ZURICH

Because life changes.

Zurich Wealth Protection

Key Features Statements

Term Life Insurance Plus
Stand Alone Trauma Insurance Plus
Superannuation Term Life Insurance Plus
Income Replacement Insurance Plus
Special Risk Income Replacement Insurance Plus
Business Expenses Insurance Plus

This document contains key features statements. You should read the enclosed material carefully.
This contains the important information you should know about the products.

Zurich Australia Limited ABN 92 000 010 195 Issue date: 1 September 2002 Expiry date: 31 March 2003

Contents

Key Features Statements

Term Life Insurance Plus **1–6**

Stand Alone Trauma Insurance Plus **7–11**

Superannuation Term Life Insurance Plus **12–17**

Income Replacement Insurance Plus **18–23**

Special Risk Income Replacement Insurance Plus **24–28**

Business Expenses Insurance Plus **29–32**

Additional Information

General Information Zurich Wealth Protection **33–34**

Term, Trauma and TPD covers **35–39**

Specified Trauma definitions **40–44**

Income Replacement covers

- Constructing your policy **45–46**
- Optional benefits **46–49**
- Additional information about your cover **49–50**
- Definitions **50–51**

Interim Cover certificate **53–54**

Application checklist **55**

Application form **Form section**

Directory **Inside back cover**

Definitions

In this brochure Zurich Australia Limited is called 'Zurich', 'we' and 'us'. In most circumstances, the owner of the policy and the life that is insured are the same person. In this brochure we have referred to both the policy owner and the life insured as 'you'.

It is possible that the policy owner and the life insured are different people. In this case:

1. the policy owner would normally be paying the premiums and would be receiving the insurance benefit
2. the premium amount would depend on the life insured's circumstances
3. the insurance benefit would only be payable on the death, illness or total disability of the life insured, as described in the policy document.

Applying for a Zurich insurance policy

The only way to apply for a Zurich insurance policy described in the following pages is to complete and submit to Zurich the application form attached to this Customer Information Brochure, together with a completed life insured's statement. Your adviser can assist you to fill out both of these forms. Each of the six insurance products offered in this brochure may be separately purchased.

Cheques should be made payable to Zurich Australia Limited (ABN 92 000 010 195).

The information contained in this Customer Information Brochure is current only until 31 March 2003 and it must not be used after that date.

Zurich Australia Limited, 5 Blue Street, North Sydney, NSW, 2060. Telephone 131 551.

Key Features Statement
Term Life Insurance Plus

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this policy is to provide a benefit in the event of your death. If you terminate your policy at any time, you will not get any money back.

Product overview

The Zurich Term Life Insurance Plus policy pays a lump sum on your death. People between the ages of 10 and 69 can apply for this policy. This policy also covers you if you are diagnosed with a Terminal Illness and for Accidental Injury.

You may add the following Options to your policy by paying extra premiums:

- Total and Permanent Disablement (TPD) cover
- Trauma cover
- Accidental Death option
- Accelerated Buy-Back Death option
- Buy-Back TPD option.

Premium payments

Your premium will depend on the level of cover you require, any options you choose, the frequency of your premium payments, your current age, gender and whether or not you are a smoker. It will also depend on your personal circumstances including health, pastimes and occupation. Your premium will also include any stamp duty charged by your State government as well as any other taxes that may be levied by State or Federal governments. A table of premiums is available on request from your adviser.

You can choose from two premium structures:

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time. Alternatively, you can choose to freeze your premium. In that case, the amount you pay will stay the same but the amount you are covered for will generally decrease each year.
- Level premium – your premiums, excluding the management fee, will be based on the rate at the age that you commenced the cover. If you increase your cover in the future, we will base the premiums for the increased amount on your age at that time. On the policy anniversary preceding your 65th birthday premiums revert to Stepped premium rates.

Once your application has been accepted, and provided you pay your premiums as due, we guarantee that we will renew your policy every year up until the policy anniversary following your 99th birthday regardless of any changes to your health or other circumstances. However, if you do not pay the premium when it is due, your policy will lapse after 30 days and you will not be covered. You may be able to reinstate your policy after it lapses, subject to Zurich's reassessment of your personal circumstances.

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly to Zurich half-yearly or yearly.

The minimum annual premium for each life insured is $90 (excluding the management fee and any government charges). However, for additional insured lives who are children under the age of 18, the minimum premium is $50 a year. Minimum cover levels are given in the 'Benefits' section below.

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all clients in the same category, not just an individual. We will notify you of any changes to premium rates.

Benefits

We will pay a lump sum equal to the amount you are covered for if you die during the term of the policy. The minimum amount of cover you may have is $50,000 for each life insured provided that the minimum premium requirement is met.

You may apply to increase your death cover at any time prior to your 70th birthday, subject to Zurich's reassessment of your personal circumstances. The minimum amount you can increase your death cover by each time is $50,000.

Inflation Protection

Each year we will offer you the opportunity to increase the level of cover by the greater of 5% and the CPI, to keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. More details on inflation protection are given in the 'Increasing your cover with inflation' section on page 35.

Guaranteed Insurability benefit

On certain specified occasions you may be entitled to increase your cover prior to your 55th birthday without Zurich's reassessment of your personal circumstances. For more details see 'Guaranteed Insurability benefit' on page 36.

Terminal Illness benefit

If you are diagnosed with a terminal illness where death is likely to occur within 12 months, we will pay you up to 100% of your death cover. The maximum we will pay under this benefit in total for all your Zurich policies is $2,000,000. The amount of death cover, any Trauma cover and any TPD cover, will be reduced by any payments made under this benefit. Your premium will be based on the reduced cover after payment of the Terminal Illness benefit.

Accidental Injury benefit

If an accidental injury causes the entire and irrevocable loss of:

- the use of one hand or the use of one foot or the sight of one eye, we will pay 25% of your death cover or $500,000, whichever is lesser or
- the use of both hands or the use of both feet or the sight of both eyes, or any combination of two of the following: the use of one hand, the use of one foot or the sight of one eye, we will pay you 100% of your death cover or $2,000,000, whichever is less.

Your death cover, any Trauma cover and any TPD cover, will be reduced by any payments made under this benefit. Your premiums will be based on the reduced cover after payment of the Accidental Injury benefit.

The Accidental Injury benefit will not be payable where the claim is the result of:

- an accident which occurred prior to the commencement date of cover or reinstatement of the policy or
- war (whether declared or not) or
- intentional self-inflicted injuries or attempted suicide or
- any event expressly excluded in the policy schedule accompanying the policy document.

See page 36 for definition of Accidental Injury.

Financial Planning Advice benefit

We will reimburse you up to $500 towards the cost of approved financial planning advice required as a result of a payment being made under this policy. We will only pay this benefit if you have obtained our written approval before seeking advice.

Advancement for Funeral Expenses

Whilst a claim is being settled, we may advance part of the death benefit towards payment of funeral expenses up to $15,000 to you or your estate. An application for payment of funeral expenses must be made by you or your estate and must include a copy of the death certificate and the funeral invoice.

Exclusions

We will not pay a benefit (or an increase in benefit) if you commit suicide within 13 months of the commencement date of cover (or increase in cover) or reinstatement of the policy.

Interim cover

We will provide you with interim cover against accidental death for up to 60 days while we are assessing your application. See pages 53 and 54 for more details.

Options

You can choose from the following optional benefits:

Total and Permanent Disablement (TPD) option

When applying for this option, you can choose to link some or all of your TPD cover to the Trauma option.

You may apply to add TPD cover under your Term Life Insurance Plus policy if you are between the ages of 19 and 58. This option pays you a lump sum equal to the TPD amount you are covered for if you become totally and permanently disabled. While you continue to pay your premiums, you will be covered for this event until the policy anniversary following your 99th birthday.

Prior to the policy anniversary before your 65th birthday, you are deemed to be totally and permanently disabled if you:

- suffer a specific loss or
- are permanently unable to work (two versions are available – 'any occupation' and 'own occupation') or
- are permanently unable to perform domestic work or
- are unable to perform two of the Activities of Daily Living.

Other than for specific loss, before a claim can be made you must be disabled to such an extent that you have not been capable of earning an income from your occupation for at least the past six calendar months due to total disability and are unlikely ever to do so again. Please refer to page 37 for the full definitions of these events.

On the policy anniversary before your 65th birthday, the definition of 'totally and permanently disabled' will change. From that date, only the inability to perform two of the Activities of Daily Living will apply and the maximum benefit payable is $1,000,000.

The following conditions apply when adding TPD to your Term Life Insurance Plus policy:

- the amount of TPD cover cannot exceed the death cover. However, the amounts of cover do not have to be equal
- the amount of TPD cover which is linked to Trauma cannot exceed the amount of Trauma cover (see page 37 for more details)
- the amount of TPD cover which is not linked to Trauma, plus the total amount of any Trauma cover cannot exceed the death cover (see page 37 for more details)
- the minimum amount of TPD cover that you can apply for is $50,000
- the maximum amount you can apply for is subject to our underwriting guidelines, which are explained on page 35.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your TPD cover at any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

The following conditions apply to TPD cover:

- if you receive a benefit under your TPD cover, your level of death cover is reduced by the amount of any TPD benefit paid to you
- if you receive a benefit under your TPD cover when linked to the Trauma option, your Trauma cover will be reduced by the amount of any TPD benefit paid, likewise your TPD cover will be reduced by any Trauma benefit paid
- for claims as a result of being unable to perform domestic work the maximum amount payable is $500,000
- the premium freeze provisions (see page 1) and Indexation offer (see page 2) apply to your TPD cover.

You can choose standard or double TPD cover. Under standard TPD cover, your death cover is reduced by the amount of any TPD benefit paid to you. Under double TPD cover, your level of death cover is reduced by the amount of any TPD benefit paid to you, but will then be restored to the same level 12 months after the TPD benefit is paid.

Double TPD also contains a waiver of premium feature. Once a double TPD has been paid, premiums for death cover equivalent to the amount of the TPD benefit paid will be waived until the policy anniversary before your 65th birthday. Premiums will continue to be payable in respect of the difference between the total

death cover and the TPD benefit paid. From the policy anniversary after your 65th birthday premiums for the full death cover will resume.

On the policy anniversary before your 65th birthday, the double TPD cover will automatically convert to standard TPD cover.

There are other conditions applying to TPD cover. See page 37 for details.

The TPD benefit will not be payable if you become totally and permanently disabled because of:

- war (whether declared or not) or
- intentional self-inflicted injury or attempted suicide or
- any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

Trauma option

You may apply to add Trauma cover under your Term Life Insurance Plus policy if you are between the ages of 19 and 58. This option pays you a lump sum equal to the Trauma amount you are covered for if you suffer a specified Trauma, other than Minimally Invasive Cardiac Surgery (including Coronary Angioplasty) where restrictions apply (see page 43).

The specified Traumas we pay for depends on whether you choose Basic cover or Extended cover. For a list of the specified Traumas under Basic cover and under Extended cover, see pages 38 and 39, and for the definitions see pages 40 to 44.

While you continue to pay your premiums, you can continue your Trauma cover for these events until the policy anniversary following your 99th birthday where you have Extended cover and the policy anniversary following your 75th birthday where you have Basic cover.

For Extended cover, from the policy anniversary after your 75th birthday, we will only pay a benefit in respect of Loss of Independence, which is the inability to perform two of the Activities of Daily Living. However, if the TPD cover is linked to the Trauma option, your Extended cover will cease on the policy anniversary following your 75th birthday and only the TPD option will continue.

For some specified Traumas we will not pay a benefit or any increase in benefit within 90 days of commencement of cover or reinstatement of the policy. Furthermore, the benefit or increase in benefit as the case may be, will not be payable for any occurrence of the same specified Trauma for the duration of the policy. See page 39 for details.

We will waive this 90 days elimination period if, immediately prior to the commencement of cover, another insurer covered you for the same specified Traumas and you had transferred your Trauma cover to Zurich (and you are not within the other insurer's 90 days elimination period). The waiver will only apply up to the amount of Trauma cover that you had with the other insurer.

The following conditions apply when adding the Trauma option to your Term Life Insurance Plus policy:

- Trauma cover cannot exceed your death cover.
- the minimum amount of Trauma cover that you can apply for is $50,000
- the maximum amount of Trauma cover you can apply for is subject to our underwriting guidelines, explained on page 35.

The premium freeze provisions (see page 1) and Indexation offer (see page 2) apply to your Trauma cover.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your Trauma cover at any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

We will not pay a Trauma benefit where the claim:

- is for a medical condition which has occurred previously or
- is for a medical condition you did not disclose when you took out the policy or
- is a result of intentional self-inflicted injury or attempted suicide or
- is for any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

If you have both Trauma cover and linked TPD cover and claim for the same insured event under both covers, we will only pay the Trauma benefit.

Once you receive a benefit under your Trauma cover, or you receive an advance of your Trauma cover, your linked TPD cover and death cover will be reduced by the amount paid. When 100% of your Trauma benefit has been paid your Trauma benefit and linked TPD benefit will cease.

Chronic conditions – Advancement on Diagnosis benefit (Extended Trauma)

We will advance 25% of the Extended Trauma benefit once only upon unequivocal diagnosis of Motor Neurone Disease or Multiple Sclerosis or Muscular Dystrophy or Parkinson's Disease up to a maximum of $25,000 without the life insured being required to suffer at least a 25% impairment of whole person function that is permanent. The Trauma, death cover and linked TPD amounts are then reduced for that life insured by the amount paid. Once the life insured qualifies for a Trauma benefit in accordance with the policy conditions the remainder of the benefit will be paid.

Built in Buy Back Death option

After a Trauma claim you can, subject to certain exclusions, repurchase your death cover without providing any health evidence:

- up to 1/3 of the Trauma benefit 12 months after the payment of a Trauma claim, then
- up to a further 1/3 in 24 months, and then
- up to a further 1/3 in 36 months.

Hence, after 3 years the death cover 'bought back' would be equal to the full Trauma benefit amount, if each opportunity was fully exercised. You have 30 days in which to exercise the opportunity at each relevant opportunity date. The conditions attached to the death cover 'bought back' are set out on page 38.

Accelerated Buy Back Death option

If you have added the Trauma option, you can choose this option which will give you the right, subject to certain exclusions, to repurchase your death cover up to the full Trauma benefit amount 12 months after payment of a Trauma claim.

Buy Back TPD option

If you have the Trauma option with linked TPD cover you can also choose this option, which will give you the right, subject to certain exclusions, to repurchase your linked TPD cover without providing any health evidence:

- up to 1/3 of the Trauma benefit amount 12 months after the payment of a Trauma claim provided you have returned to full-time work in your usual occupation for at least 6 continuous months, then
- up to a further 1/3 in 24 months provided you have returned to full-time work in your usual occupation for at least 18 continuous months, and then
- up to a further 1/3 in 36 months provided you have returned to full-time work in your usual occupation for at least 30 continuous months.

Hence, after 3 years the TPD cover will be 'bought back', if each opportunity was fully exercised. You have 30 days in which to exercise the opportunity at each relevant date. You cannot claim a TPD benefit for the same or related cause under which you received the Trauma benefit. Further conditions attaching to the TPD cover 'bought back' are set out on page 38.

Accidental Death option

You may apply to add Accidental Death cover under your Term Life Insurance Plus policy if you are between the ages of 19 and 54. This option pays you an additional lump sum if your death is caused by an accident. While you continue to pay your premiums, you will be covered for this event until the policy anniversary following your 65th birthday. The minimum Accidental Death cover you may take out is $50,000 and the maximum is $250,000.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your Accidental Death cover at any time prior to your 55th birthday. The minimum amount you can increase your Accidental Death cover by each time is $50,000.

The Accidental Death benefit will not be payable where you suffer a Terminal Illness, or where a claim is the result of:

- intentional self-inflicted injury, suicide or attempted suicide or
- any event expressly excluded in the policy schedule accompanying the policy document.

See page 36 for definition of Accidental Death.

What are the charges?

All the charges of the policy are fully described in this section. Zurich undertakes not to apply any other charges without your specific consent.

In addition to your premium, you are required to pay a management fee. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.34 per month	$76.08
Quarterly	$19.01 per quarter	$76.04
Half-yearly	$31.66 per half-year	$63.32
Yearly	$63.33 per year	$63.33

These management fees apply until 31 March 2003, and will be increased each year on 1 April in line with the CPI (see page 33). The increased management fee will apply from the policy anniversary date following 31 March each year.

Zurich retains the right to change the management fees. You will be given at least three months written notification of any changes other than the annual CPI increase.

State governments impose additional stamp duties on some policies. They vary from State to State. If applicable, the stamp duty will be included in or added to your premium. Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

Direct Debits from your financial institution may incur a fee.

Taxation

In most cases, you cannot claim a tax deduction for the premiums you pay for the policy. The exception to this is if you take out the policy as 'Key Person' insurance in a business. In this case, part or all of the premiums may be tax deductible, however, there may be other tax implications. We recommend you consult your tax adviser on this issue.

If a tax deduction is not claimable for the premiums, the benefit paid is normally not assessable for taxation purposes. If a tax deduction has been claimed, the benefit paid may be assessable for taxation purposes.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Cooling off period

After you apply for a Zurich Term Life Insurance Plus policy and you have received the policy document from Zurich, you have 14 days to check that the policy meets your needs. Within this time you may cancel the policy and receive a full refund. We will require that your request be in writing.

Information on your policy

When you take out your policy you will receive a policy document. This sets out the terms and conditions of your policy. You will also receive a policy schedule which outlines the specific details of your particular policy. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you a renewal advice indicating your new premium amounts and, where available, an offer to increase your level of cover in line with inflation.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your policy, you should firstly contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the complaint to your satisfaction, you have access to an independent complaint resolution body which can assist you. See page 33 for details.

Key Features Statement
Stand Alone Trauma Insurance Plus

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this policy is to provide a benefit if you suffer a specified trauma. If you terminate your policy at any time, you will not get any money back.

Product overview

The Zurich Stand Alone Trauma Insurance Plus policy pays you a lump sum if you suffer a specifiedTrauma and survive 14 days without being on a life support system. People between the ages of 19 and 58 can apply for this policy.

You may add the following options to your policy by paying extra premiums:

- Total and Permanent Disablement (TPD) cover
- Accidental Death option.

Premium payments

Your premium will depend on the level of cover you require, any options you choose, the frequency of your premium payments, your current age, gender and whether or not you are a smoker. It will also depend on your personal circumstances including health, pastimes and occupation. Your premium will also include any stamp duty charged by your State government as well as any other taxes that may be levied by State or Federal governments. A table of premiums is available on request from your adviser.

You can choose from two premium structures:

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time. Alternatively, you can choose to freeze your premium. In that case, the amount you pay will stay the same but the amount you are covered for will generally decrease each year.
- Level premium – your premiums, excluding the management fee, will be based on the rate at the age that you commenced the cover. If you increase your cover in the future, we will base the premiums for the increased amount on your age at that time. On the policy anniversary preceding your 65th birthday premiums revert to Stepped premium rates.

Once your application has been accepted, and provided you pay your premiums as due, we guarantee that we will renew your policy every year up until the policy anniversary following your 75th birthday regardless of any changes to your health or other circumstances. However, if you do not pay the premium when it is due, your policy will lapse after 30 days and you will not be covered. You may be able to reinstate your policy after it lapses, subject to Zurich's reassessment of your personal circumstances.

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly to Zurich half-yearly or yearly.

The minimum annual premium for each life insured is $90 (excluding the management fee and any government charges). However, for additional insured lives who are children under the age of 18, the minimum premium is $50 a year. Minimum cover levels are given in the 'Benefits' section on the next page.

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all clients in the same category, not just an individual. We will notify you of any changes to premium rates.

Benefits

We will pay a lump sum equal to the amount you are covered for if you suffer from a specified Trauma during the term of the policy other than for Minimally Invasive Cardiac Surgery – including Coronary Angioplasty, where restrictions apply (see page 43). However, to be paid this benefit you must survive the occurrence of the specified Trauma for 14 days without being on a life support system. Once you have been paid 100% of the Trauma benefit from this policy cover will cease.

The specified Traumas we pay for depends on whether you choose Basic cover or Extended cover. For a list of the specified Traumas under Basic cover and Extended cover see pages 38 and 39, and for the definitions see pages 40 to 44.

For some specified Traumas we will not pay a benefit or any increase in benefit within 90 days of commencement of cover or reinstatement of the policy. Furthermore, the benefit or increase in benefit as the case may be, will not be payable for any occurrence of the same specified Trauma for the duration of the policy. See page 39 for details.

We will waive this 90 days elimination period if, immediately prior to the commencement of cover, another insurer covered you for the same specified Traumas and you had transferred your Trauma cover to Zurich (and you are not within the other insurer's 90 days elimination period). The waiver will only apply up to the amount of Trauma cover that you had with the other insurer.

We will pay a death benefit of $5,000 if you die during the term of the policy and you are not entitled to be paid a Trauma benefit for one of the specified Traumas. No other benefit will be payable in those circumstances.

The minimum amount of cover you may have is $50,000 provided that the minimum premium requirement is met. The maximum amount of cover you can apply for is subject to our underwriting guidelines which are explained on page 35. You may apply to increase your Trauma cover at any time prior to your 59th birthday, subject to Zurich's reassessment of your personal circumstances. The minimum amount you may increase your cover by each time is $50,000.

Inflation Protection

Each year we will offer you the opportunity to increase the level of cover by the greater of 5% and the CPI, to keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. More details on inflation protection are given in the 'Increasing your cover with inflation' section on page 35.

Financial Planning Advice benefit

We will reimburse you up to $500 towards the cost of approved financial planning advice required as a result of a payment being made under this policy. We will only pay this benefit if you have obtained our written approval before seeking advice.

Chronic conditions – Advancement on Diagnosis benefit (Extended Trauma)

We will advance 25% of the Extended Trauma benefit once only upon unequivocal diagnosis of Motor Neurone Disease, or Multiple Sclerosis, or Muscular Dystrophy, or Parkinson's Disease up to a maximum of $25,000 without the life insured being required to suffer at least a 25% impairment of whole person function that is permanent. The Trauma benefit amount is then reduced for that life insured by the amount paid. Once the life insured qualifies for a Trauma benefit in accordance with the policy conditions the remainder of the benefit will be paid.

Exclusions

We will not pay a Trauma benefit where the claim:

- is for a medical condition which has occurred previously; or
- is for a medical condition you did not disclose when you took out the policy; or
- is a result of intentional self-inflicted injury or attempted suicide; or
- is for any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

We will not pay the death benefit if:

- you have received a Trauma benefit other than for Coronary Angioplasty; or
- death is the result of suicide within 13 months of the commencement of cover or reinstatement of the policy.

Interim cover

We will provide you with interim cover against accidental death for up to 60 days while we are assessing your application. See pages 53 and 54 for more details.

Options

You can choose the following optional benefits:

Total and Permanent Disablement (TPD) option

You may apply to add TPD cover under your Trauma insurance policy if you are between the ages of 19 and 58. This option pays you a lump sum equal to the TPD amount you are covered for if you become totally and permanently disabled. While you continue to pay your premiums, you will be covered for this event until the policy anniversary following your 75th birthday if you have Basic cover. If you have Extended cover, the TPD option will end on the policy anniversary before your 65th birthday, as the specified Trauma Loss of Independence is included under Extended cover.

Prior to the policy anniversary before your 65th birthday, you are deemed to be totally and permanently disabled if you:

- suffer a specific loss; or
- are permanently unable to work (two versions are available – 'any occupation' and 'own occupation'); or
- are permanently unable to perform domestic work; or
- are unable to perform two of the Activities of Daily Living.

Other than for specific loss, before a claim can be made you must be disabled to such an extent that you have not been capable of earning an income from your occupation for at least the past six calendar months due to total disability. Please refer to page 37 for the full definitions of these events.

If you have Basic cover, on the policy anniversary before your 65th birthday, the definition of 'totally and permanently disabled' will change. From that date, only the inability to perform two of the Activities of Daily Living will apply and the maximum benefit payable is $1,000,000.

The maximum amount you can apply for is subject to our underwriting guidelines which are explained on page 35.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your TPD cover at any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

The following conditions apply to TPD cover:

- for claims as a result of being unable to perform domestic work the maximum amount payable is $500,000
- the premium freeze provisions (see page 7) and Indexation offer (see page 8) apply to your TPD cover
- if you become eligible to receive a benefit, or advance of benefit, under your Trauma cover, your TPD cover will be reduced by the

amount payable. Likewise, if you become eligible to receive a TPD benefit, your Trauma cover will be reduced by the amount payable.

There are other conditions applying to TPD cover. See page 37 for details.

The TPD benefit will not be payable if you become totally and permanently disabled because of:

- war (whether declared or not) or
- intentional self-inflicted injury or attempted suicide or
- any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

Accidental Death option

You may apply to add Accidental Death cover under your Stand Alone Trauma Insurance Plus policy if you are between the ages of 19 and 58. This option pays you an additional lump sum if your death is caused by an accident. While you continue to pay your premiums, you will be covered for this event until the policy anniversary following your 65th birthday. The minimum Accidental Death cover you may take out is $50,000 and the maximum is $250,000.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your Accidental Death cover at any time prior to your 55th birthday. The minimum amount you can increase your Accidental Death cover by each time is $50,000.

The Accidental Death benefit will not be payable where you suffer a Terminal Illness, or where a claim is the result of:

- intentional self-inflicted injury, suicide or attempted suicide or
- any event expressly excluded in the policy schedule accompanying the policy document.

See page 36 for definition of Accidental Death.

What are the charges?

All the charges of the policy are fully described in this section. Zurich undertakes not to apply any other charges without your specific consent.

In addition to your premium, you are required to pay a management fee. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.34 per month	$76.08
Quarterly	$19.01 per quarter	$76.04
Half-yearly	$31.66 per half-year	$63.32
Yearly	$63.33 per year	$63.33

These management fees apply until 31 March 2003 and will be increased each year on 1 April in line with the CPI (see page 33). The increased management fee will apply from the policy anniversary date following 31 March each year.

We will waive the management fee payable on this policy if the life insured is covered under a Zurich Superannuation Term Life Insurance Plus policy taken out at the same time as this policy.

Zurich retains the right to change the management fees. You will be given at least three months written notification of any changes other than the annual CPI increase.

State governments impose additional stamp duties on some policies. They vary from State to State. If applicable, the stamp duty will be included in or added to your premium. Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

Direct Debits from your financial institution may incur a fee.

Taxation

In most cases, you cannot claim a tax deduction for the premiums you pay for the policy. The exception to this is if you take out the policy as 'Key Person' insurance in a business. In this case, part or all of the premiums may be tax deductible, however, there may be other tax implications. We recommend you consult your tax adviser on this issue.

If a tax deduction is not claimable for the premiums, the benefit paid is normally not assessable for taxation purposes.

Under Key Person insurance, the benefit paid may be assessable for taxation purposes.

This information is a guide only and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Cooling off period

After you apply for your Zurich Stand Alone Trauma Insurance Plus policy and you have received the policy document from Zurich, you have 14 days to check that the policy meets your needs. Within this time you may cancel the policy and receive a full refund. We will require that your request be in writing.

Information on your policy

When you take out your policy you will receive a policy document. This sets out the terms and conditions of your policy. You will also receive a policy schedule which outlines specific details about your particular policy. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you a renewal advice indicating your new premium amount and, where available, an offer to increase your level of cover with inflation.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your policy, you should contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the complaint to your satisfaction, you have access to an independent complaint resolution body which can assist you. See page 33 for details.

Key Features Statement
Superannuation Term Life Insurance Plus

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this policy is to provide a benefit in the event of your death. If you terminate your policy at any time, you will not get any money back.

Product overview

The Zurich Superannuation Term Life Insurance Plus policy pays a lump sum on your death. People between the ages of 15 and 64 who are eligible to become a member of a compliant Superannuation Fund can apply for this policy. This policy also covers you if you are diagnosed with a Terminal Illness.

You may add the following options to your policy by paying extra premiums:

- Total and Permanent Disablement (TPD) cover
- Accidental Death option.

Superannuation Term Life Insurance Plus is issued under Zurich Master Superannuation Fund. It is also possible for you to nominate another complying Superannuation Fund. If you choose to have your policy issued under another Superannuation Fund you will need to enclose the most recent Compliance notice with your application.

When you take out cover under the Zurich Superannuation Term Life Insurance Plus, the owner of the policy will be the trustee of the superannuation fund and you, as a member of that fund, will be the person insured under that fund's insurance policy. All benefits under this policy are payable to the trustee of the superannuation fund who will pay you in accordance with superannuation legislation and the governing rules of the superannuation fund.

If you choose the Zurich Master Superannuation Fund, you will become a member of this fund and the policy will be issued to the trustee, Zurich Australian Superannuation Pty. Limited (ABN 78 000 880 553), a member of the Zurich Group.

This policy ends on the earlier of your ceasing to be a member of the superannuation fund or the policy anniversary following your 69th birthday.

Premium payments

Your premium will depend on the level of cover you require, any options you choose, the frequency of your premium payments, your current age, gender, and whether or not you are a smoker. It will also depend on your personal circumstances including health, pastimes and occupation. Your premium will also include any stamp duty charged by your State government as well as any other taxes that may be levied by State or Federal governments. A table of premiums is available on request from your adviser.

You can choose from two premium structures:

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time. Alternatively, you can choose to freeze your premium. In that case, the amount you pay will stay the same but the amount you are covered for will generally decrease each year.
- Level premium – your premiums, excluding the management fee, will be based on the rate at the age that you commenced the cover. If you increase your cover in the future, we will base the premiums for the increased amount on your age at that time. On the policy anniversary preceding your 65th birthday premiums revert to Stepped premium rates.

Once your application has been accepted, and provided you pay your premiums as due, we guarantee that we will renew your policy every

year up until the policy anniversary following your 69th birthday regardless of any changes to your health or other circumstances. However, if you do not pay the premium when it is due, your policy will lapse after 30 days and you will not be covered. You may be able to reinstate your policy after it lapses, subject to Zurich's reassessment of your personal circumstances.

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly to Zurich half-yearly or yearly.

The minimum annual premium for each life insured is $90 (excluding the management fee and any government charges). Minimum cover levels are given in the 'Benefits' section below.

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all clients in the same category, not just an individual. We will notify you of any changes to premium rates.

Benefits

We will pay the trustee of the superannuation fund a lump sum equal to the amount you are covered for if you die during the term of the policy. The minimum amount of cover you may have is $50,000 provided that the minimum premium requirement is met.

You may apply to increase your death cover at any time prior to your 65th birthday, subject to Zurich's reassessment of your personal circumstances. The minimum amount you can increase your death cover by each time is $50,000.

In some situations a benefit under the Superannuation Term Life Insurance Plus policy may be paid to the trustee of the superannuation fund holding the policy where the trustee is not permitted, either by superannuation law or the terms of the governing rules of the fund, to pay the benefit to the relevant life insured. An example of this is where a Terminal Illness benefit is paid but the person has not, as yet, ceased employment. In this case, the benefit will be held by the trustee of the superannuation fund until the benefit can be paid under superannuation law and the governing rules of the fund.

Also, situations can occur where there is no entitlement to a benefit under the Zurich Superannuation Term Life Plus policy (eg because there is no TPD cover under the policy or, if there is, because the incapacity suffered by the life insured does not meet the definition of 'total and permanent disablement' required under the policy) but the incapacity suffered is such that the life insured would be entitled, under superannuation law and the governing rules of a superannuation fund of which he/she is a member, to receive his/her superannuation account balance. It should be noted that in such cases, no benefit will be payable under the Zurich policy.

Inflation Protection

Each year we will offer you the opportunity to increase the level of cover by the greater of 5% and the CPI, to keep up with inflation (Indexation offer). Unless you reject the Indexation offer, your premiums will increase each year by an extra amount to reflect that change. More details on inflation protection are given in the 'Increasing your cover with inflation' section on page 35.

Guaranteed Insurability benefit

On certain specified occasions you may be entitled to increase your cover prior to your 55th birthday without Zurich's reassessment of your personal circumstances. For more details see 'Guaranteed Insurability benefit' on page 36.

Terminal Illness benefit

If you are diagnosed with a terminal illness and death is likely to occur within 12 months, we will pay the trustee of the superannuation fund up to 100% of your death cover. The maximum we will pay under this benefit in total for all

your Zurich policies is $2,000,000. In order for the trustee to pay you this benefit under the relevant legislation:

- you must have ceased to be gainfully employed and
- the trustee must be reasonably satisfied that because of ill health you are unlikely ever again to engage in gainful employment for which you are reasonably qualified by education, training or experience.

The amount of death cover and any TPD cover will be reduced by any payments made under this benefit. Your premium will be based on the reduced cover after payment of the Terminal Illness benefit.

Advancement for Funeral Expenses

Whilst a claim is being settled, we may advance part of the death benefit towards payment of funeral expenses up to $15,000. An application for payment of funeral expenses must be made by the trustee (policy owner) and must include a copy of the death certificate and the funeral invoice.

Exclusions

We will not pay a benefit (or an increase in benefit) if you commit suicide within 13 months of the commencement date of cover (or increase in cover) or reinstatement of the policy.

Interim cover

We will provide you with interim cover against accidental death for up to 60 days while we are assessing your application. See pages 53 and 54 for more details.

Conversion of cover to a non-superannuation policy

Subject to Zurich's approval, your cover may be converted to a non-superannuation policy.

You may apply to effect this conversion:

- at any time while you are a member of the superannuation fund or
- within 30 days of ceasing to be a member of the superannuation fund.

Options

You can choose from the following optional benefits:

Total and Permanent Disablement (TPD) option

You may apply to add TPD cover under your Superannuation Term Life Insurance Plus policy if you are between the ages of 19 and 58. This option pays the trustee of the superannuation fund a lump sum equal to the TPD amount you are covered for, if you become totally and permanently disabled.

In order for the trustee to pay you a TPD benefit under the relevant legislation:

- you must have ceased to be gainfully employed and
- the trustee must be reasonably satisfied that because of ill health you are unlikely ever again to engage in gainful employment for which you are reasonably qualified by education, training or experience.

While you continue to pay your premiums, you will be covered for this event while the policy remains in force.

Prior to the policy anniversary before your 65th birthday, you are totally and permanently disabled if you:

- suffer a specific loss or
- are unable to work (two versions are available – 'any occupation' and 'own occupation') or
- are permanently unable to perform domestic work or
- are unable to perform two of the Activities of Daily Living.

Other than for specific loss, before a claim can be made you must be disabled to such an extent that you have not been capable of earning an income from your occupation for at least the past six calendar months due to total disability. Please refer to page 37 for the full definitions of these events.

On the policy anniversary before your 65th birthday, the definition of 'totally and

permanently disabled' will change. From that date, only the inability to perform two of the Activities of Daily Living will apply and the maximum benefit payable is $1,000,000.

The minimum amount of TPD cover that you can apply for is $50,000 and your TPD cover cannot exceed your death cover. The maximum amount you can apply for is subject to our underwriting guidelines, which are explained on page 35.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your TPD cover at any time prior to your 59th birthday. The minimum amount you can increase your cover by each time is $50,000.

The following conditions apply to TPD cover:

- for claims as a result of being unable to perform domestic work the maximum amount payable is $500,000
- the premium freeze provisions (see page 12) and Indexation offer (see page 13) apply to your TPD cover.

You can choose standard or double TPD cover. Under standard cover, your death cover is reduced by the amount of any TPD benefit paid. Under double TPD cover, your level of death cover is reduced by the amount of any TPD benefit paid, but will then be restored to the same level 12 months after the TPD benefit is paid.

Double TPD also includes a waiver of premium feature. Once a double TPD benefit has been paid, premiums for death cover equivalent to the amount of the TPD benefit paid will be waived until and including the policy anniversary before your 65th birthday. Premiums will continue to be payable in respect of the difference between the total death cover and the TPD benefit paid. From the policy anniversary after your 65th birthday, premiums for the full death cover will resume.

There are other conditions applying to TPD cover. See page 37 for details.

The TPD benefit will not be payable if you become totally and permanently disabled because of:

- war (whether declared or not); or
- intentional self-inflicted injury or attempted suicide; or
- any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

Accidental Death option

You may apply to pay extra premiums to add Accidental Death cover under your superannuation policy if you are between the ages of 19 and 58. This option pays the trustee of the superannuation fund an additional lump sum if your death is caused by an accident. While you continue to pay your premiums, you will be covered for this event until the policy anniversary following your 65th birthday. The minimum Accidental Death cover you may take out is $50,000 and the maximum is $250,000.

Subject to Zurich's reassessment of your personal circumstances, you may apply to increase your Accidental Death cover at any time prior to your 55th birthday.

The minimum amount you can increase your Accidental Death cover by each time is $50,000.

The Accidental Death benefit will not be payable where you suffer a Terminal Illness, or where a claim is the result of:

- war (whether declared or not) or
- intentional self-inflicted injury, suicide or attempted suicide or
- any event expressly excluded in the policy schedule accompanying the policy document.

See page 36 for definition of Accidental Death.

What are the charges?

All the charges of the policy are fully described in this section. Zurich undertakes not to apply any other charges without your specific consent.

In addition to your premium, you are required to pay a management fee. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.34 per month	$76.08
Quarterly	$19.01 per quarter	$76.04
Half-yearly	$31.66 per half-year	$63.32
Yearly	$63.33 per year	$63.33

These management fees apply until 31 March 2003 and will be increased each year on 1 April in line with the CPI (see page 33). The increased management fee will apply from the policy anniversary date following 31 March each year.

Zurich retains the right to change the management fees. You will be given at least three months written notification of any changes other than the annual CPI increase.

State governments impose additional stamp duties on some policies. They vary from State to State. If applicable, the stamp duty will be included in or added to your premium. Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

Direct Debits from your financial institution may incur a fee.

Taxation

The following information is a guide only and is based on the continuance of present laws and their current interpretation. For information about your individual circumstances, please contact your tax adviser.

As the policy is written as superannuation, the taxation aspects are complex and depend on individual circumstances at the time. The following is a brief summary:

- contributions made by an employer to a superannuation fund to secure cover for the benefit of employees, or to provide benefits for dependants of employees, may be tax deductible
- contributions made by an individual to a superannuation fund to secure personal cover may in certain circumstances be tax deductible if the person is self-employed, 'substantially self-employed' or an employee who does not receive any employer superannuation support. If the person is an employee who receives employer superannuation support, then his/her personal contributions would not ordinarily be tax deductible
- if a benefit becomes payable, any tax must be deducted before a benefit is paid. Generally, death benefits receive concessional tax treatment. In certain circumstances (for example, a death benefit paid to a tax dependant, where the death benefit is within the deceased's available pension Reasonable Benefit Limit), the benefits may be paid free of tax. Taxation of disablement benefits can vary depending on your circumstances
- a lump sum death benefit paid to a person who is not a tax dependant will generally be taxed at a rate of up to 15% plus the Medicare Levy. If the benefit contains an insured amount then a tax of 30% plus the Medicare Levy can apply to the future service component
- if a Total and Permanent Disablement option claim is paid to the trustee of the superannuation fund, but superannuation legislation does not allow the trustee to pass this to you, it must be preserved in the fund. Any investment earnings of that preserved amount may be subject to tax at the prevailing rate applicable to superannuation funds

(currently 15%), although the ultimate tax liability of investment earnings will depend on the nature of the investments. The accumulated amount will then be paid from the superannuation fund as a death, disablement or retirement benefit and will be taxed accordingly.

Superannuation surcharge

The Superannuation Contributions Tax (Assessment and Collection) Act 1997 imposes a surcharge, up to a maximum of 15%, on certain types of superannuation contributions made in respect of:

- high income earners (annual income of more than $90,527 for the 02/03 financial year, then indexed annually) and
- some other persons who do not provide their tax file numbers to the relevant superannuation fund.

If your policy is issued under the Zurich Master Superannuation Fund and the trustee pays the surcharge in respect of you, the trustee may bill you for the amount of the surcharge. You must pay this amount to the trustee within the time specified by the trustee.

If your policy is not issued under the Zurich Master Superannuation Fund, please talk to your trustee to determine whether or not the surcharge impacts on you.

Cooling off period

After you apply for a Zurich Superannuation Term Life Insurance Plus policy and you have received the policy document from Zurich, you have 14 days to check that the policy meets your needs. Within this time, you may cancel the policy and receive a full refund. We will require that your request be in writing.

Information on your policy

When your application is accepted, you will receive a policy document. This sets out the terms and conditions of your cover. You will also receive a policy schedule, which outlines the specific details of your particular cover. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim.

Each year Zurich will send you a renewal advice indicating your new premium amount and, where available, an offer to increase your level of cover in line with inflation.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your policy, you should firstly contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the complaint to your satisfaction, you have access to an independent complaint resolution body which can assist you. See page 33 for details.

Key Features Statement
Income Replacement Insurance Plus

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this policy is to provide an income benefit if you suffer a loss of income because you experience a disability. If you terminate your policy at any time, you will not get any money back.

Product overview

Zurich Income Replacement Insurance Plus policy pays you, after the expiry of the nominated Waiting period, an income while you are disabled and suffer a loss of income because of that disability.

We pay a proportion of the Income benefit twice monthly with the first payment due 15 days after the expiry of the Waiting period.

Income Replacement Insurance Plus is available to people between the ages of 19 and 58 who are working full time. However, certain age restrictions apply to individual policies and Benefit periods. The availability of cover also depends on the insured's occupation and state of health.

Premium payments

Your premium will depend on the level of cover you require, the frequency of your premium payments, the Benefit period and the Waiting period, the options you choose, your current age, gender and whether or not you are a smoker. Information about Benefit and Waiting periods can be found on page 45. It will also depend on your personal circumstances including health, pastimes and occupation. A table of premium rates is available on request from your adviser.

Rates are not guaranteed and Zurich reserves the right to change these for all policies in a group. We will notify you of any rate changes.

You can choose from two premium structures:

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time.
- Level premium – your premiums, excluding the management fee, will be based on the rate at the age that you commenced the cover or increase the cover.

The minimum Income benefit you can insure for is $1,500 per month. The minimum annual premium payable is $200 (excluding the management fee and any government charges).

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly to Zurich half-yearly or yearly.

Once your application has been accepted, whilst you are working, and provided you pay your premiums as due, we guarantee that we will renew your policy every year up until the policy anniversary preceding the cessation age you have chosen, regardless of any changes in your health or other circumstances. Please see page 50 for full details on what will happen if you become unemployed. However, if you do not pay the premium when it is due, your policy will lapse after 30 days and you will not be covered.

A No Claim discount will apply to reduce your premiums if certain conditions are met. Further, in respect of any periods when Income benefits or Specified Injury benefits are payable, all premiums, except those for the Spouse Cover option, will be waived or refunded. See page 50 for more details.

Benefits

The following benefits are standard with Income Replacement Insurance Plus:

- Income benefits
- Inflation Protection
- Rehabilitation benefits

- Funeral benefit
- Confined to a Bed benefit
- Specified Injury benefit
- Elective Surgery benefit
- Unemployment Waiver benefit
- Interim cover

You may also select from a full range of optional benefits:

- Increasing Claims Payment option
- Lump Sum Accident option
- Family Care option
- Spouse Cover option
- Special Care Benefit option*
- Severe Disability option*
- Day 4 Accident option
- Booster option*
- Guaranteed Insurability option*
- Trauma option.

Optional benefits market with an * are **only** available to non-manual occupations. Your adviser can help you to determine your eligibility.

Income benefit

We will pay you an Income benefit after the expiry of the Waiting period if, solely as a result of a sickness or injury you are:

- until the expiry of the Waiting period unable to generate at least 80% of your Pre-disability income from personal exertion in your usual occupation and
- required to be under the regular care of, and following the advice of, a Medical practitioner.

If at the expiry of the Waiting period you have no Post-disability income we will pay you the Income benefit. Otherwise, the Income benefit we pay will be proportionate to your loss and calculated monthly using the following formula:

$$\frac{\text{Pre-disability income} - \text{Post-disability income}}{\text{Pre-disability income}} \times \text{Income benefit}$$

The Income benefit at commencement is shown in your policy schedule. You are generally able to insure up to 75% of your Average Monthly Pre-tax income, subject to a maximum of $20,000 benefit per month.

An explanation of how we determine your Pre-disability income, Post-disability income and your Average Monthly Pre-tax income is set out on page 50.

We will continue to pay you the income benefit until any one of the following events occurs:

- the sickness or injury giving rise to the claim does not prevent you from earning your Pre-income from personal exertion from your usual occupation
- the Benefit period ends
- your policy ends
- your death
- you are no longer required to be under the regular care of a medical practitioner with regard to treatment for the injury or sickness
- you are not following the treatment recommended by a Medical practitioner at such intervals and frequency as will lead to a cure, alleviation or minimisation of the condition causing your disability.

Inflation Protection

Each year, until the expiry of your policy, we will offer you the opportunity to increase your level of cover by the increase in the CPI to ensure your benefits keep up with inflation. Unless you reject the offer, your premiums will increase each year by an extra amount to reflect that change. More details on inflation protection are given in the 'Increasing your cover with inflation' section on page 49.

Exclusions

We will not pay for sickness or injury occurring as a direct or indirect result of:

- an intentional self-inflicted act or
- attempted suicide or
- uncomplicated pregnancy or childbirth or
- an act of war (whether declared or not) or
- any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

Recurrent Disability

If, within six months of returning to work, your disability recurs from the same or related cause, a further Waiting period will not apply. We will start paying you an Income benefit again immediately for the balance, if any, of the Benefit period.

Concurrent Disability

If more than one separate and distinct sickness or injury resulted in your disability, payments will be based on the policy condition that provides the highest benefit.

Rehabilitation benefits

If you are receiving an Income benefit, or Specified Injury benefit after expiry of the Waiting period, we will pay the following rehabilitation benefits:

- **Workplace modification** – If your workplace needs modification for you to return to gainful employment, we will reimburse up to three times your Income benefit for expenses incurred in carrying out the modification.
- **Rehabilitation program** – If you take part in a rehabilitation program, we will reimburse you up to 50% of your Income benefit each month towards the expenses of the rehabilitation program for a maximum of 12 months.
- **Rehabilitation costs** – We will pay up to six times your Income benefit to cover the expenses of rehabilitating yourself.

In order to claim a benefit, you must have our written approval before you incur the expenses of these Rehabilitation benefits.

Funeral benefit

If you die while the policy is in force we will pay a lump sum of three times your Income benefit.

Confined to Bed benefit

If you are confined to bed because of sickness or injury for more than two days in a row and during that period, you are totally dependent on the full-time care of a Registered nurse or a personal care attendant and unable to earn any income from personal exertion because of the injury or sickness, we will pay 1/30th of the Income benefit for each day during the Waiting period from the third day onwards. This benefit is payable only during the Waiting period to a maximum of 180 days.

Specified Injury benefit

We will pay you the Income benefit if any one of the Specified Injuries set out in the table below happens to you. The Waiting period is waived and this benefit is paid immediately for the duration of the Specified Injury Benefit period even if you are still earning an income, but ceases on your death. However, we will not pay you for longer than your Benefit period and we will not pay you for more than one Specified Injury per claim.

Injury	Benefit period (months)
Quadriplegia	60
Paraplegia	60
Total and Permanent loss of use of:	
■ both feet, both hands or the sight of both eyes	24
■ one hand and one foot	24
■ one hand and sight in one eye	24
■ one foot and sight in one eye	24
■ one arm or one leg	18
■ one foot, one hand or sight in one eye	12
■ thumb and index finger of the same hand	6
Fracture of:	
■ thigh or pelvis	3
■ leg between the knee and foot	2
■ kneecap	2
■ skull (excluding bones of the face or nose)	2
■ arm between elbow and shoulder (shaft) or shoulder blade	2
■ forearm (including wrist but excluding elbow or hand)	1.5
■ collar bone	1.5

An Income benefit is not payable if you are receiving a Specified Injury benefit. However, if you remain disabled and not earning your Pre-disability income after the end of the Specified Injury Benefit period and the Benefit period is longer, you may be eligible to continue to receive an Income benefit.

Elective Surgery benefit

After your policy has been continuously in force for six months or has been reinstated for six months and you are disabled due to elective or donor transplant surgery and experience a loss of income because of your disability, we will deem your disability to be due to sickness. The benefit we will pay you after the expiry of the Waiting period will be as described under 'Income benefit'. Any increase in the Income benefit will only be paid if the date of increase is at least six months prior to the date of surgery.

Unemployment Waiver benefit

If you are involuntarily unemployed other than as a direct result of an injury or sickness, the policy has been in force for the previous 12 months and you are registered with an employment agency approved by Zurich, we will waive your premium for up to three months. A total of three months premium may be waived because of unemployment during the life of the policy.

Optional benefits

You can select from the following optional benefits to design a policy that best meets your needs. You will be charged a premium for each optional benefit you select.

Increasing Claims option

While you are on claim, the Income benefit will be increased after each three continuous months of Income benefit payments by the percentage increase in the CPI for the previous quarter, up to a maximum annual increase of 7%.

Lump Sum Accident option

Under this option, we pay a lump sum if you are involved in an accident which, within 180 days, causes you to die or suffer a listed injury. For more details see 'Optional benefits' section on page 46.

Family Care option

Under this option, if you die while you are receiving an Income benefit and before the policy anniversary following your 65th birthday we will continue to pay your spouse the Income benefit for up to five years after your death. For more details see 'Optional benefits' section on page 46.

Spouse Cover option

Under this option we pay a benefit towards reimbursement of fees for domestic duties and child care if your spouse is disabled. For more details see 'Optional benefits' section on page 47.

Special Care option

This option is **only** available to non-manual occupations and includes four benefits which are payable, after the end of the Waiting period, while we are paying you an Income benefit:

- if a direct family member has to give up work to look after you because of your sickness or injury
- if you are confined to bed or to your house and dependent on home assistance or nursing care
- if a direct family member has to stay 100 kilometres or more away from home to be with you because of your sickness or injury
- if your sickness or injury occurs while you are overseas and you chose to return to Australia.

Please see 'Optional benefits' section on page 47 for more details.

Severe Disability option

This option is **only** available to non-manual occupations. If you have been unable to perform continuously at least two of the five Activities of Daily Living for more than three months of your disability, we will then increase your Income benefit by one third while this condition continues. This benefit is payable until the end of your Benefit period or to the policy anniversary following your 65th birthday, whichever occurs first. The 'Activities of Daily Living' are listed on page 42.

Day 4 Accident option

Under this option, if your policy has a Waiting period of 30 days or less, you are disabled by an

injury for more than three consecutive days, we will pay you a benefit during the Waiting period while you remain disabled. Please see 'Optional benefits' on page 48 for full details.

Booster option

This option is **only** available to non-manual occupations. Under this option, if you are disabled and we are paying you 100% of the Income benefit, we will increase the Income benefit by one third for the first 30 days.

Guaranteed Insurability option

This option is **only** available to non-manual occupations. Under this option, you can increase your Income benefit at specified intervals without us reassessing your personal circumstances. Please see 'Optional benefits' section on page 48 for more details.

Trauma option

This option includes two benefits:

- payment of an additional benefit equal to three times your Income benefit if you die after the end of the Waiting period while on claim
- payment of a double benefit for up to six months if you suffer one of the specified traumas and you are receiving a benefit under this policy.

Please see 'Optional benefits' section on pages 48 and 49 for more details.

More than one benefit at a time

We will not pay the following combinations of benefits at the same time:

- the Confined to Bed benefit and the Specified Injury benefit
- the Income benefit and the Specified Injury benefit
- the Day 4 Accident option and the Confined to Bed benefit
- the Day 4 Accident option and the Specified Injury benefit and
- the Severe Disability option and the Booster option.

Interim cover

While we are assessing your application, we will provide you with interim cover for up to 60 days against accidental disability that results in you being unable to work and earn any income. This interim cover is not available where you choose a Waiting period of more than 60 days. See pages 53 and 54 for details.

What are the charges?

All the charges of the policy are fully described in this section. Zurich undertakes not to apply any other charges without your specific consent.

In addition to your premium, you are required to pay a management fee. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.34 per month	$76.08
Quarterly	$19.01 per quarter	$76.04
Half-yearly	$31.66 per half-year	$63.32
Yearly	$63.33 per year	$63.33

These management fees apply until 31 March 2003 and will be increased each year on 1 April in line with the CPI (see page 33). The increased management fee will apply from the policy anniversary date following 31 March each year. Zurich retains the right to change the management fees.

State governments impose stamp duty on income replacement policies. They vary from State to State. The stamp duty will be added to your premium. Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

You will be given at least three months written

notification of any changes other than the annual CPI increase.

Direct Debits to your financial institution may incur a fee.

Taxation

The premiums you pay for your policy, except for the premiums for the Lump Sum Accident option, the Spouse Cover option and Family Care option, if applicable, can be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of premium you have paid during that financial year.

The Income benefits you receive from the policy must be included in your tax return and will be taxed at your marginal income tax rate. However, the lump sum amount under the Lump Sum Accident option is not generally taxable.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Cooling off period

After you apply for a Zurich Income Replacement Insurance Plus Policy, and you have received the policy document from Zurich, you have 14 days to check that the policy meets your needs. Within this time you may cancel the policy and receive a full refund. Your request must be in writing.

Information on your policy

When you take out your policy, you will receive a policy document. This sets out the terms and conditions of your policy. You will also receive a policy schedule which outlines the specific details of your particular policy – such as which options you have selected. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim. Should there be any changes to the benefits included in your policy, you will be notified by mail.

Each year Zurich will send you a renewal advice indicating your new premium amount and, where available, an offer to increase your level of cover in line with inflation.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your policy, you should contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the issue to your satisfaction you have access to an independent complain resolution body. See page 33 for details.

Key Features Statement
Special Risk Income Replacement Insurance Plus

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this policy is to provide an income benefit if you suffer a loss of income because you experience a disability. If you terminate your policy at any time, you will not get any money back.

Product overview

Zurich Special Risk Income Replacement Insurance Plus policy pays you, after the expiry of the nominated Waiting period, an income while you are disabled and suffer a loss of income because of that disability.

Special Risk Income Replacement Insurance Plus is available to people between the ages of 19 and 53 who are working full-time. However, certain age restrictions apply to individual policies and Benefit periods. The availability of cover also depends on the insured's occupation and state of health.

Premium payments

Your premium will depend on the level of cover you require, the frequency of your premium payments, the Benefit period and the Waiting period, the options you choose, your current age, gender and whether or not you are a smoker. Information about Benefit and Waiting periods can be found on page 45. It will also depend on your personal circumstances including health, pastimes and occupation. A table of premium rates is available on request from your adviser. Rates are not guaranteed and Zurich reserves the right to change these for all policies in a group. We will notify you of any rate change.

You can choose from two premium structures:

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time.
- Level premium – your premiums, excluding the management fee, will be based on the rate at the age that you commenced the cover or increase the cover.

The minimum Income benefit you can insure for is $1,500 per month. The minimum annual premium payable is $200 (excluding the management fee and any government charges).

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly to Zurich half-yearly or yearly.

Once your application has been accepted, whilst you are working, and provided you pay your premiums as due, we guarantee that we will renew your policy every year up until the policy anniversary preceding the cessation age you have chosen, regardless of any changes in your health or other circumstances. Please see page 50 for full details on what will happen if you become unemployed. However, if you do not pay the premium when it is due, your policy will lapse after 30 days and you will not be covered.

A No Claim discount will apply to reduce your premiums if certain conditions are met. Further, in respect of any periods when Income benefits or Specified Injury benefits are payable, all premiums, except those for the Spouse Cover option, will be waived or refunded. See page 50 for more details.

Benefits

The following benefits are standard with Special Risk Income Replacement Insurance Plus:

- Income benefits
- Inflation Protection
- Rehabilitation benefits
- Funeral benefit
- Specified Injury benefit
- Interim cover

You may also select from a range of optional benefits:

- Increasing Claims Payment option
- Lump Sum Accident option
- Family Care option
- Spouse Cover option

Income benefit

We will pay you an Income benefit after the expiry of the Waiting period if, solely as a result of a sickness or injury:

- you are unable to generate at least 80% of your Pre-disability income from personal exertion in your usual occupation and not working in any occupation for a period of at least 14 days
- until the expiry of your nominated Waiting period you are not able to earn your Pre-disability income from personal exertion in your usual occupation and
- you are required to be under the regular care of, and following the advice of, a Medical practitioner.

If at the expiry of the Waiting period you have no Post-disability income we will pay you the Income benefit. Otherwise, the Income benefit we pay will be proportionate to your loss and calculated monthly using the following formula:

$$\frac{\text{Pre-disability income} - \text{Post-disability income}}{\text{Pre-disability income}} \times \text{Income benefit}$$

The Income benefit at commencement is shown in your policy schedule. You are generally able to insure up to 75% of your Average Monthly Pre-tax income, subject to a maximum of $10,000 benefit per month.

An explanation of how we determine your Pre-disability income, Post-disability income and your average monthly pre-tax income is set out on page 50.

We will continue to pay you the Income benefit until any one of the following events occurs:

- the sickness or injury giving rise to the claim does not prevent you from earning your Pre-disability income from personal exertion in your usual occupation
- the Benefit period ends
- your policy ends
- your death
- you are no longer required to be under the regular care of a Medical practitioner with regard to treatment for the injury or sickness
- you are not following the treatment recommended by a Medical practitioner at such intervals and frequency as will lead to a cure, alleviation or minimisation of the condition causing your disability.

Inflation Protection

Each year, until the expiry of your policy, we will offer you the opportunity to increase your level of cover by the increase in the CPI to ensure your benefits keep up with inflation. Unless you reject the offer, your premiums will increase each year by an extra amount to reflect that change. More details on how inflation protection are given in the 'Increasing your cover with inflation' section on page 49.

Exclusions

We will not pay for sickness or injury occurring as a direct or indirect result of:

- an intentional self-inflicted act or
- attempted suicide or
- uncomplicated pregnancy or childbirth or
- an act of war (whether declared or not) or
- any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

Recurrent Disability

If, within six months of returning to work, your disability recurs from the same or related cause, a further Waiting period will not apply. We will start paying you an Income benefit again immediately for the balance, if any, of the Benefit period.

Concurrent Disability

If more than one separate and distinct sickness or injury resulted in your disability, payments will be based on the policy condition that provides the highest benefit.

Rehabilitation benefits

If you are receiving an Income benefit, or Specified Injury benefit after expiry of the Waiting period, we will pay the following rehabilitation benefits:

- **Workplace modification** – If your workplace needs modification for you to return to gainful employment, we will reimburse up to three times your Income benefit for expenses incurred in carrying out the modification.
- **Rehabilitation program** – If you take part in a rehabilitation program, we will reimburse you up to 50% of your Income benefit each month towards the expenses of the rehabilitation program for a maximum of 12 months.
- **Rehabilitation costs** – We will pay up to six times your Income benefit to cover the expenses of rehabilitating yourself.

In order to claim a benefit, you must have our written approval before you incur the expenses of these rehabilitation benefits.

Funeral benefit

If you die while the policy is in force, we will pay a lump sum of three times your Income benefit.

Specified Injury benefit

We will pay you the Income benefit if any one of the Specified Injuries set out in the table below happens to you. The Waiting period is waived and this benefit is paid immediately for the duration of the Specified Injury Benefit period even if you are still earning an income, but ceases on your death. However, we will not pay you for longer than your Benefit period and we will not pay you for more than one Specified Injury per claim.

Injury	Benefit period (months)
Quadriplegia	60
Paraplegia	60
Total and Permanent loss of use of:	
■ both feet, both hands or the sight of both eyes	24
■ one hand and one foot	24
■ one hand and sight in one eye	24
■ one foot and sight in one eye	24
■ one arm or one leg	18
■ one foot, one hand or sight in one eye	12
■ thumb and index finger of the same hand	6
Fracture of:	
■ thigh or pelvis	3
■ leg between the knee and foot	2
■ kneecap	2
■ skull (excluding bones of the face or nose)	2
■ arm between elbow and shoulder (shaft) or shoulder blade	2
■ forearm (including wrist but excluding elbow or hand)	1.5
■ collar bone	1.5

An Income benefit is not payable if you are receiving a Specified Injury benefit. However, if you remain disabled and not earning your Pre-disability income after the end of the Specified Injury Benefit period and the Benefit period is longer, you may be eligible to continue to receive an Income benefit.

Optional benefits

You can select from the following optional benefits to design a policy that best meets your needs. You will be charged a premium for each optional benefit you select.

Increasing Claims option

While you are on claim, the Income benefit will be increased after each three continuous months of Income benefit payments by the percentage increase in the CPI for the previous quarter, up to a maximum annual increase of 7%.

Lump Sum Accident option

Under this option, we pay a lump sum if you are involved in an accident which, within 180 days, causes you to die or suffer a listed injury. For more details see 'Optional benefits' section on page 46.

Family Care option

Under this option, if you die while you are receiving an Income benefit and before the policy anniversary following your 65th birthday we will continue to pay your spouse the Income benefit for up to five years after your death. For more details see 'Optional benefits' section on page 46.

Spouse Cover option

Under this option we pay a benefit towards reimbursement of fees for domestic duties and child care if your spouse is disabled. For more details see 'Optional benefits' section on page 47.

Interim cover

While we are assessing your application, we will provide you with interim cover for up to 60 days against accidental disability which results in you being unable to work and earn any income. This interim cover is not available where you choose a Waiting period of more than 60 days. See pages 53 and 54 for details.

What are the charges?

All the charges of the policy are fully described in this section. Zurich undertakes not to apply any other charges without your specific consent.

In addition to your premium, you are required to pay a management fee. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.34 per month	$76.08
Quarterly	$19.01 per quarter	$76.04
Half-yearly	$31.66 per half-year	$63.32
Yearly	$63.33 per year	$63.33

These management fees apply until 31 March 2003 and will be increased each year on 1 April in line with the CPI (see page 33). The increased management fee will apply from the policy anniversary date following 31 March each year. Zurich retains the right to change the management fees.

State governments impose stamp duty on income replacement policies. They vary from State to State. The stamp duty will be added to your premium. Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

You will be given at least three months written notification of any changes other than the annual CPI increase.

Direct Debits to your financial institution may incur a fee.

Taxation

The premiums you pay for your policy, except for the premiums for the Lump Sum Accident option, the Spouse Cover option and Family Care option, if applicable, can be claimed as a tax deduction by both employees and self-employed people. Every year Zurich will tell you the amount of premium you have paid during that financial year.

The Income benefits you receive from the policy must be included in your tax return and will be taxed at your marginal income tax rate. However, the lump sum amount under the Lump Sum Accident option is not taxable.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Cooling off period

After you apply for a Zurich Special Risk Income Replacement Insurance Plus policy, and you have received the policy document from Zurich, you have 14 days to check that the policy meets your needs. Within this time you may cancel the policy and receive a full refund. Your request must be in writing.

Information on your policy

When you take out your policy, you will receive a policy document. This sets out the terms and conditions of your policy. You will also receive a policy schedule which outlines the specific details of your particular policy – such as which options you have selected. These are important documents and should be read carefully. Please keep them in a safe place because you will need them to make a claim. Should there be any changes to the benefits included in your policy, you will be notified by mail.

Each year Zurich will send you a renewal advice indicating your new premium amount and, where available, an offer to increase your level of cover in line with inflation.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your policy, you should contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the issue to your satisfaction you have access to an independent complain resolution body. See page 33 for details.

Key Features Statement
Business Expenses Insurance Plus

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- **decide whether this product will meet your needs; and**
- **compare this product with others you may be considering.**

IMPORTANT NOTICE

This is not a savings plan. The primary purpose of this policy is to cover your business expenses if you suffer a loss of income because you experience a disability. If you terminate your policy at any time, you will not get any money back.

Product overview

Zurich Business Expenses Insurance Plus policy pays you, after expiry of the nominated Waiting period, up to 100% of your eligible business expenses, while you are disabled and suffer a loss of business earnings due to disability.

This policy is designed for working people between the ages of 20 and 59 next birthday who run a business which will be directly and seriously affected by their disability.

The availability of cover also depends on the insured's occupation and state of health.

Premium payments

Your premium will depend on the level of cover you require, the frequency of your premium payments, the Waiting period, your current age, gender and whether or not you are a smoker. Information about Waiting periods can be found on page 45. It will also depend on your personal circumstances including health, pastimes and occupation. A table of premium rates is available on request from your adviser. Rates are not guaranteed and Zurich reserves the right to change these for all policies in a group. We will notify you of any rate changes.

You can choose from two premium structures:

- Stepped premium – your premiums will increase each year based on the rates applicable for your age at that time
- Level premium – your premiums, excluding the management fee, will be based on the rate at the age that you commenced the cover or increase the cover.

The minimum Income benefit you can insure for is $1,500 per month. The minimum annual premium payable is $200 (excluding the management fee and any government charges).

You can choose to pay your premiums monthly, quarterly, half-yearly or yearly by direct debit from your bank, building society or credit union account or credit card. Or, you can pay premiums directly to Zurich half-yearly or yearly.

Once your application has been accepted, whilst you are working, and provided you pay your premiums as due, we guarantee that we will renew your policy every year up until the policy anniversary preceding your 65th birthday, regardless of any changes in your health or other circumstances. However, if you do not pay the premium when it is due, your policy will lapse after 30 days and you will not be covered.

A No Claim discount will apply to reduce your premiums if certain conditions are met. Further, in respect of any periods when Income benefits are payable, all premiums will be waived or refunded. See page 50 for more details.

Benefits

We will pay you a Business Expenses benefit after the expiry of the Waiting period if, solely as a result of a sickness or injury you are:

- until the expiry of the Waiting period unable to generate at least 80% of your Pre-disability business earnings from personal exertion in your usual occupation and
- required to be under the regular care and following the advice of a Medical practitioner.

The Business Expenses benefit we will pay

monthly after expiry of the Waiting period will be the lesser of:

- the monthly Business Expenses benefit and
- your actual Eligible Business Expenses incurred in that month

  less Business Earnings received during that month and any other income, net of expenses, produced from any source as a result of the provision of your personal services.

'Income' for this purpose includes salaries, fees, bonuses and commissions and the like, but excludes income from any deferred compensation plans, disability income policies or retirement policies.

The monthly Business Expenses benefit at commencement is shown in your policy schedule. You are generally able to insure up to 100% of your monthly Eligible Business Expenses averaged over the previous 12 months.

See page 51 for definitions of Eligible Business Expenses and Business Earnings.

We will continue to pay the Business Expenses benefit until any one of the following events occurs:

- the sickness or injury giving rise to the claim does not prevent you from generating your pre-disability business earnings
- the Benefit period ends
- your policy ends
- your death
- you are no longer required to be under the regular care of a Medical practitioner with regard to treatment for the injury or sickness
- you are not following the treatment recommended by a Medical practitioner at such intervals and frequency as will lead to a cure, alleviation or minimisation of the condition causing your disability.

Inflation Protection

Each year, until the expiry of your policy, we will offer you the opportunity to increase your level of cover by the increase in the CPI to ensure your benefits keep up with inflation. Unless you reject the offer, your premiums will increase each year by an extra amount to reflect that change. More details on how inflation protection are given in the 'Increasing your cover with inflation' section on page 49.

Exclusions

We will not pay for sickness or injury occurring as a direct or indirect result of:

- intentional self-inflicted injury or
- attempted suicide or
- uncomplicated pregnancy or childbirth or
- an act of war (whether declared or not) or
- any event or medical condition expressly excluded in the policy schedule accompanying the policy document.

Provision for fluctuating expenses

If you have insured your business for more than the actual level of expenses incurred during a claim, the Benefit period will be extended for up to six months according to the following guidelines.

If you are still unable to generate your pre-disability business earnings because of your injury or sickness after 12 continuous months and the total Business Expenses benefits we have paid you do not equal 12 times the monthly Business Expenses benefit, we will extend your Benefit payment period.

We will continue to pay you a Business Expenses benefit for:

- the next six months if you continue to be unable to generate your pre-disability business earnings because of your injury or sickness or
- until the total amount we have paid you equals 12 times the monthly Business Expenses benefit,

whichever occurs first.

Recurrent Disability

If, within six months of returning to work, your disability recurs from the same or related cause, a further Waiting period will not apply. We will start paying you a Business Expenses benefit again immediately for the balance, if any, of the Benefit period.

Interim cover

While we are assessing your application, we will provide you with interim cover for up to 60 days against accidental disability which results in you being unable to work and generate any business earnings. This interim cover is not available where you choose a Waiting period of more than 60 days. See pages 53 and 54 for details.

What are the charges?

All the charges of the policy are fully described in this section. Zurich undertakes not to apply any other charges without your specific consent.

In addition to your premium, you are required to pay a management fee. The fee payable depends on the frequency of your premium payments.

Premium frequency	Management fee payable	Annual equivalent
Monthly	$6.34 per month	$76.08
Quarterly	$19.01 per quarter	$76.04
Half-yearly	$31.66 per half-year	$63.32
Yearly	$63.33 per year	$63.33

These management fees apply until 31 March 2003 and will be increased each year on 1 April in line with the CPI (see page 33). The increased management fee will apply from the policy anniversary date following 31 March each year. Zurich retains the right to change the management fees.

State governments impose stamp duty on income replacement policies. They vary from State to State. The stamp duty will be added to your premium. Should changes in the law result in additional taxes or imposts in relation to your policy, these amounts may be added to your policy.

You will be given at least three months written notification of any changes other than the annual CPI increase.

Direct Debits to your financial institution may incur a fee.

Taxation

The premiums you pay for your policy can generally be claimed as a tax deduction. Every year Zurich will tell you the amount of premium you have paid during that financial year.

The Business Expenses benefits you receive from the policy must be included in your business earnings.

This information is a guide only, and is based on the continuance of present laws and their interpretation. For information about your individual circumstances, contact your tax adviser.

Cooling off period

After you apply for a Zurich Business Expenses Insurance Plus policy and you have received the policy document from Zurich, you have 14 days to check that the policy meets your needs. Within this time you may cancel the policy and receive a full refund. Your request must be in writing.

Information on your policy

When you take out your policy, you will receive a policy document. This sets out the terms and conditions of your policy. You will also receive a policy schedule which outlines the specific details of your particular policy – such as which options you have selected. These are important documents and should be read carefully. Please keep them in a safe place because you will need

them to make a claim. Should there be any changes to the benefits included in your policy, you will be notified by mail.

Each year Zurich will send you a renewal advice indicating your new premium amount, and where available, an offer to increase your level of cover in line with inflation.

We are committed to providing our customers with high levels of service. If you have any enquiries or complaints about your policy, you should contact your adviser or the Zurich Client Service Centre on 131 551. If we cannot resolve the issue to your satisfaction you have access to an independent complain resolution body. See page 33 for details.

Additional Information – Zurich Wealth Protection

Guaranteed upgrade of benefits

Zurich may improve the terms of the benefits described in this Customer Information Brochure. If we do so without any change in the standard premium rates, we will provide the improvement to you. Any condition existing at the time the improvement is offered will be excluded from being eligible for payment under the improved terms.

Guaranteed renewable

Provided you have paid your premiums as required, the policy is guaranteed to be renewable up until the expiry age of the benefit(s) you have chosen regardless of any changes in your health or pastimes.

Calculation of increases in Consumer Price Index

Increases in CPI will be calculated based on the increase in the CPI published for the quarter falling immediately prior to three months before the policy anniversary or management fee indexation anniversary, date to the CPI published for the quarter falling immediately prior to 15 months before that date. 'CPI' means the 'Weighted Average of Eight Capital Cities Index' as published by the Australian Bureau of Statistics or, if that index ceases to be published or is substantially amended, such other index as we will select.

Statutory fund

The premiums you pay for the Term Life Insurance Plus, Stand Alone Trauma Insurance Plus, Superannuation Term Life Insurance Plus, Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus policies form part of the Zurich No. 2 Statutory Fund. Any benefits you receive from these policies will be paid from that fund.

24 hour world-wide cover

You are covered under any Zurich Wealth Protection product 24 hours a day world-wide (see page 49 for details of cover requirements for Income Replacement cover).

If you have a complaint about your policy

Any complaints should be directed in the first instance to our Client Service Centre which will try to resolve your complaint within 45 days. If this is not possible, we will contact you and request your consent to extend this period for up to a further 45 days. If you are still dissatisfied with the response you receive from us, or we fail to resolve the complaint within 45 days (or extended period you approve) you may refer the complaint to the Manager of the Financial Industry Complaints Service, PO Box 579, Collins Street West, Melbourne, Victoria 8007 or telephone (03) 9629 7050 (Freecall on 1800 335 405 outside the Melbourne metropolitan area).

If you have a complaint about your superannuation fund

If you have a complaint about your superannuation fund and Zurich's Client Service Centre is unable to resolve the matter to your satisfaction, you may contact:

- The Financial Industry Complaints Service Limited
  Telephone: (03) 9629 7050
  Fax: (03) 9621 2291
  Toll Free: 1800 335 405
  PO Box 579
  Collins Street West
  Melbourne Vic 8007
- The Superannuation Complaints Tribunal
  Telephone: 1300 884 114
  Locked Bag 3060
  GPO, Melbourne VIC 3001

The Financial Industry Complaints Service Limited deals with complaints about the management of the superannuation fund in general and will either deal with your complaint directly, or pursue the matter with Zurich on your behalf.

The SCT is an independent body established by the Commonwealth Government to assist if you are dissatisfied with a decision made by the Trustee. The objective of the SCT is to provide a fair, timely and economical means of resolution of complaints as an alternative to the court system.

The SCT cannot consider complaints about the management of the Fund as a whole or complaints that have not been first referred to the Trustee's complaints resolution process.

Additional Information – Term, Trauma and TPD Covers

Increasing your cover with inflation

Each year we will offer you the opportunity to increase your level of cover. You do not have to take up this offer.

If you take up our offer, you do not have to provide any further health evidence.

We will offer you the opportunity to increase your level of cover each year by the greater of:

- 5% or
- the increase in the CPI (see page 33 for the calculation).

The offer will only apply to the first $1,000,000 of cover. No further offers will be made from the policy anniversary after your 65th birthday.

Maximum cover underwriting guidelines

The maximum amount of cover you can apply for is subject to the following guidelines in respect of each policy:

- if you add the Trauma option to the Term Life Insurance Plus policy, the Trauma cover cannot exceed the death cover and
- if you add the TPD option to the Term Life Insurance Plus or Superannuation Term Life Insurance Plus policy, the TPD cover cannot exceed the death cover and
- if you do not link the TPD option to the Trauma option under a Term Life Insurance Plus policy, the total of that unlinked TPD cover and any Trauma cover cannot exceed the death cover and
- If you link the TPD option to the Trauma option under a term Life Insurance plus policy, the amount of TPD cover which is linked to Trauma cannot exceed the amount of Trauma cover and
- if you add the TPD option to the Stand Alone Trauma Insurance Plus policy, the TPD cover and the Trauma cover must be equal.

Further restrictions also apply to the total amount of cover with Zurich and other life insurers:

- the total Trauma cover with Zurich and other life insurers cannot exceed $1,500,000, and
- the total 'own occupation' TPD cover with Zurich and other life insurers cannot exceed $1,500,000, and
- the total 'any occupation' TPD cover with Zurich and other life insurers cannot exceed $2,500,000 less any 'own occupation' TPD cover.

Eligible entry ages and maximum insurance period

The minimum and maximum entry ages at which we will consider applications to take out or increase cover, as well as the cessation age up to which you may continue to renew your policy, are as follows:

	Minimum entry age	Maximum entry age	Insurance cover ceases on policy anniversary after this birthday
Term Life Insurance Plus	10	69	99
■ TPD option	19	58	99
■ Trauma option – Basic cover	19	58	75
■ Trauma option – Extended cover	19	58	99*
■ Accidental Death option	19	54	65
Stand Alone Trauma Insurance Plus	19	58	75
■ TPD option with Basic cover	19	58	75
■ TPD option with Extended cover	19	58	64
■ Accidental Death option		54	65
Superannuation Term Life Insurance Plus	15	64	69
■ TPD option	19	58	69
■ Accidental Death option	19	54	65

*Unless otherwise indicated, the entry and cessation ages for all options are the same as the basic policy to which the option is attached.

Guaranteed Insurability benefit

The Guaranteed Insurability benefit is included in the Term Life Insurance Plus and Superannuation Term Life Insurance Plus at no extra cost. This benefit entitles you to increase your death cover prior to age 55 without Zurich's reassessment of your health within 30 days of the Personal events or Business events described below. This benefit does not apply if you are entitled to make a claim, or if you are receiving or have received a benefit under your policy, or if we have waived your premium.

Personal events included in Term Life Insurance Plus and Superannuation Term Life Insurance Plus:

a) if the life insured gets married or divorced, or if a child is born to or is adopted by the life insured, you can increase your cover by a minimum of $10,000 and a maximum equal to the lesser of an amount equal to 25% of your death cover at commencement of the policy, or $200,000

b) if the life insured takes out or increases his/her mortgage on his/her principal place of residence, you can increase your cover by the lesser of:
   - the amount of the mortgage or the increase in mortgage or
   - an amount equal to 25% of your death cover at commencement of the policy or
   - $200,000.

Business events included in Term Life Insurance Plus:

a) where at the commencement of the policy we accept that the life insured is a key person in the policy owner's business – if his/her 'value to the business' increases, then within three months of the end of each financial year of the business, your cover can be increased in proportion to the life insured's increase in his/her value to the business. The value of a key person in any year will be equal to his/her total remuneration package excluding discretionary benefits, plus his/her share of the net profits distributed by the business in that year

b) where the policy owner is a corporation, and at the commencement of the policy we accept that the life insured is a shareholder and the person primarily responsible for generating income for the corporation – if the 'value of the life insured's financial interest in the corporation' increases, then within three months of the end of each financial year of the corporation, your cover can be increased in proportion to the increase in the value of the life insured's financial interest in the corporation. The value of the financial interest of the life insured in any year will be based on his/her share of the net assets of the corporation at the end of that year.

The maximum which you can increase your death cover under this benefit is the lower of the death cover at commencement of the policy and $1,000,000. In any 12 month period, the increase is limited to 50% of the death cover at commencement of the policy. For the first six months after an increase under this benefit, the increased amount is payable only if the life insured dies as a result of an accident (see below).

Accidental Death option

Accidental death is deemed to occur where the life insured dies as a result of sustaining bodily injury caused by accidental, violent, external and visible means and provided:

- death occurs within three calendar months of the date of sustaining the injury; and
- the accident occurs after commencement of the Accidental Death option and prior to the cessation of the Accidental Death option.

Accidental Injury benefit

The Accidental Injury benefit is included in the Term Life Insurance Plus at no extra cost. Accidental Injury is deemed to be the result of sustaining bodily injury caused by accidental, violent, external and visible means, while this policy is current.

As accidental injury is also covered under the Total and Permanent Disablement option, this Accidental Injury benefit will not be payable if you are eligible to receive a TPD benefit for the same injury.

Total and Permanent Disablement (TPD)

You are deemed to be totally and permanently disabled if prior to the policy anniversary before your 65th birthday:

1) you suffer a specific loss being the entire and irrevocable loss of use of two or more of the sight of one eye, and a hand or a foot or
2) you are unable to work through bodily injury or disease. Unable to work means that:
   a) if you have the 'Any Occupation' TPD version, you are wholly prevented from engaging (for reward or otherwise) in your profession, business or similar occupation or from engaging in any other occupation to which you are fitted by your knowledge, training and abilities and have been so disabled for at least the immediately preceding six calendar months and will be so disabled for the rest of your life
   b) if you have the 'Own Occupation' TPD version, you are wholly prevented from engaging (for reward or otherwise) in your own occupation and have been so disabled for at least the immediately preceding six calendar months and will be so disabled to such an extent as to render you unlikely to ever work in your own occupation for the rest of your life
3) if you are engaged in full time domestic duties, you are unable to carry out through disease, illness or injury all your household duties for a period of six consecutive months and are unlikely to ever be able to do so for the rest of your life, and have been required to employ domestic assistance to carry out these household duties. The person you employ must not be a relative of yours or your spouse, and they must be employed and appropriately remunerated for six months before a claim can be made
4) further, you are deemed to be totally and permanently disabled if before the policy ends you are permanently unable to perform at least two of the five listed Activities of Daily Living and have been so disabled for the immediately preceding six calendar months.
   a) the Activities of Daily Living are:
      1. bathing and showering
      2. dressing and undressing
      3. eating and drinking
      4. using a toilet to maintain personal hygiene and
      5. moving from place to place by walking, wheelchair or walking aid
   b) unable to perform Activities of Daily Living means a condition as a result of a disease, illness or injury whereby the life insured is permanently and totally unable to perform without physical help from someone else at least two Activities of Daily Living, or cognitive impairment that results in the life insured requiring permanent and constant supervision. The condition must have existed continuously for a period of at least six months and will continue into the future.

Linked and Non-linked TPD

If you are applying for Term Life Insurance Plus and you select both the TPD and Trauma options you can choose to have your TPD option linked to the Trauma option.

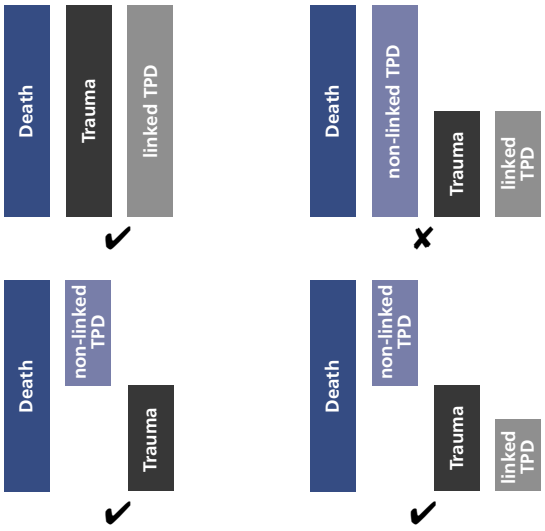
If you link your TPD to the Trauma option you will pay a lower premium for your TPD cover. This is because the TPD cover will be reduced by the amount of any Trauma cover paid.

If you do not link your TPD to the Trauma option you will pay a higher premium for your TPD, however your TPD will be unaffected by any claim under the Trauma option.

You may select any combination of linked and

not linked TPD. However the sum of the non-linked TPD and Trauma options may not exceed the death cover.

For example:



Trauma option Buy Back conditions

Under the **Built In Buy Back Death benefit**, your right to 'buy back' your death cover after the payment of a Trauma benefit will cease on the earlier of:

- 37 months after the payment of the Trauma claim and
- the policy anniversary following your 74th birthday.

Under the Accelerated Buy Back Death option, your right to 'buy back' your death cover after the payment of a Trauma benefit will cease on the earlier of:

- 13 months after the payment of the Trauma claim and
- the policy anniversary following your 74th birthday.

You cannot buy back your death cover following a Trauma claim for Minimally Invasive Cardiac Surgery – Including Coronary Angioplasty.

Under the **Buy Back TPD option**, after the payment of a Trauma benefit, your right to 'buy back' your linked TPD cover which was linked to Trauma will cease on the earlier of:

- 37 months after the payment of the Trauma claim and
- the policy anniversary following your 64th birthday.

The TPD cover bought back plus any existing TPD cover cannot exceed your death cover. You cannot buy back your TPD cover following a Trauma claim for Coronary Angioplasty.

Indexation offers, the Terminal Illness benefit and the Guaranteed Insurability provisions described on page 2 will not apply to any death and TPD cover bought back.

The premium payable on any death and TPD covers bought back will be the same as that which would have applied to the amount of bought back cover had the Trauma claim not occurred.

List of specified Traumas

If you have Basic cover under the Stand Alone Trauma Insurance Plus policy or the Trauma option, there are 12 specified Traumas included. These are:

- Benign Brain Tumour
- Chronic Kidney Failure
- Coronary Artery Bypass surgery#
- Diplegia
- Heart Attack*
- Hemiplegia
- Loss of Speech
- Major Organ Transplant
- Malignant Cancer*
- Paraplegia
- Quadriplegia
- Stroke*

If you have Extended cover under the Stand Alone Trauma Insurance Plus policy or the Trauma option, there are 36 specified Traumas included until the policy anniversary following the 75th birthday. These are:

- Aplastic Anaemia
- Aorta Repair
- Benign Brain Tumour
- Blindness
- Cardiomyopathy
- Chronic Kidney Failure
- Chronic Liver Disease

- Chronic Lung Disease
- Coma
- Coronary Artery Bypass surgery#
- Deafness
- Dementia (including Alzheimer's disease)
- Diplegia
- Encephalitis
- Heart Attack*
- Heart Valve surgery#
- Hemiplegia
- Loss of Independence
- Loss of Speech
- Malignant Cancer*
- Major Head Trauma
- Major Organ Transplant
- Medically Acquired HIV
- Minimally Invasive Cardiac surgery#† (including Coronary Artery Angioplasty)
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupationally Acquired HIV
- Out of Hospital Cardiac Arrest
- Paraplegia
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns
- Severe Accident or Illness requiring Intensive Care
- Stroke*

If you take out the Extended cover Trauma option under your Term Life Insurance Plus policy, from the policy anniversary following the 75th birthday, we will cover you for Loss of Independence.

For detailed definitions of these specified Traumas see pages 40 to 44.

Notes applicable to specified Traumas delineated by * or #:

*We will not pay a benefit, or any increase in benefit, if this Trauma occurs within 90 days of commencement of cover or reinstatement of the policy. Furthermore, the benefit or increase in benefit as the case may be, will not be payable in respect of this Trauma for any occurrence of the same specified Trauma for the duration of the policy.

#We will not pay a benefit, or any increase in benefit, if the first diagnosis or recommendation for surgery occurs within 90 days of commencement of cover or reinstatement of the policy. Furthermore, the benefit or increase in benefit as the case may be, will not be payable in respect of this Trauma for any occurrence of the same specified Trauma for the duration of the policy.

†Minimally Invasive Cardiac Surgery – including Coronary Artery Angioplasty is only available where the Extended Trauma benefit amount for the life insured is $100,000 or more. The benefit payable is 10% of the Trauma benefit under this policy subject to a minimum of $10,000 and a maximum of $25,000. The benefit is payable once only.

We will waive the 90 days elimination period for specified Traumas marked with an asterisk sign (*) or hash sign (#) if, immediately prior to the commencement of your Trauma cover, you were covered for the same specified Traumas by another insurer and you had transferred your Trauma cover to Zurich. The waiver will only apply up to the amount of Trauma cover which you had with the other insurer.

Zurich Master Superannuation Fund

The trustee of the Zurich Master Superanuation Fund ('the Fund') is Zurich Australian Superannuation Pty Limited. The trustee has the benefit of indemnity insurance. After becoming a member of the fund you have a period of 14 days ('cooling off period') during which time you can cancel your membership and obtain a refund of your contributions. If you cancel during this period, you will not be liable to pay any charges. A request to cancel your membership must be made in writing to the trustee.

Information on the management and financial condition of the Fund and other general information relating to the Fund is set out in the Investment Report issued by Zurich Australia Limited from time to time. Current copies of the Investment Report are available free of charge on request. Should you require additional information on the Fund, please contact the trustee.

The Fund has an established procedure for dealing with members' enquiries and complaints. Should you have an enquiry or complaint, you should contact Zurich's Client Service Centre on 131 551 (which has been authorised by the trustee to receive all enquiries and complaints). In the unlikely event that the matter is not resolved to your satisfaction, you have access to the Financial Industry Complaints Service and to the Superannuation Complaints Tribunal, see page 33 for details.

Specified Trauma definitions

The Stand Alone Trauma Insurance Plus policy and the Trauma option cover you against certain specified Traumas. The specific definitions for those insured events are listed below.

Proof of the occurrence of any insured event must be supported by:

- one or more appropriate specialist Medical practitioners registered in Australia or New Zealand (or in another country approved by us)
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence, and
- if the claim is a result of a surgical procedure, we will require evidence that the procedure was medically necessary.

Our medical advisers must support the occurrence of the insured events. We reserve the right to require the life insured to undergo an examination or other reasonable tests to confirm the occurrence of the insured event.

Aorta Repair

Means the undergoing of vascular surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Laser therapy, intra-arterial procedures and techniques not involving open surgical procedures are excluded.

Aplastic Anaemia

Means the acquired abnormality of blood production, characterised by total absence of normal bone marrow activity.

Benign Brain Tumour

Means a non-malignant tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as headache, papilloedema, mental symptoms, seizures and motor or sensory impairment. The tumour must result in permanent neurological deficit causing at least a 25% impairment of whole person function that is permanent. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are excluded. Tumours in cranial nerves (eg acoustic neuroma) are excluded.

Blindness

Means the irrecoverable loss of sight of both eyes as a result of sickness or accident. The extent of the visual loss must be such that the eyesight is reduced to, or less than, 6/60 central acuity or degree of vision of less than, or equal to, 20 degrees.

Cardiomyopathy

Means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment and resulting in the insured being unable to perform his/her usual occupation.

Cardiomyopathy directly related to alcohol usage or drug abuse is excluded.

Chronic Kidney Failure

Means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which permanent regular renal dialysis is instituted or renal transplant undertaken.

Chronic Liver Disease

Means end stage liver failure, with the diagnosis based on:

- permanent jaundice or ascites; and
- encephalopathy or liver biopsy.

Liver disease directly related to alcohol usage or drug abuse is excluded.

Chronic Lung Disease

Means end stage lung disease, including interstitial lung disease requiring extensive and permanent oxygen therapy or FEV 1 test results of less than one litre.

Coma

Means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously for a period of at least 96 hours with the use of a life support system and resulting in a neurological deficit causing at least a 25% impairment of whole person function that is permanent. Coma directly related to alcohol usage or drug abuse is excluded.

Coronary Artery Bypass surgery

Means the actual undergoing of Coronary Artery Bypass surgery which is considered medically necessary to correct or treat Coronary Artery disease but not including angioplasty, other intra-arterial or laser procedures.

Deafness

Means the total, irreversible and irreparable loss of hearing – both natural and assisted, in both ears as a result of disease, illness or injury as measured by audiogram.

Dementia (including Alzheimer's disease)

Means the life insured has Alzheimer's disease or other dementia. The diagnosis must confirm permanent irreversible failure of brain function and resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the life insured or others. Dementia as a result of alcohol or drug abuse is specifically excluded.

Diplegia

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

Encephalitis

Means the severe inflammation disease of the brain resulting in neurological deficit causing at least 25% impairment of whole person function that is permanent.

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 diagnosis for this will be supported by the following criteria being consistent with a heart attack:

- new confirmatory electrocardiograph (ECG) changes, and
- diagnostic elevation of cardiac enzyme CK-MB

If the above criteria are not met then we will pay a claim based on satisfactory evidence that more than minimal myocardial damage has occurred, and of either:

- new pathological Q waves, or
- satisfactory evidence that the event produced a permanent reduction in the Cardiac Ejection Fraction to 50% or less.

For the purposes of this definition, minimal myocardial damage is evidenced by the elevation of Troponin I of 2ug/l or less, or Troponin T of 0.6ug/l or less, or their equivalent.

Heart Valve surgery

Means the undergoing of open heart surgery considered medically necessary to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities that cannot be corrected by non surgical techniques or intra-arterial procedures.

The condition must have first manifested after the commencement date of the policy. Repair via valvotomy, catheter, keyhole or similar techniques are specifically excluded.

Hemiplegia

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

Loss of Independence

Means as a result of a disease, illness or injury the life insured is unable to perform at least two of the following five Activities of Daily Living, or cognitive impairment that results in the life insured requiring permanent and constant supervision. The inability or impairment must have existed continuously for a period of at least 3 months and be permanent and irreversible.

Activities of Daily Living

The Activities of Daily Living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. using a toilet to maintain personal hygiene and
5. moving from place to place by walking, wheelchair or with the assistance of a walking aid.

Loss of Speech

Means the complete and irrecoverable loss of speech – whether aided or unaided, as a result of sickness or accidental injury. The loss of the ability to speak must be established for a continuous period of 12 months.

Major Head Trauma

Means accidental cerebral injury resulting in permanent neurological deficit causing at least a 25% impairment of whole person function that is permanent.

Major Organ Transplant

Means the actual receipt of a transplant from a human donor of a heart, lung, liver, kidney, pancreas or bone marrow. The transplant of all other organs or parts of organs or any other tissue transplant is excluded.

We will advance 25% of the benefit amount to a maximum of $25,000 upon confirmation by an appropriate specialist medical practitioner that the life insured has been placed on a waiting list for a Major Organ Transplant that is covered above. The Trauma benefit amount is then reduced for that life insured by the amount paid. Once the life insured qualifies for a Trauma benefit in accordance with the policy conditions the remainder of the benefit amount will be paid.

Malignant Cancer

Means the histologically confirmed first diagnosis of a disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue, requiring major interventionist treatment such as radiotherapy, chemotherapy, or biological response modifiers, and includes malignant cancers that are completely untreatable.

The term Cancer includes:

- Leukaemia (other than chronic lymphocytic leukaemia less than Ria Stage 3 or Binet stages A and B)
- malignant disease of the lymphatic system such as Hodgkin's Disease.

The term Cancer excludes:

- tumours showing the malignant changes of carcinoma in situ, (including cervical dysplasia CIN-1, CIN-2, and CIN-3) or which are histologically described as pre-malignant. (Carcinoma in situ of the breast is covered if it results in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment.)
- all skin cancers except invasive melanoma of Clark Level 3 and above or greater than 1.5 mm maximum thickness
- all hyperkeratosis or Basal Cell Carcinoma (BCC) of skin and Squamous Cell Carcinoma (SCC) of skin unless metastasised
- prostate cancers which are histologically described as TNM classifications T1 or are of another equivalent or lesser classification
- tumours treated by endoscopic procedures alone.

Medically Acquired HIV

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

- a blood transfusion
- transfusion with blood products
- organ transplant to the insured
- assisted reproductive techniques
- a medical procedure or operation performed by a doctor or dentist

Notification and proof of the incident will be required via a statement from a Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the medical procedure.

Minimally Invasive Cardiac surgery – including Coronary Artery Angioplasty

(only available where the Extended Trauma benefit amount for the life insured is $100,000 or more).

Means the actual undergoing of thoracoscopic, laparoscopic, 'minimally invasive' or 'keyhole' surgery to treat or repair:

- a narrowing or blockage of one or more coronary arteries,
- an obstruction of the aorta or a coarctation of the aorta, or
- a cardiac valve as a consequence of heart valve defects or abnormalities

Investigative or diagnostic procedures are not included.

The benefit payable is 10% of the Trauma benefit under this policy subject to a minimum of $10,000 and a maximum of $25,000. The benefit is payable once only.

Motor Neurone Disease

Means the life insured has Motor Neurone Disease resulting in the progressing weakness and wasting of the muscles of the body, causing at least a 25% impairment of whole person function that is permanent. (Chronic conditions – Advancement on Diagnosis benefit applies to this condition. Please refer to pages 5 or 8 for more details).

Multiple Sclerosis

Means the life insured has Multiple Sclerosis confirmed by Magnetic Resonance Imaging (MRI) scan where the condition is characterised by the demyelination of the brain and spinal cord. There must be more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25% impairment of whole person function that is permanent. (Chronic conditions – Advancement on Diagnosis benefit applies to this condition. Please refer to pages 5 or 8 for more details).

Muscular Dystrophy

Means the life insured has Muscular Dystrophy with neurological deficit resulting in at least 25% impairment of whole person function that is permanent. (Chronic conditions – Advancement on Diagnosis benefit applies to this condition. Please refer to pages 5 or 8 for more details).

Occupationally Acquired HIV

Means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of the life insured's normal occupation, and sero-conversion of the HIV infection must occur within six months of the accident.

HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

A benefit will not be payable in the event of a medical cure being found for Acquired Immune Deficiency Syndrome (AIDS) or the effects of the HIV virus, or in the event of a treatment

being developed and approved which makes the HIV virus inactive and non-infectious.

Any accident giving rise to a potential claim must be reported to Zurich Australia Limited within seven days of the accident and supported by a negative HIV Antibody test taken after the accident. Zurich Australia Limited must be given access to test independently all the blood samples used.

Out of Hospital Cardiac Arrest

Means cardiac arrest that is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital, and is:

- Cardiac asystole or
- Ventricular fibrillation with or without ventricular tachycardia.

Paraplegia

Means the permanent and total loss of use of both legs resulting from illness, disease or injury of the brain or spinal cord.

Parkinson's Disease

Means the life insured has Parkinson's Disease where the disease cannot be controlled with medication and shows signs of progressive incapacity with at least a 25% impairment of whole person function that is permanent. Parkinson's Disease as a result of alcohol or drug abuse is excluded. (Chronic conditions – Advancement on Diagnosis benefit applies to this condition. Please refer to pages 5 or 8 for more details).

Primary Pulmonary Hypertension

Means Primary Pulmonary Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the life insured being unable to perform his/her usual occupation.

Pulmonary hypertension in association with Chronic Lung Disease is excluded.

Quadriplegia

Means the permanent and total loss of use of both arms and both legs resulting from disease, illness or injury of the brain or spinal cord.

Severe Burns

Means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the body surface area as measured by the Rule of 9 of the Lund and Browder Body Surface Chart.

Severe Accident or Illness requiring Intensive Care

Means an accident or illness that has resulted in:

- the life insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours a day) in an authorised intensive care unit of an acute care hospital and
- impairment of at least 25% whole person function that is permanent.

Stroke

Means a cerebrovascular event producing neurological sequela lasting at least twenty-four (24) hours. This requires clear evidence on a Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) or similar scan that a stroke has occurred and of:

- infarction of brain tissue and
- intracranial or subarachnoid haemorrhage or
- embolisation from an extracranial source.

Cerebral symptoms due to transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, optic nerve or the vestibular apparatus of the ear are excluded.

Additional Information – Income Replacement covers

Constructing your policy

Income Replacement Insurance Plus, Special Risks Income Replacement Insurance and Business Expenses Insurance Plus have some fundamental components which you should understand so that a policy can be put together to suit your needs.

Policy ownership

In most circumstances, the policy owner and the life insured must be the same person. However, there are exceptions. These include:

- Companies – which may purchase this insurance for an owner or major shareholder who is personally responsible for generating income; and
- Trustees of family trusts or partners in an unincorporated partnership running a family business – which may purchase the insurance for people responsible for generating income.

Waiting period

The Waiting period is the number of days that you must wait before being eligible for Income benefit payments after suffering an injury or sickness and being unable to earn your Pre-disability income from personal exertion. You can select from the following Waiting periods:

Income Replacement Insurance Plus

- 14 days
- 30 days
- 60 days
- 90 days
- 180 days
- 1 year
- 2 years
- any number of days you nominate between 14 and 90 days.

Special Risk Income Replacement Insurance

- 30 days
- 60 days
- 90 days

Business Expenses Insurance Plus

- 14 days
- 30 days
- 60 days
- 90 days

You can return to full-time work for up to five days during the Waiting period without the Waiting period starting again. The days worked are added to your Waiting period.

We pay a proportion of the Income benefit twice monthly with the first payment due 15 days after the expiry of the Waiting period.

You should notify Zurich in writing within 30 days from the date that your doctor provides evidence that because of an injury or sickness you have totally ceased work and you are unable to perform your Own Occupation. If you notify Zurich after 30 days, the Waiting period will commence from the date that you notified Zurich.

Benefit period

The Benefit period is the maximum length of time that we will pay an Income or Businesses Expenses benefit to you for disability from the same or related cause. You can choose the length of your Benefit period. Generally, the Benefit periods for injury and for sickness are the same.

Income Replacement Insurance Plus

The following Benefit periods are available with Income Replacement insurance Plus:

- 1 year or
- 2 years or
- 5 years or
- to the policy anniversary following your: 55th birthday or 60th birthday or 65th birthday.

Special Risk Income Replacement Insurance Plus

The following Benefit periods are available with Special Risk Income Replacement Insurance Plus:

- 1 year or
- 2 years or
- 5 years.

Business Expenses Insurance Plus

The Benefit period with Business Expenses Insurance Plus is always one year, subject to the provisions for fluctuating expenses outlined on page 30.

Eligible entry ages and maximum insurance period

The minimum and maximum entry ages at which we will consider applications to take out or increase cover, as well as the cessation (expiry) age up to which you may continue to renew your policy, are as follows:

	Minimum entry age	Maximum entry age	Insurance cover ceases on policy anniversary after this birthday
Income Replacement Insurance Plus **Benefit period topolicy anniversary following**:			
■ 55th birthday	19	48	55
■ 60th birthday	19	53	60
■ others	19	58	65
Special Risk Income Replacement Insurance Plus	19	53	60
Business Expenses Insurance Plus	19	58	65
Options*			
■ Spouse Cover option	19	48	Earlier of: Policy expiry, or policy anniversary after Spouse's 60th birthday
■ Guaranteed Insurability option	19	50	54

*Unless otherwise indicated, the entry and cessation ages for all options are the same as the basic policy to which the option is attached.

Benefit cessation

All benefits cease on the policy anniversary after cessation age.

All benefits cease on your death with the exception of the Family Care option and Spouse Cover option which may continue to be payable. See benefit descriptions for these benefits on pages 46 and 47 for more details of when they would be payable.

Optional benefits

Lump Sum Accident option

We will pay you a lump sum if you suffer one of the injuries set out below as the result of an accident and the injury occurs:

- within 180 days of the accident and
- before the policy anniversary following your 65th birthday or, if earlier, the benefit expiry date.

The lump sum will be the percentage set out below of the Lump Sum Accident amount shown in your policy schedule. The minimum Lump Sum Accident amount you may take out is $50,000 and the maximum is $250,000.

We will only pay an amount under this option once.

Result of accident	% of Lump Sum Accident amount
Death	100%
Total and Permanent Loss of Use of:	
■ Both hands or both feet or entire sight in both eyes	100%
■ A hand and a foot	100%
■ A foot and the sight in one eye	100%
■ A hand and the sight in one eye	100%
■ One arm or one leg	75%
■ One hand, one foot or the sight in one eye	50%
■ Thumb and index finger from the same hand	25%
■ Thumb or index finger	15%
■ Two or more fingers	15%
■ One finger	5%

Family Care option

If you are receiving an Income benefit and you die before you reach the policy anniversary preceding your 65th birthday, we will continue to pay your spouse an Income benefit for up to five years after your death. We will not pay after the benefit expiry date, or for longer than the balance of the Benefit period, and if your spouse dies during that time, we will stop paying the benefit.

Your spouse will receive the same Income benefit that you would receive if still living for a further five years. For example, if you chose the Increasing Claims option, your spouse's benefit will continue to be increased.

We define spouse as your legal or de facto husband or wife. Your spouse can be of the same sex as you. This option is only available if the policy owner and the life insured are the same person.

Spouse Cover option

Spouse cover recognises the important contributions made to family lifestyle by non-working spouses. This option is available for spouses who work part-time (up to 28 hours a week) or carry out domestic duties full-time.

If, for longer than a Waiting period of 60 or 90 days, your spouse is unable because of sickness or injury to perform their daily domestic duties and a registered Medical practitioner confirms the need for domestic help for your spouse, we will pay you after the end of the Waiting period:

- up to $700 a month towards reimbursement of fees paid for domestic duties such as cooking, cleaning and home nursing care and
- up to $1,300 a month towards reimbursement of child care costs for children under 12 years.

We will not pay after the policy anniversary following his/her 60th birthday or the benefit expiry date, whichever occurs first.

We will not pay a benefit if your spouse is disabled due to:

- intentional self-inflicted injury or
- attempted suicide or
- uncomplicated pregnancy or childbirth or
- an act of war (whether declared or not) or
- nervous or mental disorders; or
- any event expressly excluded in the policy schedule accompanying the policy document.

The Rehabilitation benefits also apply to this cover based on the maximum monthly benefit for Spouse Cover. If you are eligible to receive a Spouse benefit, we will pay the following rehabilitation benefits:

- **Home modification**

If your spouse's home needs modification for your spouse to return to carrying out the domestic duties, we will reimburse up to $6,000 for expenses incurred in carrying out the modification.

- **Rehabilitation program**

If your spouse takes part in a rehabilitation program for up to 12 months following the Waiting period, we will reimburse you up to $1,000 each month towards the expenses of the rehabilitation program.

- **Rehabilitation costs**

We will pay up to $12,000 to cover the expenses of rehabilitating your spouse.

You must have our written approval before you incur the expenses for these rehabilitation costs.

Special Care option

This option is only available to non-manual occupations and includes four benefits which are payable, after the end of the Waiting period, while we are paying you an Income benefit:

1. if a direct family member has to stop full-time work to care for you at home because of your sickness or injury, we will pay an additional benefit for up to six months after the end of the Waiting period while you are unable to earn any income from personal exertion. The additional benefit is the lower of:
   - your Income benefit or
   - $2,500 per month.

   You must be at home, confined to bed or to the house and dependent on home assistance. We will not pay if your direct family member had been working for you or for your employer before your disability
2. if you need the care of a Registered nurse or a personal care attendant because of your sickness or injury, we will pay an additional benefit of $85 per day for up to six months after the end of the Waiting period while you are unable to earn any income from personal exertion. You must be at home, confined to bed or to the house and dependent on home assistance or nursing care. We will not pay if the nurse or personal care attendant is a member of your or your spouse's immediate family or was working for you or your employer

3. we will reimburse the accommodation and travel costs if your sickness or injury means that you are more than 100 kilometres away from home and need to stay there on your doctor's advice. We will also reimburse the accommodation and travel costs of a Direct Family member who has to stay with you. We will pay up to $150 per day reimbursement for up to 30 days in any 12-month period for accommodation and up to $500 reimbursement for travel costs. We will not pay costs incurred during the Waiting period
4. if you suffer the sickness or injury overseas and choose to return to Australia when an Income benefit is payable, we will pay the cost of a single standard economy airfare to enable you to return, less any reimbursement from another source. We will also pay the costs of transport for any direct family travelling companion you had while disabled overseas. The maximum we will pay is three times the Income benefit.

In respect of the first three benefits, you can only claim one at any point in time.

Severe Disability option

This option is **only** available to non-manual occupations. If you have been unable to perform continuously at least two of the five Activities of Daily Living for more than three months of your disability, we will then increase your Income benefit by one third while this condition continues. This benefit is payable until the end of your Benefit period or to the policy anniversary following your 65th birthday, whichever occurs first. The Activities of Daily Living are listed under 'Trauma Definitions' on pages 41 and 42.

Day 4 Accident option

This option is **only** available for policies with Waiting periods of 30 days or less.

If you are disabled due to an injury for more than three consecutive days during the Waiting period, and you are unable to generate at least 80% of your Pre-disability income through personal exertion, and are not working in any occupation due to that injury we will pay you 1/30th of the Income benefit for each day of the Waiting period from day four onwards while you continue to meet those criteria due to your injury. This benefit is not payable if you are eligible for the Confined to Bed benefit or the Specified Injury benefit.

Booster option

This option is **only** available to non-manual occupations. Under this option, if you are disabled and we are paying you 100% of the Income benefit, we will increase the Income benefit by one third for the first 30 days.

Guaranteed Insurability option

This option is **only** available to non-manual occupations.

You can increase your Income benefit by up to 20% on every third policy anniversary after this option began, without us reassessing your personal circumstances. You must tell us in writing that you want to make the increase within 30 days after the relevant policy anniversary. The increase cannot be made if:

- you are over age 55
- you have made a claim in the last six months or
- after the increase, your Income benefit will be more than 75% of your Average Monthly Pre-tax income at that date.

Trauma option

This option contains two benefits:

1. if you die after the expiry of the Waiting period and prior to the benefit expiry date while you are receiving a benefit under this policy, a lump sum equal to three times the Income benefit will be paid
2. we will double the Income benefit we pay you for up to six months prior to the benefit expiry date if you suffer any of the following traumas:
   - Kidney Failure
   - Coronary Artery Bypass surgery*
   - Diplegia
   - Heart Attack*

- Hemiplegia
- Malignant Cancer*
- Paraplegia
- Quadriplegia
- Stroke*

We will not pay a Trauma benefit in respect of any of the conditions marked with a * if it occurs within 90 days of commencement of cover or any reinstatement of your policy.

The specific definitions for these insured events are listed on pages 40 to 44.

Additional information about your cover

24 hour cover

You are covered 24 hours a day worldwide.

World wide cover

If you are claiming while overseas, we will require you to have a medical examination in Australia, or in another country by a doctor nominated or approved by us, every 12 months for the Income benefits to continue.

Increasing your cover with inflation

Each year, we will offer you the opportunity to increase your Income benefit, or your monthly Business Expenses benefit, by the increase in the CPI. You do not have to take up this offer.

If you take up our offer, you do not have to provide any further health evidence. However, if you wish to increase your level of cover beyond our offer, your increase will be subject to Zurich's reassessment of your personal circumstances.

You can accept our offer to increase your Income Benefit up to 75% of your Average Monthly Pre-tax income.

You can accept our offer to increase your monthly Business Expenses benefit up to 100% of your monthly Eligible Business Expenses averaged over the previous 12 months.

The following conditions apply to our offer:

- we will not increase your cover from the policy anniversary after your 65th birthday
- if you are disabled and entitled to make a claim or receiving a benefit at your policy anniversary or in the six months before your policy anniversary, we will not offer to increase your cover. However, we will resume our offers to increase your cover from the policy anniversary date following the expiration of six months after you cease to be disabled
- you cannot accept our offer to increase your Income benefit if you are not in full-time employment
- if the increase would mean that the Income benefit plus any other disability insurance held on your life is greater than our underwriting limits, the increase is limited to our maximum underwriting limit as determined from time to time
- if the increase would mean that the monthly Business Expenses benefit plus any other business expenses disability insurance held on your life is greater than our underwriting limits, the increase is limited to our maximum underwriting limit as determined from time to time.

No Claim discount

You will receive a No Claim discount of 15% of the premium (excluding the management fee) provided no claims for benefits were made in the previous policy year. At the commencement of the policy, you may be eligible for a No Claim discount of 15% of the premium (excluding the management fee) if you have not been away from your normal occupation for more than two consecutive weeks because of ill health in the 12 months before the policy commencement date.

When you recommence premium payments after making a claim, the No Claim discount will be reset to 0%. If you make no further claims, the No Claim discount of 15% will apply for the period commencing from the second policy anniversary date immediately following the recommencement of premium payments.

Premium waiver

All premiums (including the management fee) except those for the Spouse Cover option will be waived or refunded for any period when Income benefits, Specified Injury benefits or Business Expenses benefits are payable. Further, premiums

paid for the Waiting period will be refunded if your completed claim form is received within 30 days from the start of your disability and we pay you Income benefits or Business Expenses benefits.

Unemployment and Employment breaks

Usually, the Income Replacement Insurance Plus policy is only available to you while you are working. The policy terminates at the end of any 12 month period during which you have not been engaged in full-time paid employment other than as a direct result of disability. However, you can reinstate this policy without Zurich reassessing your personal circumstances if you return to full-time employment within six months of the policy terminating. No payments will be made for an injury or sickness which occurred or became apparent while the policy was not in force. If you have selected the Level premium structure, 50% of the premiums due during the period the policy was not in force are payable on reinstatement of the policy.

While you are on unpaid leave (eg maternity leave or sabbatical leave) you can, with Zurich's prior written approval, continue your Income Replacement Insurance Plus policy.

Definitions

You will be asked to provide copies of personal and business tax returns, assessment notices and other financial evidence to substantiate your expenses and earnings.

Pre-disability income

Your monthly Pre-disability income is the highest of your Average Monthly Pre-tax income during any consecutive 12 months in the three years prior to the onset of your injury or sickness. While you are on claim we will index this amount to the CPI on an annual basis to ensure your benefits keep pace with inflation.

Post-disability income

Your monthly Post-disability income is the total of the amounts determined in accordance with paragraphs a) and b):

a) your pre-tax income from your personal exertion during the relevant month

b) other benefits received during the relevant month from other sources as a result of your sickness or injury such as:
   - other disability income policies you did not disclose to us
   - workers compensation or other legislated benefits and
   - sick leave.

Where these amounts are payable in a lump sum and cannot be allocated to specific months, then 1/60th of the lump sum shall be taken into account each month for a maximum period of five years. A reduction will not be made if the other payment received is:

- a lump sum or part of a lump sum paid as compensation for pain and suffering or as compensation for loss of use of a limb
- a lump sum Total and Permanent Disablement or Trauma benefit.

We will only pay benefits where the loss of income is a result of sickness or injury. Where pre-tax income from personal exertion has been reduced as a result of causes other than sickness or injury, we will adjust your Post-disability income so that it solely reflects the loss in income as a result of sickness or injury.

Average Monthly Pre-tax income

When we refer to your Average Monthly Pre-tax income we mean, in respect of the previous 12 months or previous financial year:

- if you earn a salary, 1/12th of the salary, wages, fees, commissions, bonuses and other personal exertion income earned by you, plus the value of any company benefits you receive (for example superannuation contributions or a company car), less any deductions for expenses directly incurred in earning this income
- if you are self-employed, 1/12th of the gross revenue generated by the business as a result of your personal exertion, plus income earned by you from any other source, involving the provision of your personal services, less Eligible Business Expenses.

You may be asked to provide copies of personal and business tax returns, assessment notices and/or other financial evidence to substantiate your income.

Eligible Business Expenses

Means your share of the expenses and outgoings incurred in running the business or professional practice. These may include:

- rent, telephone, electricity, accountant's fees, lease repayments, insurance premiums and cleaning expenses
- depreciation of plant and equipment
- taxes, rates or charges incurred in connection with the business
- interest repayments on mortgages or loans which relate solely to the business
- salaries and related costs of employees (who cannot generate income while you are totally disabled)
- other fixed expenses which are normally incurred in running the business and
- leasing costs of equipment and motor vehicles used solely by your business.

Eligible Business Expenses do not include items such as your salary (or salaries paid to members of your profession or family), trading stock and depreciation on real estate.

Business Earnings

Means income earned by the business or professional practice as the result of your involvement.

Injury and Sickness

We will agree with you whether your disability is caused by an injury or sickness and will confirm the decision with you before claim payments commence. 'Injury' means accidental bodily injury. 'Sickness' means sickness or disease which first manifests itself after the policy began. Elective and donor transplant surgery are excluded (except where the Elective Surgery benefit is payable under Income Replacement Insurance Plus).

Direct Family Member

- your legal husband or wife
- a person living with you as your spouse on a domestic basis in good faith (your spouse can be of the same gender as you)
- your mother, father, mother-in-law or father-in-law or
- your child.

Registered Medical Practitioner and Registered Nurse

The registered medical practitioner and registered nurse cannot be you or be related to you in any way. For example, they cannot be a member of your family, your business partner, employee or employer. If the policy owner is different to the life insured, the registered medical practitioner or nurse cannot be the policy owner or related in any way to the policy owner.

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Interim Cover certificate

ZURICH

Because life changes.

This certificate covers you while we are assessing your application, provided that the certificate has been signed by your Adviser and we have received the initial premium (based on the estimate provided by your Adviser) or a completed Credit Card Payment Authority. The cover it provides is outlined on the following page. You will be covered until any one of these events occurs:

- you receive your Zurich policy (policies)
- we have advised you in writing that this interim cover is cancelled or
- 4.00pm on the 60th day after the effective date (which is the date you applied for your policy).

No benefits will be paid where the event is caused directly or indirectly by:

- suicide
- intentional self-inflicted injury or act
- the taking of drugs other than as prescribed by a doctor
- engaging in any pursuit or occupation which would cause Zurich to reject or apply special conditions to acceptance of the application for insurance or
- an act of war (whether declared or not) or military service;

When assessing your application Zurich will take into account any change in your state of health until the date of acceptance.

Name of person(s) to be insured:

Effective date Time am / pm

Your duty of disclosure

Please read this notice carefully. It is provided in accordance with the Insurance Contracts Act 1984.

Disclosure

Before this Interim Cover Certificate is issued to you, you have a duty to tell us everything within your knowledge that you know, or that you could be reasonably expected to know, that will affect our decision to accept your application for insurance.

However, you do not have to tell us anything that:

- does not affect our decision to insure you
- is common knowledge
- we know, or ought to know in carrying out our business
- we have told you that you do not have to tell us.

Non-disclosure

If you do not tell us everything that you have a duty to tell us, we may be able to:

- cancel your insurance
- reduce the amount you are covered for
- change the conditions of your policy.

Interim cover required

Please tick the box for the Zurich policy (or policies) you are applying for:

- ☐ Term Life Insurance Plus Amount of cover $ _____
- ☐ Stand Alone Trauma Insurance Plus Amount of cover $ _____
- ☐ Superannuation Term Life Insurance Plus Amount of cover $ _____
- ☐ Income Replacement Insurance Plus
  - Monthly Income benefit $ _____ Waiting period _____ days Benefit period _____
  - Monthly Income benefit $ _____ Waiting period _____ days Benefit period _____
- ☐ Special Risk Income Replacement Insurance Plus
  - Monthly Income benefit $ _____ Waiting period _____ days Benefit period _____
  - Monthly Income benefit $ _____ Waiting period _____ days Benefit period _____
- ☐ Business Expenses Insurance Plus
  - Monthly Income benefit $ _____ Waiting period _____ days Benefit period _____
  - Monthly Income benefit $ _____ Waiting period _____ days Benefit period _____

Terms of Interim Cover provided for Term Life Insurance Plus and Superannuation Term Life Insurance Plus.

We will pay you a benefit if you die as the result of an accident during the period of this interim cover. The benefit will be paid in the event of sustaining bodily injury caused directly and solely by accidental or violent, external and visible means, independent of any other cause, which occurs after this cover commences and results in death within three months of the accident. The amount we will pay in respect of any life (regardless of the number of applications being assessed) will be the lesser of:

- $500,000
- the amount of cover you are applying for or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

Terms of Interim Cover provided for Stand Alone Trauma Insurance Plus

We will pay you a benefit of $5,000 if you die as the result of an accident during the period of this interim cover. The benefit will be paid in the event of sustaining bodily injury caused directly and solely by accidental or violent, external and visible means, independent of any other cause, which occurs after this cover commences and results in death within three months of the accident.

Terms of Interim Cover provided for Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus.

We will pay you an Income benefit or Business Expenses benefit if, solely as a result of a disability caused by an accident during the period of this interim cover:

- you totally cease work and
- you are not able to earn from personal exertion any income or generate any business earnings for a period of at least the nominated Waiting period and
- you are under the regular care of a Medical practitioner.

The benefit will be paid in the event of sustaining bodily injury caused directly and solely by accidental or violent, external and visible means, independent of any other cause, which occurs after this cover commences. This benefit is not payable where you choose a waiting period of more than 60 days.

The amount we will pay you each month will be the lesser of:

- $5,000
- the Income benefit you are applying for
- the amount of cover you would have been accepted for under our normal underwriting criteria.

The maximum period we will pay a benefit for is six months.

Adviser name		Phone No.	
Signature		Date	
Adviser No			

Application Checklist

If this policy is to be attached to a Zurich superannuation policy

If you are applying for a new Zurich superannuation policy and you wish to attach the Superannuation Term Life Insurance Plus benefits (or some of the benefits) described in this Customer Information Brochure, you are not required to complete the application form contained in this Customer Information Brochure. However, you must also have received and examined a current copy of the appropriate Superannuation Customer Information Brochure, and completed the application form contained therein. A completed Life Insured's Statement will need to be lodged with your application.

If you are already an **existing** Zurich superannuation client, you should check with your Adviser if it is necessary for you to complete the application form in this Customer Information Brochure or another form. A completed Life Insured's Statement will need to be lodged with your application.

In all other circumstances, you must complete the application form attached to this Customer Information Brochure.

Completing the application form

When you complete the application form, please

- use a black pen
- write in BLOCK LETTERS
- complete all relevant sections of the Application form
- attach a cheque for the first insurance premium made payable to Zurich Australia Payment Authority if the first premium is to be paid by credit card. (Please note: when attaching this policy to a Zurich personal superannuation policy, the option of paying the first premium by credit card is not available.)
- complete the Direct Debit Request if future premiums are to be paid by the Direct Debit facility from a bank, building society or credit union account or Credit card
- complete the Interim Cover certificate and detach it for your records
- attach any computer generated illustrations
- attach a Life Insured's Statement for each person to be insured.

Accepting your application

If we are unable to finalise your application form, for whatever reason, Zurich will deposit any money received into a Trust Account. Under current legislation this money can only be held in a Trust Account for a maximum of one month or a period that is 'reasonable' in the circumstances. Provided Zurich has sufficient proof that we have been attempting to finalise the application by way of following up the outstanding requirements, then the 'reasonable' period will be not more than four months.

Any interest earned on the moneys in the Trust Account will be retained by Zurich to recover administration costs incurred in finalising the application.

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Zurich Wealth Protection Application Form

ZURICH

Because life changes.

Before you sign this Application Form your financial adviser is obliged to give you a 'Key Features Statement' (which is a summary of the important information relating to the insurance). The Key Features Statement will help you to understand the product and decide if it is appropriate to your needs.

This application form is dated 1 September 2002 and is valid until
31 March 2003. Applications received at a Zurich office after that date may not be accepted.

Please use BLOCK LETTERS and ✔ where applicable.

OFFICE USE ONLY

Policy No.	
Policy No.	
Policy No.	
Policy No.	
Adviser	
Adviser No.	
Phone No.	

Adviser's Stamp

Do you have a current Zurich policy/investment? Yes ☐ No ☐

Will this insurance be added to an existing policy/investment? Yes ☐ No ☐

☐ **TAKE OVER TERMS APPLY**

Indicate which product(s) you are applying for:

☐ **Term Life Insurance Plus**
↘ Complete sections 1, 2, 3, 4, and Life Insured's Statement

☐ **Stand Alone Trauma Insurance Plus**
↘ Complete sections 1, 2, 3, 5, and Life Insured's Statement

☐ **Superannuation Term Life Insurance Plus**
↘ Complete sections 1, 2, 3, 6, Life Insured's Statement, Superannuation Fund form and Tax File Number Notification

☐ **Income Replacement Insurance Plus**
↘ Complete sections 1, 2, 3, 7, and Life Insured's Statement

☐ **Special Risk Income Replacement Insurance Plus**
↘ Complete sections 1, 2, 3, 8, and Life Insured's Statement

☐ **Business Expenses Insurance Plus**
↘ Complete sections 1, 2, 3, 9, and Life Insured's Statement

☐ **Attention to:**

Has an underwriting pre-assessment been given regarding this application? Yes ☐ No ☐

If 'Yes', please provide Reference Number ↘

1 Life Insured details – (all applicants to complete)

Life Insured 1

A Life Insured's Statement is required ☐ Completed

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Given names

Male ☐ Female ☐

Date of birth DD / MM / YYYY Age next birthday ☐

Place of birth

Non smoker ☐ Smoker ☐

Address

State Postcode

Country of Residency

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

Complete remaining questions for following products only.

– Term Life Insurance Plus

– Stand Alone Trauma Insurance Plus

– Superannuation Term Life Insurance Plus

Occupation class 1 ☐ 2 ☐ 3 ☐ 4 ☐

For the purposes of the Guaranteed Insurability benefit:

- Is the life insured a key person in the policy owner's business? Yes ☐ No ☐
- Where the policy owner is a corporation, is the life insured a shareholder and the person primarily responsible for generating income for the corporation? Yes ☐ No ☐

Life Insured 2

A Life Insured's Statement is required ☐ Completed

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

Given names

Male ☐ Female ☐

Date of birth DD / MM / YYYY Age next birthday ☐

Place of birth

Non smoker ☐ Smoker ☐

Address

State Postcode

Country of Residency

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

Complete remaining questions for following products only.

– Term Life Insurance Plus

– Stand Alone Trauma Insurance Plus

– Superannuation Term Life Insurance Plus

Occupation class 1 ☐ 2 ☐ 3 ☐ 4 ☐

For the purposes of the Guaranteed Insurability benefit:

- Is the life insured a key person in the policy owner's business? Yes ☐ No ☐
- Where the policy owner is a corporation, is the life insured a shareholder and the person primarily responsible for generating income for the corporation? Yes ☐ No ☐

OFFICE USE ONLY Client No ☐☐☐☐☐☐☐

Client No ☐☐☐☐☐☐☐ **OFFICE USE ONLY**

2 Policy owner(s) – (all applicants to complete)

If the Policy Owner is not the Life Insured please provide details:

Superannuation Term Life Insurance Plus

I am joining Zurich Master Superannuation Fund:

Yes ☐ ↘ No other Policy Owner Details need to be completed. Please complete the Superannuation Fund form on page 25.

No ☐ ↘ Please give details of the Policy Owner/Trustee below and complete the Superannuation Fund Form on page 25.

Policy Owner 1 is Life Insured 1 Yes ☐ No ☐

↙ If 'No', complete details below

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname/Company Name, Trustee(s) or Partners

Given names (Name under which business is carried out if applicable)

Date of birth DD / MM / YYYY

Address

State Postcode

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

Relationship to insured

% Interest in business if applicable

OFFICE USE ONLY Client No

Policy Owner 2 is Life Insured 2 Yes ☐ No ☐

↙ If 'No', complete details below

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname/Company Name, Trustee(s) or Partners

Given names (Name under which business is carried out if applicable)

Date of birth DD / MM / YYYY

continued on next column ↗

Address

State Postcode

Contact details

Work ( )

Home ( )

Mobile ( )

Facsimile ( )

Email

Relationship to insured

% Interest in business if applicable

Client No OFFICE USE ONLY

3 Payer's details – (all applicants to complete)

Name and address to which renewal information or billing details should be sent

Name

Address

State Postcode

Phone number ( )

Payment details

Please indicate frequency and method of payment required. If you choose to pay your first premium only by credit card, please complete the credit card payment authority set out on page 21 of the application. If you choose to pay your subsequent premiums by direct debit, **please complete the Direct Debit Request set out on page 23 of the application form.**

First premium

☐ Cheque attached ☐ Credit Card

Deposit premium received

Receipt No.

Subsequent regular premiums

☐ Yearly Cash or Cheque ☐ Half-Yearly Cash or Cheque

☐ Yearly Direct Debit ☐ Half-Yearly Direct Debit

☐ Quarterly Direct Debit ☐ Monthly Direct Debit only

Client No OFFICE USE ONLY

4 Term Life Insurance Plus Policy details

NOTE: If this is on to an existing cover, please advise total sums insured.

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ↘ If "Yes", the illustration forms part of this application. No ☐ ↘ If "No", please complete the details below.

Premium structure ☐ Stepped ☐ Level

			Life Insured 1		Life Insured 2	
			Benefit Amount	Premium	Benefit Amount	Premium
Term Life Insurance Plus			$	$	$	$
Trauma option						
Trauma	☐	Basic	$	$	$	$
	☐	Extended	$	$	$	$
	☐	Accelerated Buy Back option		$		$
	☐	TPD Buy Back option		$		$
Standard TPD (linked)	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
Double TPD (linked)	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
TPD option (non-linked) – the total amount of non-linked TPD cover plus the total Trauma cover cannot exceed the death cover						
Standard TPD	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
Double TPD	☐	"Own" occupation	$	$	$	$
	☐	"Any" occupation	$	$	$	$
Accidental Death option			$	$	$	$
			Total premium	$	Total premium	$
				Management fee	$	
				TOTAL PAYABLE UNDER THIS POLICY	$	

Nomination of Beneficiaries (Optional – Ordinary business only)

The legal mechanism for nominating beneficiaries on a policy of life insurance is provided by s 48A of the Insurance Contracts Act and by relevant state laws relating to Wills and testamentary dispositions. Zurich has received legal advice that these laws (and the interaction of these laws) have created some uncertainties, including uncertainty about the number of beneficiaries that can be nominated and the nature of the interest of third party beneficiaries. We therefore recommend that you obtain your own legal advice regarding this situation. Zurich will accept nominations of beneficiaries to receive **death** claim proceeds on the basis that you, the Policy Owner, acknowledge that Zurich:

- Has made you aware that the law relating to nomination of beneficiaries is not settled;
- Recommends you obtain independent legal advice, including advice about making the relevant nomination in your will or by way of a trust deed and a separate Deed of Arrangement; and
- Will use it best endeavours, but can make no representation or warranty that it will be legally able to comply with your directions to pay your nominated beneficiary.

By making a nomination you will be accepting the above terms.

The rules for nominating beneficiaries are:

- A nominated beneficiary can be a natural person, corporation or trust
- Contingent nominations cannot be made
- You may change a nominated beneficiary at any time or revoke a previous nomination at any time prior to a claim event occurring
- If a natural person, who is a nominated beneficiary at the time of death of the life insured dies before any entitlement under the policy can be paid, then any money payable will be paid to that person's legal representative.
- If ownership of the Policy is assigned to another person or entity, then any previous nomination is automatically revoked
- A nominated beneficiary has no rights under the Policy, other than to receive the nominated Policy proceeds after a claim has been admitted by the Life Company. He or she cannot authorise or initiate any Policy transaction.

Full Name of Beneficiary	Address	Date of birth	Relationship	% Split
1.		DD / MM / YYYY		
2.		DD / MM / YYYY		
3.		DD / MM / YYYY		

Policy Owner's signature

✗ Policy Owner

Policy Owner's signature

✗ Policy Owner

5 Stand Alone Trauma Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ↘ If "Yes", the illustration forms part of this application. No ☐ ↘ If "No", please complete the details below.

Premium structure ☐ Stepped ☐ Level

A Life Insured's Statement is required for each life to be insured

Policy details on Life Insured 1

Policy Type		Benefit amount	Premium
Stand Alone Trauma	☐ Basic	$	$
	☐ Extended	$	$
Standard Total and Permanent Disablement option	☐ "Own" occupation	$	$
	☐ "Any" occupation	$	$
Accidental Death option		$	$

Total premium for Life Insured 1	$
Total premium for Life Insured 2 (from table below)	$
Management fee	$
TOTAL PAYABLE UNDER POLICY	$

Policy details on Life Insured 2

Policy Type		Benefit amount	Premium
Stand Alone Trauma	☐ Basic	$	$
	☐ Extended	$	$
Standard Total and Permanent Disablement option	☐ "Own" occupation	$	$
	☐ "Any" occupation	$	$
Accidental Death option		$	$

Total premium for Life Insured 2	$

6 Superannuation Term Life Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ↘ If "Yes", the illustration forms part of this application. No ☐ ↘ If " No", please complete the details below.

Premium structure ☐ Stepped ☐ Level

		Benefit amount	Premium
Term		$	$
Total and Permanent Disablement option			
Occupation class	☐ 1 ☐ 2 ☐ 3 ☐ 4		
Standard TPD	☐ "Own" occupation	$	$
	☐ "Any" occupation	$	$
Double TPD	☐ "Own" occupation	$	$
	☐ "Any" occupation	$	$
Accidental Death option		$	$

Management fee	$
TOTAL PAYABLE UNDER THIS POLICY	$

Please complete the ATO Superannuation Individual Tax File Number Notification via Fund Trustee Form located on page 27.

7 Income Replacement Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ↘ If "Yes", the illustration forms part of this application.

No ☐ ↘ If "No", please complete the details below.

Income insured $ per month

Income benefit (maximum total $20,000 pm)

1st Waiting period $ per month

2nd Waiting period $ per month

Premium structure ☐ Stepped ☐ Level

Occupation class
(Tick only one)

- ☐ A1
- ☐ A1M
- ☐ A2
- ☐ A3
- ☐ B1
- ☐ B2
- ☐ B3

Benefit period
(Tick only one)

- ☐ 1 year for Sickness or Injury
- ☐ 2 years for Sickness or Injury
- ☐ 5 years for Sickness or Injury
- ☐ to age 55 for Sickness or Injury
- ☐ to age 60 for Sickness or Injury
- ☐ to age 65 for Sickness or Injury

Waiting period
(show split as applicable)

- ☐ 14 days for 1st / 2nd Income benefit
- ☐ 30 days for 1st / 2nd Income benefit
- ☐ 60 days for 1st / 2nd Income benefit
- ☐ 90 days for 1st / 2nd Income benefit
- ☐ 180 days for 1st / 2nd Income benefit
- ☐ 1 Year for 1st / 2nd Income benefit
- ☐ 2 Years for 1st / 2nd Income benefit
- ☐ Other ____ days for 1st / 2nd Income benefit
- ☐ Other ____ days for 1st / 2nd Income benefit

Options available to all Occupation classes

- ☐ Increasing Claims option
- ☐ Lump Sum Accident option — Amount $
- ☐ Family Care option
- ☐ Spouse cover (for covered Spouse)
  - ↘ ☐ 60 days Waiting period
  - ↘ ☐ 90 days Waiting period

Spouse details

A Life Insured's Statement is required ☐ Completed

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ____

Surname

Given names

Date of birth DD / MM / YYYY Age next birthday ____

Non smoker ☐ Smoker ☐

- ☐ Day 4 Accident option
- ☐ Trauma option

Options available to "A" Occupation classes only

- ☐ Special Care option
- ☐ Severe Disability option
- ☐ Booster option
- ☐ Guaranteed Insurability option

Premium for Life Insured	$
Premium for covered Spouse	$
Management fee	$
Sub total	$
Stamp duty	$
TOTAL PREMIUM	$

continued on next column ↗

8 Special Risk Income Replacement Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ↘ If "Yes", the illustration forms part of this application.

No ☐ ↘ If "No", please complete the details below.

Income Insured $ per month

Income benefit (maximum total $10,000 pm)

1st ☐ Waiting period $ per month

2nd ☐ Waiting period $ per month

Premium structure ☐ Stepped ☐ Level

Occupation class

☑ SRD

Benefit period (Tick only one)

☐ 1 year for Sickness or Injury

☐ 2 years for Sickness or Injury

☐ 5 years for Sickness or Injury

Waiting period
(show split as applicable)

☐ 30 days for 1st / 2nd Income benefit

☐ 60 days for 1st / 2nd Income benefit

☐ 90 days for 1st / 2nd Income benefit

Options

☐ Increasing Claims option

☐ Lump Sum Accident option Amount $

☐ Family Care option

☐ Spouse cover option (for covered Spouse)

↘ ☐ 60 days Waiting period

↘ ☐ 90 days Waiting period

Premium for Life Insured	$
Premium for covered Spouse	$
Management fee	$
Sub total	$
Stamp duty	$
TOTAL PREMIUM	$

9 Business Expenses Insurance Plus Policy details

Is a computer-generated illustration signed and attached to this application?

Yes ☐ ↘ If "Yes", the illustration forms part of this application.

No ☐ ↘ If "No", please complete the details below.

Eligible Business Expenses $ per month

Business Expenses benefit

1st ☐ Waiting period $ per month

2nd ☐ Waiting period $ per month

Premium structure ☐ Stepped ☐ Level

Occupation class
(Tick only one)

☐ A1

☐ A1M

☐ A2

☐ A3

☐ B1

☐ B2

☐ B3

Benefit period

☑ 1 year for Sickness or Injury

Waiting period
(show split as applicable)

"A" Occupation classes only

☐ 14 days for 1st / 2nd Business Expenses benefit

All Occupation Classes

☐ 30 days for 1st / 2nd Business Expenses benefit

☐ 60 days for 1st / 2nd Business Expenses benefit

☐ 90 days for 1st / 2nd Business Expenses benefit

Premium for Life Insured	$
Management fee	$
Sub total	$
Stamp duty	$
TOTAL PREMIUM	$

This page has been left blank intentionally.

Life Insured's Statement

ZURICH

Because life changes.

IMPORTANT
Please help us to avoid delays in processing your application by making sure you fully answer all the questions relevant to your application.

Name of Life Insured (if multiple lives apply to policy)

Duty of disclosure

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 within your knowledge that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty however does not require disclosure of a matter

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

Your Duty of disclosure continues until the insurer has informed you as to whether the insurer accepts or declines your application. This means that you must advise the insurer of any changes to the information included in this form up until the date that the insurer confirms in writing that the application has been accepted or declined. In particular, you should advise Zurich of any changes in medical or physical conditions, and of any visits to medical service providers.

Non-disclosure

If you do not tell us everything that you have a duty to tell us, and we would not have entered into the contract on any terms if the failure had not occurred:

- we may avoid the contract within three years of entering into it; or
- reduce the sum 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 to us all the relevant matters.

1 Occupation and income details

Please complete questions 1-4 for all types of cover.

1. Are you:
   (a) Self-employed ☐
   (b) Working Director/Employee of own company ☐
   (c) Partner ☐
   (d) Employee ☐

2. (a) Employer's name (or Business name if self-employed)

   (b) Actual business address (not Post Office box)

   State Postcode

   (c) Business phone number

   ( )

3. (a) Current occupation and industry

   (b) Current Salary (before tax)/Income (net of business expenses)

   $

   (c) Qualifications, Licences, Professional bodies

   (d) Describe all duties of your current occupation and % of time involved in each duty

   (e) Do you have any hazardous duties? Yes ☐ No ☐
   (eg. working underground, operating heavy machinery)
   ↙ If 'Yes', give details

   (f) Is there any manual work involved? Yes ☐ No ☐
   % of time

   (g) Do you supervise manual work? Yes ☐ No ☐
   % of time

   (h) How long have you been in your current occupation?
   Years | Months

4. How many hours per week do you work?
   Hours/week

Please complete questions 5-15 for Total and Permanent Disablement, Income Replacement Insurance Plus, Special Risk Income Replacement Insurance Plus and Business Expenses Insurance Plus.

5. Occupation and income history over the last 3 years.
   Income is your gross income earned before tax from personal exertion, less business expenses incurred in earning that income.
   Please ensure that Business expenses are included if you are self-employed or you work for your own company.

PAST 12 MONTHS

Date from	Date to	Occupation	Employer

Average annual (before tax)
Gross Income less **Business expenses** equals **Net Income (before tax)**

PRECEEDING 12 MONTHS

Date from	Date to	Occupation	Employer

Average annual (before tax)
Gross Income less **Business expenses** equals **Net Income (before tax)**

12 MONTHS PRECEEDING THAT

Date from	Date to	Occupation	Employer

Average annual (before tax)
Gross Income less **Business expenses** equals **Net Income (before tax)**

6. What proportion of total business earnings would continue if you if you were not working? %

   To be completed by self employed, partners and working directors only

7. Are you self-employed? Yes ☐ No ☐
   ↙ If 'Yes', how long and how many people do you employ?
   Years | Months
   No. of employees – Full time | Part time

8. Do you have a second job? Yes ☐ No ☐
   ↙ If 'Yes', give full details including industry/duties, hours worked per week and earned income.

9. Do you work at home? Yes ☐ No ☐
   Hours/week
   ↙ If 'Yes', please give details of business setup:

10. Have you or any businesses, with which you have been associated, ever, been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes ☐ No ☐
    If 'Yes', date of discharge DD / MM / YYYY

11. Do you intend to change your current occupation or take leave of absence? Yes ☐ No ☐
    ↙ If 'Yes', provide details.

continued on next page ↘

continued from previous page ↘

12. Do you receive income from any other source? (eg. rental income, dividends) Yes ☐ No ☐

Source | Amount p.a.

	$
Source	Amount p.a.
	$

13. Would your income continue if you became disabled? Yes ☐ No ☐

↙ If 'Yes', for how long and what amount? Amount p.a.

Years	Months	
		$

14. Do you have any sick leave entitlements? Yes ☐ No ☐

No. of days per year	Total accumulated sick days

15. Are you covered for sickness and accident under a superannuation scheme or under group salary continuance? Yes ☐ No ☐

↙ If 'Yes', provide details of exact entitlements

2 Doctor's details

1. Do you have a 'usual doctor'? Yes ☐ No ☐

Details of doctor you usually visit, or the last doctor attended if you do not have a 'usual' medical attendant.

Name

Contact details Telephone ( )

Address

State Postcode

How long have they known you?

When was your last consultation? DD / MM / YYYY

Last consultation

Reason

Results

2. Have you had reason to visit any other doctor in the last 2 years? Yes ☐ No ☐

Date of consultation(s) DD / MM / YYYY DD / MM / YYYY

Name and address of doctor

Name

Address

State Postcode

Reason

Results

3 Personal habits

1. Have you smoked tobacco or any other substance within the last 12 months? Yes ☐ No ☐

↙ If 'Yes', please provide type and quantity per day

2. Do you now or have you ever drunk alcohol? Yes ☐ No ☐

↙ If 'Yes', how many standard drinks to you consume on average per week?

3. Have you ever reduced or been advised to reduce your tobacco or alcohol consumption? Yes ☐ No ☐

↙ If 'Yes', give details

Type, previous amount, duration

Reason for reduction, cessation

4. Have you used or injected yourself with any drug not prescribed by a doctor? Or had alcohol dependency? Yes ☐ No ☐

↙ If 'Yes', give details

5. Do you take medication, drugs, stimulants, sedatives or tranquillisers or have you done so within the last 5 Years? Yes ☐ No ☐

↙ If 'Yes', give details

4 Height and weight

(*Delete as appropriate)

1. Height cm* ft/ins* Weight kg* lb*

2. Has your weight altered by more than 5 kgs during the last year? Yes ☐ No ☐

↙ If 'Yes', give details

5 Residency

Are you a permanent resident of Australia? Yes ☐ No ☐

↙ If 'No', please provide details

How long have you lived in Australia? years

6 Medical background

Please indicate if you now have or have **ever** had any of the following. If you answer 'YES' to any of the questions, provide full details in the space provided on page 13, or the Medical Questionnaire on page 15 and 16 where indicated.

Your health

1. Any heart or vascular disorder — Yes ☐ No ☐
2. High blood pressure — Yes ☐ No ☐
3. Raised cholesterol — Yes ☐ No ☐
4. Pain in the chest — Yes ☐ No ☐
5. Rheumatic Fever — Yes ☐ No ☐
6. Asthma, bronchitis or other lung complaint — Yes ☐ No ☐
   If 'Yes', complete Medical Questionnaire on page 15
7. Indigestion, Hiatus hernia, gastric or duodenal ulcer — Yes ☐ No ☐
8. Bowel disease — Yes ☐ No ☐
9. Coughing of blood or passage of blood from the bowel or in the urine — Yes ☐ No ☐
10. Hepatitis, Haemochromatosis, any liver disease, gall bladder disease or abnormal liver function tests — Yes ☐ No ☐
11. Anaemia, leukaemia, haemophilia or other blood disorder — Yes ☐ No ☐
12. Epilepsy, fainting attacks or fits of any kind — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
13. Paralysis or stroke — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
14. Depression, Stress, Anxiety, Panic attacks, Behavioural disorder or other mental or nervous condition — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
15. Lethargy, Excessive fatigue, chronic pain syndrome, psychiatric complications of physical disorder — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
16. Kidney or bladder disorder (including renal colic, calculi, nephritis, pyelitis or cystitis) — Yes ☐ No ☐
17. Diabetes — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
18. Cancer, tumour cyst or growth of any kind — Yes ☐ No ☐
19. Thyroid or prostate disorder — Yes ☐ No ☐
20. Any disease of, or injury to, the neck or spine including back strain, disc disorder, lumbago, fibrositis, sciatica, neuritis or other non specific back pain — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
21. Arthritis, gout — Yes ☐ No ☐
22. Tendinitis, tenosynovitis, "RSI" or regional pain syndrome — Yes ☐ No ☐
23. Any injury, deformity or disease involving any joint or limb — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
24. Any impairment of sight, hearing or speech — Yes ☐ No ☐
25. Any skin disorder — Yes ☐ No ☐
26. Any congenital abnormality — Yes ☐ No ☐
27. Hernia except hiatus hernia — Yes ☐ No ☐
28. Any sexually transmitted disease — Yes ☐ No ☐
29. Chronic fatigue (viral or CFS), glandular fever, myalgic encephalomyelitis or fibromyalgia — Yes ☐ No ☐
    If 'Yes', complete Medical Questionnaire on page 15
30. Any other disability, illness or injury — Yes ☐ No ☐
31. During the past 5 years have you had any examination by a doctor, physiotherapist, chiropractor or other health professional. — Yes ☐ No ☐
32. Have you had any Blood test? — Yes ☐ No ☐
33. Have you had an ECG? — Yes ☐ No ☐
34. Have you had any X-Ray? — Yes ☐ No ☐
35. Have you had any other test? — Yes ☐ No ☐
36. Do you have, or have you had any medical condition, which has impacted your ability to work or which may impact your future abilities. — Yes ☐ No ☐
37. Do you intend or believe you may need to seek advice or treatment from a doctor or other health professional for any current health problem(s), or have you any symptoms of ill health or disability not already stated in the application? — Yes ☐ No ☐
38. To the best of your knowledge is there any possibility that you have ever been infected with, or have you ever tested positive for, AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high-risk category for contracting HIV (eg. had a blood transfusion, injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)? — Yes ☐ No ☐

Females

39. Have you ever had an abnormal pap smear? — Yes ☐ No ☐
    If 'Yes', please provide full details in the space provided on page 13
40. Have you ever had an abnormal mammogram? — Yes ☐ No ☐
    If 'Yes', please provide full details in the space provided on page 13
41. Are you now pregnant? — Yes ☐ No ☐
    Expected date of confinement DD / MM / YYYY
    If 'Yes', please complete questions 42-43
42. Is this your first pregnancy? — Yes ☐ No ☐
43. If not your first pregnancy have you previously had complications? — Yes ☐ No ☐

Details of 'YES' answers

Details of 'YES' answers in questions 1-43 (except where it is instructed to complete a Medical Questionnaire on page 15.)

If insufficient room please attach signed and dated declaration with additional details.

continued on next column ↗

continued on next page ↘

continued from previous page ↘

Quest. No.	Illness, injury or test	First symptom/ test date	Time off work	Degree of recovery
		/ /		%

Reason for and type of treatment including date of last symptoms, or results of test

Date of last symptom / /

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

Quest. No.	Illness, injury or test	First symptom/ test date	Time off work	Degree of recovery
		/ /		%

Reason for and type of treatment including date of last symptoms, or results of test

Date of last symptom / /

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

Quest. No.	Illness, injury or test	First symptom/ test date	Time off work	Degree of recovery
		/ /		%

Reason for and type of treatment including date of last symptoms, or results of test

Date of last symptom / /

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

Quest. No.	Illness, injury or test	First symptom/ test date	Time off work	Degree of recovery
		/ /		%

Reason for and type of treatment including date of last symptoms, or results of test

Date of last symptom / /

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

Family medical history – all complete

Please complete the following schedule regardless of state of health. For all immediate family members including your parents and siblings. Include details of any major health problems – e.g. diabetes, heart disease, stroke, cancer, polycystic kidneys, muscular dystrophy, cystic fibrosis, mental disorder or breakdown, Huntington's chorea or any hereditary disease.

FATHER ↗

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

MOTHER ↗

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

BROTHERS ↗ ↘

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

SISTERS ↗ ↘

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

Relationship

Age

Living: State of health (include any ailments and the age at their onset)

Deceased: (**Cause of death** to be stated fully and exactly. Include age of onset of ailment causing death if applicable.)

7 Insurance history

1. Do you have, or have you recently applied for any life, disability and/or trauma insurance with any company, including Zurich, or from Government employment?

   Yes ☐ ↘ If "Yes", please complete the table below.

   No ☐ ↘ If "No", please go to question 2 of this section.

Company	Type of policy (eg. Death/TPD/Inc. Replacement)	Date policy commenced
		/ /
Insured amount	**Policy number** (if known)	**To be replaced by this application?****
$		

Company	Type of policy (eg. Death/TPD/Inc. Replacement)	Date policy commenced
		/ /
Insured amount	**Policy number** (if known)	**To be replaced by this application?****
$		

Company	Type of policy (eg. Death/TPD/Inc. Replacement)	Date policy commenced
		/ /
Insured amount	**Policy number** (if known)	**To be replaced by this application?****
$		

Company	Type of policy (eg. Death/TPD/Inc. Replacement)	Date policy commenced
		/ /
Insured amount	**Policy number** (if known)	**To be replaced by this application?****
$		

Company	Type of policy (eg. Death/TPD/Inc. Replacement)	Date policy commenced
		/ /
Insured amount	**Policy number** (if known)	**To be replaced by this application?****
$		

** Your application to replace a policy will be considered on the understanding that you will cancel your prior policy(ies). Failure to do so may render invalid a claim on your Zurich policy.

If this application is to replace a current Zurich policy, the policy to be replaced will cease and a new policy will commence.

2. Have you ever had an application on your life declined, postponed, accepted with a loading or otherwise than as submitted? Yes ☐ No ☐

   ↙ If 'Yes', provide name of company, alteration, date and reason, if known

3. Are you, upon disablement, entitled to a pension or other benefit from a superannuation plan or your employer? Yes ☐ No ☐ ↙ If 'Yes', give details

4. Are you in receipt of or have you made a claim for disablement insurance, workers compensation, social security or veteran's affairs, sickness or invalid benefits? Yes ☐ No ☐ ↙ If 'Yes', give details below

Date	Company/Source	Period of disability
/ /		
Cause of claim		

Date	Company/Source	Period of disability
/ /		
Cause of claim		

Date	Company/Source	Period of disability
/ /		
Cause of claim		

Date	Company/Source	Period of disability
/ /		
Cause of claim		

8 Activities

If you answer 'Yes' to any questions give details in the space provided.

1. Do you have any intention of travelling or residing overseas? Yes ☐ No ☐

   ↙ If 'Yes', indicate where, when, why and for how long.

2. Have you within the last 12 months, or do you have any intention of:

   (a) Engaging in **aviation** other than as a fare-paying passenger on a licensed public air service? Yes ☐ No ☐ ↙ If 'Yes' complete details on page 17

   (b) Participating in the future on a regular basis in any hazardous **pastimes** including diving, hang gliding, parachuting, **motor car/cycle racing** Yes ☐ No ☐ ↙ If 'Yes' complete details on page 17

   (c) Participating in the future on a regular basis in any organised **sport** including football, netball and indoor cricket? Yes ☐ No ☐ ↙ If 'Yes' complete details on page 17

9 Medical questionnaire

Have you answered 'YES' to any part of section 6, where you were instructed to complete a Medical Questionnaire?

Yes ☐ ↘ If "Yes", please complete this questionnaire.

No ☐ ↘ If "No", go to section 10.

Condition/Illness 1

1. Injury or complaint

Date of onset DD / MM / YYYY

2. What part of the body was affected?

3. What was the cause?

4. State (if applicable)

(a) number of attacks ____ per year

(b) date of your last attack ____ / ____ / ____

(c) severity of the attacks

(d) duration of the attacks

5. (a) What treatment have you received?

↙ Please give details below

(b) What treatment are you currently receiving and how often?

↙ Please give details below

6. Dates for periods off work

From DD / MM / YYYY to DD / MM / YYYY

From DD / MM / YYYY to DD / MM / YYYY

From DD / MM / YYYY to DD / MM / YYYY

7. Have you ever been admitted to hospital for this complaint? Yes ☐ No ☐

↙ If 'Yes', please state when and what period of time.

Date	Period of time
DD / MM / YYYY	days/months
DD / MM / YYYY	days/months
DD / MM / YYYY	days/months

Name and address of hospital

Name

Address

State Postcode

Name of doctor who provided treatment

8. Were any tests conducted? Yes ☐ No ☐

↙ If 'Yes', state type (eg. x-ray, blood tests).

Date tests were conducted? DD / MM / YYYY

9. When did you last consult your doctor for this?

DD / MM / YYYY

Name and address of doctor last consulted for this

Name

Address

State Postcode

10. Have you fully recovered? Yes ☐ No ☐

↙ If 'No', give details of treatment recommended.

11. Do you need to complete another Supplementary Risks Questionnaire?

Yes ☐ ↘ If "Yes", complete the Supplementary Risks Questionnaire on the following page.

No ☐ ↘ If "No", go to section 10.

continued on next column ↗

Medical questionnaire

Condition/Illness 2

1. Injury or complaint

Date of onset DD / MM / YYYY

2. What part of the body was affected?

3. What was the cause?

4. State (if applicable)

(a) number of attacks — per year

(b) date of your last attack — DD / MM / YYYY

(c) severity of the attacks

(d) duration of the attacks

5. (a) What treatment have you received?

↙ Please give details below

(b) What treatment are you currently receiving and how often?

↙ Please give details below

6. Dates for periods off work

From DD / MM / YYYY to DD / MM / YYYY

From DD / MM / YYYY to DD / MM / YYYY

From DD / MM / YYYY to DD / MM / YYYY

7. Have you ever been admitted to hospital for this complaint? Yes ☐ No ☐

↙ If 'Yes', please state when and what period of time.

Date	Period of time
DD / MM / YYYY	days/months
DD / MM / YYYY	days/months
DD / MM / YYYY	days/months

Name and address of hospital

Name

Address

State Postcode

Name of doctor who provided treatment

8. Were any tests conducted? Yes ☐ No ☐

↙ If 'Yes', state type (eg. x-ray, blood tests).

Date tests were conducted? DD / MM / YYYY

9. When did you last consult your doctor for this?

DD / MM / YYYY

Name and address of doctor last consulted for this

Name

Address

State Postcode

10. Have you fully recovered from this? Yes ☐ No ☐

↙ If 'No', give details of treatment recommended.

Next step Go to section 10.

continued on next column ↗

10 Aviation

Complete this section only if applicable.

1. Do you hold a Civil Aviation Authority licence? Yes ☐ No ☐
   ↙ If 'Yes', state type and period held.

2. Do you intend to change the scope of your present licence? Yes ☐ No ☐
   ↙ If 'Yes', give details

3. Have you ever had an accident or been charged with violating Civil Aviation Authority regulations? Yes ☐ No ☐
   ↙ If 'Yes', give details

4. Do you ever use unauthorised landing areas? Yes ☐ No ☐
   ↙ If 'Yes', give details

5. Please complete the following schedule:

	No. of hours flown in past 12 months	Future annual average
(a) Commercial airline		
(b) Charter		
(c) Private		
(d) Aero Club/Flying school		
(e) Agriculture		
(f) Helicopter		
(g) Ultralight/Microlight		

6. Do you intend to engage in any form of aviation other than the above categories? Yes ☐ No ☐
   ↙ If 'Yes', give details

11 Pastimes and sport

Complete this section only if applicable.

1. **Scuba diving**
   (a) Average depth — Metres
   (b) Maximum depth — Metres
   (c) Number of dives — Annually
   (d) Do you use explosives? Yes ☐ No ☐
   (e) Type of dives (eg. amateur/recreational, cave, professional, construction, exploration, instructor)?

2. **Football**
   (a) Code (eg. Soccer, League, Aussie Rules)?
   (b) Amateur or Professional?
   (c) Do you receive any payments? Yes ☐ No ☐
   ↘ If 'Yes', how much per annum? $

3. **Other**
   (a) Type of sport or pastime? (eg. boxing, martial arts, hang gliding, motor boat racing, rock or mountain climbing, abseiling, bungy jumping, netball, competitive skiing, indoor cricket, parachuting, sky diving).
   (b) At what level do you participate? (eg. amateur, professional, leisure).
   (c) Average number of hours participation — Annually
   (d) Do you receive any payments? Yes ☐ No ☐
   ↘ If 'Yes', how much per annum? $

12 Motor car/cycle racing

Complete this section only if applicable.

1. Vehicle type
2. Engine size
3. Type of events — Km/hour
4. Number of events — Annually

13 Business expenses

Complete this section if Business Expenses Insurance Plus required .

1. Date business commenced DD / MM / YYYY

2. Type of business eg. Partnership, Inc. Company, Sole proprietor

3. Your proportion of total business expenses (show details in the table below) %

4. What proportion of total business earnings are from your personal exertion? %

5. What proportion of total business earnings would continue if you were not working? %

6. Do you have any partners or income producing employees? Yes ☐ No ☐

7. Please complete this schedule for employees

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Monthly wage	**% Interest in business**	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Monthly wage	**% Interest in business**	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Monthly wage	**% Interest in business**	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Monthly wage	**% Interest in business**	
$	%	

Relationship	Income producing (Yes/No)	Occupation/Duties
	Yes ☐ No ☐	
Monthly wage	**% Interest in business**	
$	%	

If insufficient space, attach signed addendum.

PLEASE NOTE: Some expenses are not covered e.g. cost of equipment, furniture, stock and tools; depreciation on real estate; mortgage or loan **principal** repayments; salaries/related costs of **income producing** employees. Refer to the Policy Document for full details.

continued on next column ↗

Eligible expenses per year
(List only your share as indicated in question 3 above)

Accounting fees	$
Advertising	$
Business insurance premiums	$
Depreciation on equipment or plant	$
Electricity, telephone, gas, water	$
Laundry and cleaning services	$
Leasing and costs of one motor vehicle	$
Leasing of office equipment	$
Mortgage or loan interest payments	$
Professional Association membership fees	$
Property rates and taxes or rent	$
Salaries of employees (complete details at Question 7)	$
Other (please specify)	$
TOTAL	$

14 Acknowledgment and declaration

Please indicate your acknowledgment by ticking the appropriate box:

☐ I/We have provided the information requested by the life insurance adviser to form the basis of a complete Fact Find and needs analysis, and elected to purchase the life policy(ies) recommended by the life insurance adviser,

OR ☐ I/We chose not to provide all information requested by the life insurance adviser and accept that the Fact Find done for me/us may be incomplete; or

☐ I/We elected to purchase a life policy which differs from the life insurance adviser's recommendation; or

☐ I/We elected to receive advice about a limited range of products; or

☐ I/We chose not to have a fact find completed; or

☐ I/We requested that no advice be given; and

I/We understand that as a result of my/our decision, I/We risk making a financial commitment to a life policy which may not be appropriate to my/our needs and objectives.

Your privacy

Zurich is bound by the National Privacy Principles. Before we collect personal information, you should know:

- we need personal information about you to assess your application for life insurance and if your application is successful to administer your policy
- where relevant for this purpose, we will disclose the personal information to your adviser (and the licensed dealer or broker he or she represents), to our agents, contractors, service providers and to insurers, reinsurers, administrators and doctors for this purpose. This may involve disclosure of sensative information, such as health information to those organisations. By submitting your application, you consent to us collecting and disclosing, and those organisations mentioned collecting that sensitive information
- a list of the type of agents, contractors and service providers we commonly use is available on request, or from our website, www.zurich.com.au and click on the privacy link on our home page
- we may use personal information (but not sensitive information, such as health information) collected about you to notify you of other products and services, or we may pass it to other companies in the Zurich Financial Services Australia Group to allow them to notify you of their products and services. We may also pass it to organisations to which we outsource functions for that purpose. If you do not want your personal information to be used in this way, please contact us
- we may also disclose personal information about you where we are required or permitted to do so by law
- if you do not provide the requested information, we may not be able to accept your application or administer your policy
- in most cases, on request, we will give you access to the personal information we hold about you
- you can contact us by telephone on 132 687, email us at Privacy.Officer@zurich.com.au or write to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059.

Declaration

I/We understand that Zurich Australia Limited may be listing all claims and new applications with an insurance industry reference bureau for the purpose of establishing and obtaining an insurance reference.
I/We have read the Key Features Statements contained in the Zurich Wealth Protection Customer Information Brochure and hereby apply to Zurich Australia Limited (Zurich) for the policy/policies set out in this Application. My/our decision to apply for this insurance is based on the material received and my/our understanding of the information including the Key Features Statements. I/We declare that to the best of my/our knowledge and belief, my/our answers to the questions set out in the Application and the annexures to the Application are true and complete. I/We understand that the policy applied for shall not become effective until this application is approved by Zurich and will advise of any changes prior to my/our Policy being received.
I/We have read and understood my/our Duty of disclosure as detailed on page 9. I/We understand this duty continues until I/we have been informed cover has been accepted or declined.
I/We have read and understood the Privacy Statement above.

continued on next column ↗

Additional Life Insured's declaration

I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that shown in this Application. I understand that the Policy applied for shall not become effective until this Application is approved by the Company. I hereby authorise any doctor, hospital or clinic to provide Zurich Australia Limited with information regarding my prior medical history, now or at any time in the future.

Life Insured 1 signature ✗ Life insured — Date DD / MM / YYYY

Witness signature ✗ Witness — Date DD / MM / YYYY

Life Insured 2 signature ✗ Life insured — Date DD / MM / YYYY

Witness signature ✗ Witness — Date DD / MM / YYYY

Policy Owner 1 signature ✗ Policy owner — Date DD / MM / YYYY

Witness signature ✗ Witness — Date DD / MM / YYYY

Policy Owner 2 signature ✗ Policy owner — Date DD / MM / YYYY

Witness signature ✗ Witness — Date DD / MM / YYYY

Parent's/Guardian's consent

(To be completed where the Policy Owner or Life Insured is aged 10 years or more, but under 16 years of age)

I hereby consent to this Application for the Zurich policy/policies set out herein and declare that statements set out herein are true.

Parent's/Guardian's Signature ✗ Parent/Guardian — Date DD / MM / YYYY

Relationship to the Life Insured

Your application will be processed and your Policy Document/s issued to you as soon as possible. If you have not received your Policy Document/s or advice within 28 days of signing this Application, please contact your Zurich office.

This page has been left blank intentionally.

Authorisation to physician

Dear Doctor

Please provide Zurich Australia Limited with all the information you have regarding myself, now or at any time in the future. A photocopy of this authority will be as valid as the original.

Life Insured's Surname | Date of Birth

DD / MM / YYYY

Given names

Life Insured's signature | Date

✗ Witness

DD / MM / YYYY

Authorisation to physician

Dear Doctor

Please provide Zurich Australia Limited with all the information you have regarding myself, now or at any time in the future. A photocopy of this authority will be as valid as the original.

Life Insured's Surname | Date of Birth

DD / MM / YYYY

Given names

Life Insured's signature | Date

✗ Witness

DD / MM / YYYY

Authorisation to Accountant/Financial Adviser

Complete only if your illustration states an Accountant's Report is required.

Accountant/Financial Adviser's name

Address

State Postcode

Phone number ( )

I hereby authorise you to release to Zurich Australia Limited or its representative all information requested for the purpose of assessing my application for insurance. A photocopy of this authority will be as valid as the original.

Life Insured's signature | Date

✗ Insured

DD / MM / YYYY

Credit Card Payment Authority

First premium payment only

ZURICH

Because life changes.

If you wish to pay both your first premium and subsequent premiums by credit card, please complete the Direct Debit Request on page 23 of the application

Policy No(s)

Credit Card details

Card Number

Expiry Date

Type

☐ MasterCard ☐ Visa ☐ Bankcard

Amount

$

Name on Card

Signature

✗ Insured

Date

DD / MM / YYYY

Because life changes.

Please Return to:
Chief Medical Officer
Zurich Australia Limited
PO Box 994
North Sydney NSW 2059

Because life changes.

Please Return to:
Chief Medical Officer
Zurich Australia Limited
PO Box 994
North Sydney NSW 2059

Because life changes.

Please Return to:
Underwriting Manager
Zurich Australia Limited
PO Box 994
North Sydney NSW 2059

Direct Debit Request

ZURICH

Because life changes.

Direct Debit Request Service Agreement

This Agreement sets out the terms and conditions on which the Account Holder has authorised Zurich to debit money from their account and the obligations of Zurich and the Account Holder under this Agreement.

The Account Holder understands and agrees that:

- Direct debiting may not be available on all accounts. The Account Holder is responsible for ensuring the specified account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payments under the Direct Debit Request on the due date for payments.
- The Direct Debit Request has been properly completed and signed by the Account Holders. The Account Holder should check the account details provided to Zurich are correct by checking them against a recent account statement from their financial institution. If uncertain, check with your financial institution before completing the Direct Debit Request.
- All requests to stop an individual debit or cancel the Direct Debit Request are required in writing and should be forwarded to Zurich at the address shown in the first instance.
- Zurich will give the Account Holder at least 14 days notice in writing if there are any changes to the terms of this Service Agreement.

Zurich agrees that:

- When the due date for payment is not a business day, the debit will be processed on the next business day. If you are unsure about which day your account has been debited, please check with your financial institution.
- Zurich will debit the account for the sum of the amounts due at the debit date for all specified products.
- The Account Holder can cancel, vary, defer or suspend the Direct Debit Request or stop or suspend an individual debit from taking place under it by providing notice in writing. You need to allow us 14 days before the next drawing date to process your request.
- Zurich will forward a copy of the current terms and conditions for direct debits, upon request, to the Account Holder by post, facsimile or other agreed method.
- Zurich will provide you with details of this Direct Debit, on request.

Disputes

The Account Holder should first give notice of any disputed drawing to Zurich. Zurich will respond within 7 working days of receiving your letter. Zurich has formal procedures for dealing with a complaint.

Dishonoured debits

If a drawing is unsuccessful, Zurich will cancel the payment in respect of the dishonoured debit. If two consecutive dishonours occur, Zurich may cancel the authority.

Zurich may charge a dishonour fee to the relevant product. Currently the fee is nil. The financial institution may also charge fees relating to the dishonour to the account, which is the Account Holder's responsibility.

Confidential information

Zurich may disclose information about your account to its banker (in connection with a claim made against it relating to an alleged incorrect or wrongful debit made from the account), your financial institution, the unit holder, your adviser and to other companies within the Zurich Financial Services Australia Group of companies. Zurich will not disclose information about you or the account to any other person, except where you have given consent or where the disclosure is required by law.

Notices to Zurich

The Account Holder may give notice to Zurich in writing at the address shown. If you have any queries about your Direct Debit Request please contact the **Client Service Centre on 131 551.**

Please complete and return this form to
Zurich Australia Limited
PO Box 994 North Sydney NSW 2059

The Account Holder requests payment be made to Zurich Australia Limited (User ID No 117) by direct debit from the account set out as shown

1 Personal details

Surname/Company name

Given name(s)

Other name(s)

Address

State Postcode

Policy number

2 Account details

Name of financial institution

Branch address

State Postcode

Bank/State/Branch (BSB number) – Account number

Account name

3 Credit cards

Primary Cardholder's name

Expiry date

☐ Visa ☐ MasterCard ☐ Bankcard DD / MM / YYYY

Card number

4 Debit details

Please debit my account

☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly

On the following day of the month

Bank or Building Society

☐ 10th ☐ 11th ☐ 14th ☐ 20th

Credit unions ☐ 25th Credit cards ☐ 17th

5 Declaration

I/we acknowledge that this Direct Debit Request is governed by the terms of the Direct Debit Request Service Agreement (opposite). I have read and agree to the terms and conditions.

Signature(s) of Account Holder(s) Date

✘ Account Holder 1 DD / MM / YYYY

Date

✘ Account Holder 2 DD / MM / YYYY

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Superannuation Fund

To be completed by persons applying for Superannuation Term Life Insurance Plus as part of a superannuation plan

Fill in Part 1 or Part 2 but not both.

Part 1: Zurich Master Superannuation Fund

I hereby apply to Zurich Australian Superannuation Pty Ltd, the Trustee of the Zurich Master Superannuation Fund ("Fund") for admission into membership of the Fund. I understand that under current legislation I can only make contributions to the Fund if I have not attained age 75 and if:

- I am currently in gainful employment for 10 hours or more per week;

Or if I have not attained age 65 and if:

- I have been, within the last two years, in gainful employment for 10 hours or more per week; or
- I have ceased gainful employment due to ill health and I am prevented from resuming gainful employment due to ill health; or
- I am on parental leave and have been on that leave for less than 7 years and have a legal entitlement to resume my previous employment; or
- The contribution, in respect of me, is an eligible spouse contribution.

In consequence of my application to the Zurich Master Superannuation Fund being accepted, I agree to comply with the rules governing the Fund and certify that:

i) I am eligible for membership of the Fund in accordance with current legislation;

ii) I will notify the Trustee in writing should I cease to be eligible for membership of the Fund;

iii) I understand that title to any policy effected on my life vests in the Trustee;

iv) I understand that I am precluded from using the policy/policies as collateral security; and

v) I understand that my participation in the Fund will only commence after I have been advised in writing by the Trustee of the acceptance of my application.

I also agree that the Trustee(s) may charge my account or bill me direct for any liability arising under the Superannuation Contributions Tax (Assessment and Collection) Act 1997, and under any other Government charges or imposts which relate to me.

Non-Binding Nomination of Dependants

I nominate the following person(s) who are Dependants in terms of the definition of Dependants in the Trust Deed and Rules of the Fund to receive any benefits remaining under the Fund on my death. I understand that this nomination is **not binding** on the Trustees. I may revoke or alter a nomination at any time by notice in writing to the Trustees.

To make a nomination that is binding on the Trustees please complete a Binding Nomination form in the Zurich Super Estate Management Customer Information Brochure.

continued on next column ↗

Name of Dependant

Relationship to Applicant | Share of benefit %

Name of Dependant

Relationship to Applicant | Share of benefit %

Applicant's signature | Date

✗ Applicant | DD / MM / YYYY

Employer Authorisation

(to be completed where the employer is to contribute on behalf of the member)

I/We hereby apply to the Trustee to be a Participating Employer of the Zurich Master Superannuation Fund and agree to be bound by the Trust Deed constituting the Fund. I/We have received and read a current copy of the relevant Customer Information Brochure.

Full Name of Employer

Employer's signature (if signing on behalf of Employer, please indicate signatory's full name and position) | Date

✗ Employer | DD / MM / YYYY

Part 2: External Superannuation Fund

Name of Fund

Name of Trustee(s)

I/We do hereby further declare that:

- I/We am/are one of the Trustee(s) of the Fund named above.
- This Fund is a complying superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993, and I/we will immediately notify Zurich should this ever change.
- I/We confirm that I/we will make available to Zurich a copy of the Trust Deed and Rules on request.
- I/We agree that upon the above named Fund ceasing to be complying superannuation fund, Zurich may in its sole discretion terminate the policy/policies by notice in writing to us, or other such action as described in the policy document(s).
- I/We attach a copy of the most recent compliance notice as issued by the relevant government regulator or a copy of the election to become a regulated superannuation fund.

Trustee's signature | Date

✗ Signature | DD / MM / YYYY

This page has been left blank intentionally.

Superannuation
Individual Tax File Number Notification via Fund Trustee or Employer

This form may only be used to pass on your tax file number to your superannuation fund.

(Please print neatly in BLOCK LETTERS with a black or blue pen only).

Fund name

ZURICH MASTER SUPERANNUATION FUND

Fund address

PO BOX 994, NORTH SYDNEY, NSW 2059

Fund Phone number 13 15 51

Employer name (if applicable)

Telephone number

( )

Surname/Family name

Given names

Male ☐ Female ☐ Date of birth DD / MM / YYYY

Membership number (if known)

I agree to provide my Tax File number Yes ☐ No ☐

My Tax File number

☐☐☐☐☐☐☐☐☐

Signature Date

✗ Signature DD / MM / YYYY

Collection of tax file numbers is authorised by tax laws, the *Superannuation Industry (Supervision) Act 1993* and the *Privacy Act 1988.* Changes to the Tax File Number (TFN) law require trustees to ask you to provide your TFN to your superannuation fund. By completing this form and providing it to your fund will allow your fund trustee to use your TFN for the purposes contained in the *Superannuation Industry (Supervision) Act 1993,* for paying eligible termination payments and for surcharge purposes.

The purposes currently authorised include:

- taxing Eligible Termination Payments at concessional rates;
- finding and amalgamating your superannuation benefits where insufficient information is available;
- passing your TFN to the Australian Taxation Office where you receive a benefit or have unclaimed superannuation money after reaching the aged pension age; and
- allowing the trustee of your superannuation fund or Retirement Savings Account to provide your TFN to another superannuation provider receiving any benefits you may transfer. Your trustee won't pass your TFN to any other provider if you tell the trustee in writing that you don't want them to pass it on.
- allowing your superannuation provider to quote your TFN to the ATO when reporting details of contributions for the purposes of the Superannuation Contributions Tax (Surcharge).

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give your superannuation provider your TFN, either now or later:

- you may pay more tax on your superannuation benefits than you have to (you will get this back at the end of the financial year in your income tax assessment);
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts; and
- the surcharge may apply to your superannuation contributions.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in future, as a result of legislative change.

For more information, please contact your fund or the ATO Superannuation Helpline (13 10 20).

This page has been left blank intentionally.

15 Adviser's report

Information required for underwriting and policy administration.

1. Has a medical exam, HIV or other test been arranged? Yes ☐ No ☐

   ↙ If 'Yes', state the doctor's name and address and the date to be performed.

   Name

   Address

   State Postcode

   Date / /

2. Was this Life Insured's Statement completed by the Life Insured in his/her own handwriting? Yes ☐ No ☐

   ↙ If 'No', please give details

3. Was this Application completed and signed in your presence? Yes ☐ No ☐

   ↙ If 'No', please give details

4. Will this Application replace all or part of an existing insurance policy or one discontinued within the past two months? Yes ☐ No ☐

   ↙ If 'Yes', please give details

5. Is it okay to contact your clients directly? Yes ☐ No ☐

   ↙ If 'Yes', go to question 6 of this section

   ↙ If 'No', go to question 7 of this section

6. Please indicate the most appropriate time the Life Insured can be contacted by the office should this be necessary

   Phone ( ) Time

Adviser statement

Direct Agent
A completed and signed Customer Advice Record is attached. Yes ☐ No ☐

Licensed Securities Dealer and its Representative
A completed and signed Customer Advice Record is on file and a copy has been given to the clients. Yes ☐ No ☐

Life Broker and its Representatives
A completed and signed Customer Advice Record is on file. Yes ☐ No ☐

↙ If 'No', please explain:

Is this a same day sale? Yes ☐ No ☐

↙ If 'Yes', please explain:

Other Instructions

continued on next page ↘

Adviser's details

continued from previous page ↘

1. Name	
Adviser No.	
Phone No.	Fax No.
	Commission Split %

2. Name	
Adviser No.	
Phone No.	Fax No.
	Commission Split %

3. Name	
Adviser No.	
Phone No.	Fax No.
	Commission Split %

TOTAL 100%

Commission payable

Please indicate applicable Commission structure

Initial

Level

Rebate % (eg. 10%, 25% or 50%)

The information shown on the Application accurately and completely records the information given.

Adviser(s) signature	Date
1. ✗ Adviser Signature	DD / MM / YYYY
2. ✗ Adviser Signature	DD / MM / YYYY
3. ✗ Adviser Signature	DD / MM / YYYY

Adviser's report

Additional information

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Directory

Head office:

Zurich Australia Limited
Zurich House
5 Blue Street
North Sydney NSW 2060

For all enquiries relating to Zurich Wealth Protection, please contact a Client Service officer:

by phone on:	131 551
by fax on:	(02) 9995 3797
or by post at:	PO Box 994 North Sydney NSW 2059
web site:	www.zurich.com.au

Directors of Zurich Australia Limited:

R C Cameron	Chairman
J L Butler	Chief Executive Officer
W J Churche	
S Lewis	Alternate for W J Churche
N J Milne	
C L Powell	Alternate for J L Butler
G K Stokholm	

ZURICH

Because life changes.

Zurich Australia Limited ABN 92 000 010 195
5 Blue Street North Sydney NSW 2060
Client Enquiries Telephone: 131 551
Facsimile: (02) 9995 3797

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