC) contributions for these same employees.
- Other eligible expenses: Account keeping fees, accounting and auditing fees, bank fees and charges, business insurances, professional association membership fees, regular advertising costs.

Income

Income refers to the income generated by the business or practice due to their personal exertion or activities, less their share of necessarily incurred business expenses, for the last twelve (12) months.

Claims Offsets

In the event of a claim, the Insurer may reduce the amount otherwise payable, including:

- the Life Insured's portion of the income of the business derived from trading during the period;
- the income generated by an employee hired after the Life Insured became Totally Disabled to perform the work normally performed by the Life Insured; and
- any amount received from any other insurance policy for reimbursement of business expenses that was not disclosed to the Insurer when the present level of cover was applied for. The amount will be reduced only to the extent that the combined claim payments from the Business Expenses Plan and other insurance could otherwise exceed 100% of the Insured Monthly Benefits

Acceptance of Cover

When you apply for Business Expenses Cover through My Protection Plan, your insurance will commence from the date you join the Plan, subject to acceptance by the Insurer.

In all instances you will need to provide evidence of your insurability to the Insurer. You may ask your financial adviser or the Trustee's Client Service Team on 1300 551 044 to provide you with the Insurer's requirements.

Note that cover will only commence once accepted by the Insurer. You will be notified of this in writing. In some cases, the Insurer may require further information before accepting your application in which case it will notify you in writing.

When Will Cover Cease?

The insurance of a member shall terminate on the earlier of:

- The end of the Benefit Period in respect of the Life Insured;
- The death of the Life Insured;
- The commencement anniversary following the Life Insured's 65th birthday or such other date that the Insurer may approve in writing from time to time;
- The date the Life Insured no longer meets the eligibility requirements agreed with the Insurer in writing to be a Life Insured;
- The date the Life Insured joins the armed forces of any country;
- The date you advise the Insurer that the Business Expenses Cover is no longer required to cover the Life Insured; and
- The date when all cover for every Life Insured under your Business Expenses Plan ceases and all cover under this Business Expenses Plan will terminate when:
 - You fail to provide any necessary administration information to the Insurer by any due dates as previously agreed in writing with the Insurer; or
 - You fail to pay the premium by within the maximum period after the due date previously agreed in writing with the Insurer; or
 - Legal proceedings are commenced for the winding up of the Business; or
 - You provide notification in writing to terminate the Business Expenses Plan.

Exclusions

A benefit will not be payable by the Insurer if the injury or sickness is directly or indirectly caused by:

- Uncomplicated pregnancy, childbirth or miscarriage;
- Intentional self-injury or attempted suicide while sane or insane;

-
- The abuse of alcohol, illegal drugs or controlled substances (except when legally prescribed by a medical practitioner and taken or used as prescribed);
 - The Eligible Person's voluntary participation in a criminal act;
 - Your service in the armed services of any country or international organisation; or
 - An exclusion, which is specific to you and noted in any Special Acceptance Terms.

The Insurer may be entitled to deny paying any benefit if you have not complied with the duty of disclosure. (see page 21).

TAXATION

Your premium may be tax deductible under the Income Tax Assessment Act 1997 and any amounts that you receive may be assessable income.

The above tax information is a general statement only. It is based on the continuation of present taxation laws and their interpretation. As individual circumstances differ, we recommend you seek professional taxation advice before applying for insurance cover.

OTHER IMPORTANT INFORMATION - FOR ALL PRODUCTS

WHAT ARE THE CHARGES?

All the fees and charges for the products are included in the premium and are not additional fees and charges payable by you.

These are:

- **Administration Fee:** Noblelink is entitled to an administration fee of up to 10.00% of the premium after the deduction of Adviser's remuneration (if any).
- **Adviser Remuneration:** When you purchase your insurance product through an adviser, Noblelink pays remuneration to your adviser for recommending this policy. Your adviser is required to include details of the remuneration in the Statement of Advice that they have to provide to you.
- Your adviser may be entitled to a profit sharing rebate paid as an administration fee by the Insurer if it is justified by the claims experience.

Monthly Payments

Premiums paid by monthly instalments attract an additional charge of 5% for administration.

COOLING OFF PERIOD

After you take out insurance cover and receive a copy of the Acceptance Letter you have 21 days to ensure that the Policy suits your needs. Within this period, you may cancel your insurance cover under the Policy and premium will be refunded in full. To do this you must put your request in writing to the Trustee.

GUARANTEED RENEWABILITY

The Insurer guarantees to renew your insurance cover each year provided no event of termination has occurred. Your insurance cover will not be cancelled nor the premiums increased due to any change in your state of health, occupation or pastimes.

WORLDWIDE COVER

Once issued, insurance cover is provided for worldwide residence and travel 24 hours a day, subject to any terms and conditions that the Insurer may apply at the time of acceptance.

Note that this PDS does not constitute an offer, invitation or recommendation by the Trustee or any other person to apply for insurance in any other jurisdiction.

WHAT ARE THE RISKS IN TAKING OUT INSURANCE?

You should consider any risks that might apply before making an application under this PDS. Some of the risks may include:

- The insurance you take out may not meet your needs;
- The level of cover, or the terms that apply, may not be sufficient to give you the protection you require or desire;
- You may not be able to increase cover to the desired level because of health or other issues.

YOUR DUTIES AND OBLIGATIONS

Your Duty of Disclosure

When you enter a contract of insurance, the *Insurance Contracts Act 1984* requires you to disclose 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 and terms to insure you. These matters must be disclosed before you enter, renew, vary, reinstate or extend an insurance contract.

However, this duty does not require you to disclose information:

- Which reduces the risk to the Insurer; or
- Which is of common knowledge; or
- Which the Insurer knows or ought to know in the ordinary course of its business; or
- Where the Insurer waives your duty.

Non-Disclosure

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may void the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may void the contract from its inception at any time.

An Insurer who is entitled to void a contract of life insurance may, within three years of entering into it, elect not to void it but to reduce the sum that you have been insured for, in accordance with a formula that takes into account the premium that would have been payable, if you had disclosed all relevant matters.

CONTINUATION OPTION

A member who is insured under this Plan in an employer group, or any other group, and who ceases to be a member for reasons other than fraud or misrepresentation may, within 60 days after ceasing to be a member of that group exercise the continuation option under the policy and thus continue as an individual member of My Protection Plan for your existing benefits.

Note that your application must be in writing and received by the Trustee within 60 days of you ceasing to be a member of that group. Once Noblelink receive advice of your leaving the group, we will forward a Continuation Option Request Form to you.

WHAT INFORMATION WILL I RECEIVE?

When your insurance cover under the Plan begins, you will be issued with an Acceptance Letter outlining the full details of your insurance.

You will also receive an annual advice from the Trustee confirming your insurance details, including your insured benefits and premium payable.

MAKING A CLAIM

In the event of a claim, please notify the Trustee's Client Service Team on 1300 551 044 or writing in to GPO Box 4793 SYDNEY NSW 2001 within 14 days or as soon as possible after you have ceased working due to sickness or injury.

We will send you a claim form, explaining in detail our requirements and the next steps required. For example, we will require a certified Death Certificate (for death claims), or proof of income with the required medical evidence (for Salary Continuance claims), together with the completed Claim Form to enable us to assess the claim and if approved, pay the benefit. All claims will be paid in Australian dollars.

PRIVACY

The Trustee recognises the importance of protecting personal information and is bound by the relevant legislation.

The Trustee collects personal information for the purposes of:

- Managing how we provide you with any product or service;
- Assessing and processing your application and any claims made;
- Identifying you and protecting against fraud; and
- Letting you know about other products or services that the Trustee and Insurer may offer.

The type of personal information the Trustee may collect includes your name, date of birth, address, banking details, preferred beneficiaries, health and employment information. If you do not provide the required information we may not be able to assess your application.

To help us keep your details up-to-date, please advise us of any information that appears inaccurate, especially your contact details. You may contact us on 1300 551 044 or write to GPO Box 4793, SYDNEY NSW 2001 to access information we hold about you in accordance with the National Privacy Principles.

The personal information we collect from or about you may be provided to the following parties:

- To your own doctor or any other doctor, hospital or clinic with whom you have provided a medical authority for the purpose of obtaining details about your medical history;
- To the Insurer for the purpose of assessing your application. The Insurer may disclose this information to the Reinsurer and medical practitioners or other professionals it appoints to help it consider your claim;
- Your financial planner or insurance broker (if relevant)
- Any person the Trustee considers needs the information in order to process your application, assess any claim or resolve complaints;
- The Trustee and Insurer wishing to inform you about their products and services
- As required or authorised by law or where you have given consent.

Subject to some exceptions allowed by law, you can gain access to your personal information.

To obtain a copy of the Trustee or the Insurer's Privacy Policy, please call our Client Service Line on 1300 551 044, or write to GPO Box 4793, SYDNEY NSW 2001.

COMPLAINTS RESOLUTION

The Trustee has established procedures to deal with member enquiries and complaints.

Enquiries should be made to the Client Service Line on 1300 551 044.

Complaints should be made in writing to:

Dispute Resolution Officer
GPO Box 4793
SYDNEY NSW 2001

FINANCIAL OMBUDSMAN SERVICE

If we cannot deal with your complaints to your satisfaction then you may have the right to refer to matter to the Financial Ombudsman Service (FOS).

FOS is an external and independent body whose role is to help financial industry clients resolve complaints they have been unable to resolve with the financial institution they are dealing with.

If you are not satisfied that a complaint has been handled to your satisfaction, you may have the right to lodge a complaint with FOS. FOS can be contacted at:

Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Toll Free Number: 1300 780 808
Fax: (03) 9613 6399
Email: info@fos.org.au

You should note that time limits may affect your ability to make a complaint to FOS. Generally a time limit of 6 years applies.

To obtain a copy of the Trustee or the Insurer's Privacy Policy, please call our Client Service Line on 1300 551 044, or write to GPO Box 4793, SYDNEY NSW 2001.

HOW TO APPLY

Any questions?

Contact Client Services on 1300 551 044

Cheques should be made payable to:

Noblelink Financial Services Pty Ltd

Please forward cheque/s and form/s to:

Noblelink Financial Services Pty Ltd

GPO Box 4793

SYDNEY NSW 2001

Application Form

Essential:

■ **Member Application** (Pages 25 to 33)

This form must be completed to join the plan.

Additional:

■ **Direct Debit Request** (Page 35)

This form must be completed if you wish to have regular contributions paid directly from a nominated account into the plan.

■ **Credit Card Authority** (Page 37)

This form must be completed if you wish to have regular contributions paid directly from your credit card into the plan.

When filling out the forms:

■ Write legibly in block letters

■ Cross **X** boxes

■ Use a black or dark blue pen

Incomplete Applications

If your application is incomplete, we will retain the application money until we either:

■ Receive the outstanding information and you become a member of My Protection Plan;

or

■ Refund the application money to you.

We will contact you to advise you of any outstanding requirements.

Who Should Sign The Application Form?

- The applicant personally; or
- Two directors or a director and a company secretary. (Company applications may be executed without the company seal. However, those signing must each state their title. If signing as a sole director or a sole secretary, please indicate this on Member Application.); or
- Attorney/s. (If you are signing under power of attorney, please attach a certified copy of the power and specimen signature/s of the attorney/s. By signing under power of attorney, you verify that you have not received notification of revocation of that appointment.)

Member Application

Noblelink Financial Services Pty Ltd (ABN 66 112 981 718)

Issued: 1 March 2010

Before you sign this application form, the Trustee or your financial adviser is obliged to give you a 'Product Disclosure Statement' (which is a summary of important information relating to the My Protection Plan). The details in the Product Disclosure Statements on pages 4 to 11, 12 to 16 and 17 to 22 will help you to understand the products and decide if they are appropriate to your needs.

Part 1. Membership Details

Are you a current member of the My Protection Plan?

- Yes Member number If yes, complete your name and any changed details in Parts 2, 3 and 4, and then go to Part 5.
 No **Go to Part 2**

Part 2. Member Details

Please indicate Individual application Employer sponsored plan Fund owned plan

Date of birth Male Female

Surname

Give name/s

Title Mr Mrs Miss Ms Other

Employer/Fund name*

Occupation Required Field

Paid hours per week Tertiary Qualifications Yes No

Annual salary \$

Daily duties (including % time spent performing each duty)

*(Only complete if 'Employer Sponsored Plan' or 'Fund owned plan' is indicated and details are known)

Part 3. Member's Address and Contact Details

Residential address

Suburb State Postcode

Postal address (if different from above)

Suburb State Postcode

Phone (home) Phone (work)

Mobile

Email address

Part 4. Employer's / Fund Address and Contact Details (if applicable)

Business address

Suburb State Postcode

Postal address (if different from above)

Suburb State Postcode

Phone Facsimile

Contact Name Mobile

Preferred Postal Address Personal Employer's

Part 5. Nominated Beneficiaries

As a member of the My Protection Plan you may nominate a dependant to receive your benefits on death. You may change your nomination/s at any time by notifying us in writing.

	Title	Surname	First Name	Relationship	% of Benefit
1					
2					
3					
4					
					100%

Part 6. Insurance Requirements

Type of Insurance

New Insurance Change in the level or Type of Cover (Please insert below total cover required, including existing cover.)

		Amount		
A)	Type of Cover <input type="checkbox"/> Life Insurance Only	\$		(maximum \$15,000,000)
	<input type="checkbox"/> I would like Trauma Cover included	\$		(maximum \$2,000,000)
B)	Type of Cover <input type="checkbox"/> Life & TPD	\$		(maximum \$3,000,000)
	<input type="checkbox"/> I would like Trauma Cover included	\$		(maximum \$2,000,000)
C)	Type of Cover <input type="checkbox"/> Salary Continuance			
	<input type="checkbox"/> Monthly Benefit	\$		(maximum 75% of annual salary or \$25,000 - whichever is less)
	<input type="checkbox"/> I would like to include an extra benefit towards superannuation contributions.	\$		(maximum 10% of annual salary)
	I would like salary continuance for <input type="checkbox"/> 2 years or <input type="checkbox"/> To Age 65			
	I am prepared to wait <input type="checkbox"/> 30 days <input type="checkbox"/> 90 days for my Salary Continuance benefit to commence			
D)	Type of Cover <input type="checkbox"/> Business Expenses			
	<input type="checkbox"/> Monthly Benefit	\$		(maximum \$25,000 per annum)
	I am prepared to wait <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days for my Business Expenses benefit to commence			

Do you permanently reside in Australia? Yes No

1) Height cm Weight kg

2) Have you smoked any tobacco or any other substance in the last twelve months? Yes No
(If 'yes' state form and quantity below).

Form

Quantity

3) Do you intend to work, live or travel overseas? Yes No
If 'yes', please state the specific destination (country, city and town/region), duration, frequency and purpose.

Part 7. Short Form Underwriting Statement

At the date of application:	Yes	No
1) Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed)?	<input type="checkbox"/>	<input type="checkbox"/>
2) In the last 3 years, have you had any medical advice or treatment, taken prescribed or illicit drugs or been hospitalised for any injury or illness (excluding for colds or flu)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you drink more than 20 standard drinks per week?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you participate or intend to participate in any of the following: aviation (other than as a passenger on a recognised airline), football (all codes), scuba diving (more than 40 meters, alone or in pot holes, caves or other similar environments), motor racing or any other hazardous activity?	<input type="checkbox"/>	<input type="checkbox"/>
5) Does or has any member of your immediate family (father, mother, brother, sister) suffered from Huntington's disease, polycystic kidney disease or muscular dystrophy?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have two or more of your immediate family (father, mother, brother, sister) prior to age of 60, suffered from: Cancer, heart attack or heart disease, kidney disease or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: <ul style="list-style-type: none"> • high blood pressure, high cholesterol, heart complaint, chest pain or stroke; • mental or nervous disorder including stress, anxiety, depression or neurological condition; • cancer or a tumour of any type; • back/joint disorder, arthritis, loss of limb or paralysis; • loss of sight of any eye(s) or blindness; • kidney, bladder, bowel or stomach disorder and or disease; • diabetes or liver disease (including hepatitis)? • asthma, bronchitis or other lung complaint? 	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever: <ul style="list-style-type: none"> • suffered from AIDS or been infected with the HIV virus; or • used or injected yourself with any illicit drugs not prescribed by a medical practitioner; or • engaged in male-to-male anal sexual activity? 	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you suffer from any condition that may require medical treatment or attention or do you suffer from any condition that may require medical treatment of any sort in the next twelve months (excluding common cold/flu)?	<input type="checkbox"/>	<input type="checkbox"/>
10) Has any insurance held or applied for by you, ever been declined, withdrawn or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are you aged 55 or over?	<input type="checkbox"/>	<input type="checkbox"/>
12) Do you have more than \$5,000,000 Life, \$1,000,000 Trauma/TPD or other Income Protection cover in force that is not being replaced by this policy?	<input type="checkbox"/>	<input type="checkbox"/>
13) Do you require Death Only cover of \$1,000,000 or; Death and TPD cover of over \$800,000 or Salary Continuance cover of over \$6,000 per month or Crisis Recovery cover?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'No' to ALL of the 13 questions in Part 7, please complete and sign the following:

- 1) For Income Protection, Part 9 (pg 31), and
- 2) For Business Expenses, Part 10 (pg 32).
- 3) Declaration, Agreement & Consent, Part 11 (pg 33), and
- 4) Adviser Details, Part 12 (pg 33).

If you have answered 'Yes' to ANY of the 13 questions in Part 7, please complete and sign the following:

- 1) Personal Underwriting Statement, Part 8 (pg 28 to 30)
- 2) For Income Protection, Part 9 (pg 31), and
- 3) For Business Expenses, Part 10 (pg 32).
- 4) Declaration, Agreement & Consent, Part 11 (pg 33), and
- 5) Adviser Details, Part 12 (pg 33).

Part 8. Personal Underwriting Statement

Section A - Medical Details

	Yes	No
1) Have you ever had or received treatment for or had symptoms of:		
a) High blood pressure or blood disorder eg. leukaemia, anaemia or haemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart, vein or circulatory disorder, including chest pain, heart attack/stroke, heart murmur, raised cholesterol or rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>
c) Mental illness or nervous disorder (eg. stress, depression, anxiety), fainting, epilepsy, fits of any kind, paralysis, multiple sclerosis, migraines, brain disorder, psychiatric treatment or counselling or any neurological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
d) Gout, arthritis, rheumatism, skeletal injury, neck/spine disorder, cartilage or ligament injury, bone fracture or hernia?	<input type="checkbox"/>	<input type="checkbox"/>
e) Back or neck pain, whiplash, sciatica or any muscle or joint disorder?	<input type="checkbox"/>	<input type="checkbox"/>
f) Asthma, bronchitis, tuberculosis, pluerisy or other respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
g) Stomach, intestinal or rectal disorder, ulcer, bleeding from bowel or gall bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>
h) Diabetes, thyroid or prostate disorder?	<input type="checkbox"/>	<input type="checkbox"/>
i) Cancer, tumour or any form of breast lump (even if you have not seen a doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
j) Impairment/disorder of hearing or sight (other then short or long sightedness fully correctable by glasses) or loss of any limb?	<input type="checkbox"/>	<input type="checkbox"/>
k) Hepatitis B or C, or have you ever been told you are a Hep B or C carrier?	<input type="checkbox"/>	<input type="checkbox"/>
l) Dermatitis, psoriasis or any other disorder of the skin?	<input type="checkbox"/>	<input type="checkbox"/>
m) Liver, kidney or bladder disease, including renal cholic or stone, blood in urine or reproductive organ disorder?	<input type="checkbox"/>	<input type="checkbox"/>
n) Sexually transmitted diseases?	<input type="checkbox"/>	<input type="checkbox"/>
o) Drug or alcohol dependence?	<input type="checkbox"/>	<input type="checkbox"/>
p) Any other medical condition not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
q) Females only	<input type="checkbox"/>	<input type="checkbox"/>
i) Female organ disorder (including abnormal pap smear, breast ultrasound or mammogram)?	<input type="checkbox"/>	<input type="checkbox"/>
ii) Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes', date of expected delivery	<input type="text" value="D D M M Y Y Y Y"/>	

Section B - Medical Background

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) During the last 5 years have you: | | |
| a) Had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Been in hospital, clinic or nursing home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Been advised to have an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Had any tests, including blood tests, ECG, x-rays, or genetic tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'yes' to ANY of the questions in Sections A or B, please complete ALL Sections below. Otherwise, complete Sections D, E, F, Part 9 (Salary Continuance only) and Part 10 (Business Expenses only).

Section C - Answers in Detail

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

Question Reference (A or B)	Tests or nature of condition or complaint	Commencement date	Duration	Time off work	Degree of recovery (%)
		D, D, M, M, Y, Y			

Full details of treatment and results (include type of operations)

Full name and address of doctor or hospital (if any)

		D, D, M, M, Y, Y			
--	--	------------------	--	--	--

		D, D, M, M, Y, Y			
--	--	------------------	--	--	--

Medical Authority

I, authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) to disclose to NobleOak Life Limited full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of person to be insured

Date

Section D - Other Details

1) Do you drink alcohol? Yes No
 If 'yes', what type of alcohol?
 How much (daily intake)?

2) Do you have existing life, disability or crisis recovery cover on your life income (including any current applications held with any insurer)? Yes No
 If 'yes', please provide the policy details below. To be replaced

Commencement date	Insurer	Type of Cover	Amount of Cover	Yes	No
D, D, M, M, Y, Y	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
D, D, M, M, Y, Y	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
D, D, M, M, Y, Y	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
D, D, M, M, Y, Y	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Has any insurance held or applied for by you, ever been declined, withdrawn or modified in any way? If 'yes', please provide detail. Yes No

Section E - Family History

1) Have any of your relatives (living or deceased) ever suffered from high blood pressure, heart disease, cancer, kidney disease, tuberculosis, asthma, diabetes, epilepsy, mental illness, stroke, haemophilia, Huntington's disease, any hereditary disease or committed suicide? Yes No
 If 'yes', please provide details below.

Relation	Condition/Illness	Age at onset (approx)	Age at Death (if applicable)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Section F - Doctor's Details (please provide current details)

Name
 Date of last consultation D, D, M, M, Y, Y, Y, Y How long have you been a patient? Years
 Reason for last consultation
 What was the result?
 Address

 Suburb State Postcode
 Phone Facsimile
 Email

Part 11. Declaration, Agreement and Consent

Your duty of disclosure - Before you enter into a contract of life insurance with an Insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the Insurer every matter that you know, or could have reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, renew, vary or reinstate a contract of insurance.

Non-disclosure - If you fail to comply with your duty of disclosure and the Insurer would not have entered into a contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract from its inception at any time. An Insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the Insurer.

Privacy Policy - A copy of the privacy policy of Noblelink Financial Services Pty Ltd ('Noblelink Privacy Policy') can be obtained by email to enquiry@noblegroup.com.au. By completing this form, you consent to any personal information, including information that may be of a sensitive nature we collect about you in the normal course of our business, being used as in the manner set out in the Noblelink Privacy Policy.

General Declarations

- I declare that I have received, read and understood My Protection Plan Product Disclosure Statement from which this application was taken.
- I declare that I have read and understood the Privacy section of the PDS and I have read the above paragraph 'Privacy Policy'.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with the Insurer.
- I consent to the Insurer collecting sensitive information that is, health information about me for the purposes of the performance of this contract.
- I agree that cover will not commence until the premium is paid and the proposal is accepted by the Insurer.
- I have read the Duty of Disclosure notice and understand what is meant by that notice.
- I also understand that my duty of disclosure continues after I have completed this application until the Insurer has accepted the risk.

I consent to the Insurer contacting me for further information where required.

Please provide day time phone number

Signature of person to be insured

Date

Part 12. Adviser Details (Adviser Use Only)

Name	<input type="text"/>		
Dealer Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone (work)	<input type="text"/>	Facsimile	<input type="text"/>
Email address	<input type="text"/>		

Please nominate (including GST)

Commission % of annual premium or Fee \$ each year

Signature

Date

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Direct Debit Request

Request and Authority to debit the account named below to pay Noblelink Financial Services Pty Ltd

1. Request And Authority To Debit	
Surname or company name	<input type="text"/>
Given names or ACN/ABN/ARBN	<input type="text"/>
<p>("you") request and authorise Noblelink Financial Services Pty Ltd [User ID Number 246884] to arrange through its own financial institution, for any amount Noblelink Financial Services Pty Ltd may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement (and further instructions provided below).</p>	
2. Insert The Name And Address Of Financial Institution At Which Account Is Held	
Financial institution Name	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
3. Insert Details Of Account To Be Debited	
Name Of Account	<input type="text"/>
BSB number	<input type="text"/> - <input type="text"/>
Account number	<input type="text"/>
4. Acknowledgement	
<p>By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Noblelink Financial Services Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.</p>	
5. Payment Details	
Frequency of payment	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
The first and subsequent debits will be made on the fifteenth day of the month.	
6. Insert Your Signature And Address	
Signature	<input type="text"/>
(If signing for a company, sign and print full name and capacity for signing eg. director)	
Address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Date	<input type="text"/>
<p>NOBLELINK FINANCIAL SERVICES PTY LTD ABN 66 112 981 718 AFSL 283798 Level 1, 50 York Street SYDNEY NSW 2000 GPO Box 4793 SYDNEY NSW 2001 Telephone (02) 9299 1982 Facsimile (02) 9299 7852 Client Service Line 1300 551 044</p>	

Direct Debit Request Service Agreement

Definitions

Account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

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

Debit Day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct Debit request means the Direct Debit Request between us and you (and includes any Form PD-C approved for use in the *transitional period*).

Transitional period means the period commencing on the industry implementation date for Direct Debit Requests (31 March 2000) and concluding 12 calendar months from that date.

Us or *we* means Noblelink Financial Services Pty Limited (the Debit User) you have authorised by signing a *direct debit request*.

You means the customer who signed the *direct debit request*.

Your financial institution is the financial institution where you hold the *account* that you have authorised us to arrange to debit.

1. Debiting your account

1.1 By signing a *direct debit request*, you have authorised us to arrange for funds to be debited from your *account*. You should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your *account* as authorised in the *direct debit request*.

1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct your *financial institution* to debit your *account* on the following *banking day*. If you are unsure about which day your *account* has or will be debited you should ask your *financial institution*.

2. Changes by us

2.1 We may vary any details of this *agreement* or a *direct debit request* at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a *direct debit request* by contacting us on the **Client Service Line on 1300 551 044**.

3.2 If you wish to stop or defer a *debit payment*, you must notify us in writing at least seven (7) days before the next *debit day*. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your *account* at any time by giving us seven (7) days notice in writing before the next *debit day*. This notice should be given to us in the first instance.

4. Your Obligations

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

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

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

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

4.4 If Noblelink Financial Services Pty Limited is liable to pay goods and services tax (GST) on a supply made in connection with this *agreement*, then you agree to pay Noblelink Financial Services Pty Limited on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

5.1 If you believe that there has been an error in debiting your *account*, you should notify us directly on the **Client Service Line on 1300 551 044** and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

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

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

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

6. Accounts

You should check:

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

7. Confidentiality

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

7.2 We will only disclose information that we have about you:

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

8. Notice

8.1 If you wish to notify us in writing about anything relating to this *agreement*, you should write to Noblelink Financial Services Pty Limited, GPO Box 4793, SYDNEY NSW 2001.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the *direct debit request*.

8.3 Any notice will be deemed to have been received on the third *banking day* after posting.

Credit Card Authority

Credit Card Authority

Member number (If known)

Please indicate frequency of payment Monthly Annually

Please debit my Visa MasterCard

Card number Expiry date

Name as it appears on card

This authority enables Noblelink Financial Services Pty Ltd to debit your credit card on the 15th of every month if monthly payments are indicated, or annually, until you advise Noblelink Financial Services Pty Ltd in writing to cancel this authority.

Surname

Given Name/s

Address

Suburb State Postcode

Cardholder's Signature

Date

MY PROTECTION PLAN TRUSTEE:
NOBLELINK FINANCIAL SERVICES PTY LTD
 ABN 66 112 981 718
 AFSL 283798

Level 1, 50 York Street SYDNEY NSW 2000
 GPO Box 4793 SYDNEY NSW 2001
 Telephone (02) 9299 1982 Facsimile (02) 9299 7852
Client Service Line 1300 551 044

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Directory

Trustee

Noblelink Financial Services Pty Ltd
ABN 66 112 981 718
ASFL No. 286798

Level 1, 50 York Street
SYDNEY NSW 2000
GPO Box 4793
SYDNEY NSW 2001

Telephone: (02) 9299 1982
Facsimile: (02) 9299 7852

Client Service Line: 1300 551 044

Email: enquiry@noblegroup.com.au

Insurer

NobleOak Life Limited
ABN 85 087 648 708
ASFL No. 247302

Level 1, 50 York Street
SYDNEY NSW 2000

