

**ANZ ONEANSWER  
PERSONAL SUPER**

GROUP LIFE INSURANCE POLICY  
ONEPATH LIFE LIMITED ABN 33 009 657 176



PLAN NAME: ANZ OneAnswer Personal Super – Personal Super  
 POLICY OWNER: OnePath Custodians Pty Limited (ABN 12 08 508 496, RSE L0000673, AFSL 238346) as trustee for the Retirement Portfolio Service (RSE R1000986)  
 POLICY NUMBER: 6094908  
 As last amended 27 February 2012

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## PART 1 – ABOUT THIS POLICY

### 1.1 OVERVIEW

The policy sets out the terms upon which we agree to pay you Insured Benefits, and the rights and obligations which you and we must observe.

Persons who are eligible to be covered as an insured member, how this happens, and when cover ends, are explained in Part 2.

The benefits provided to you for insured members are described in Part 3 and are subject to an overriding limit, in respect of each insured member, of the Maximum Benefit Level.

There are some circumstances in which we will not pay all or part of the benefit amount, as explained in Part 4. There are also circumstances in which we limit the amount or period for which a benefit is payable.

The payment of benefits is subject to you satisfying our claim procedures, which are explained in Part 6. Benefits are paid to you.

### 1.2 UNDERSTANDING THE POLICY

Headings have been included in this policy for convenience, but the headings are not relevant to the interpretation of this policy.

Terms referred to in the schedule have the meanings shown there. Other defined terms are explained in the dictionary contained in Part 8. Any words indicating the singular can also mean the plural and vice versa.

If special conditions apply to the benefits provided to insured members generally, they are shown in the schedule.

An insured member may also be accepted for cover on special conditions. If this happens, we will notify you in writing.

### 1.3 DURATION

This policy comes into force on the policy start date and remains in force, as long as you pay the premium in accordance with Part 5 and observe the terms of the policy, until the:

- Policy Expiry Date, if shown in the schedule; or
  - policy is terminated under clause 7.4,
- whichever happens first.

### 1.4 VARYING THE POLICY

We may agree with you to vary the terms of the policy, but any such variation is only effective if confirmed by us in writing.

### 1.5 NOTICES

Notices to, or by, us under the policy must be in writing and can be delivered, emailed or sent by facsimile. We will send notifications to you at the address, email address or facsimile number you last advised us. Notifications to us should be to our principal office in Sydney.

## PART 2 – ELIGIBILITY AND PERIOD OF COVER

### 2.1 WHO CAN BECOME AN INSURED MEMBER

Only a person who satisfies the eligibility criteria and is aged between 16 and 70 (next birthday) – Death Only and 16 and 65 (next birthday) – TPD at the date of commencement of cover (“eligible person”), can be covered under this policy as an insured member.

Insured members are covered for the benefits described in Part 3.

### 2.2 BECOMING AN INSURED MEMBER

An eligible person can become an insured member when an application for cover is made in respect of the eligible person (this is explained in clause 2.3 and clause 2.4).

Cover is conditional upon you providing to us both the premium for the cover provided, and all member information, in respect of the eligible person.

Member information is all information in respect of an eligible person, which we advise you we require. This includes, but is not limited to, the following:

- name;
- date of birth;
- sex;
- occupation;
- State or Territory of residence;
- date the person first applied for insurance cover under ANZ OneAnswer Personal Super; and
- the sum insured.

### 2.3 APPLICATIONS FOR COVER

An application in writing is required for all or part of the cover for an eligible person, including for basic cover.

An application can only be made for cover up to the Maximum Benefit Level. If a member is eligible and accepted for basic cover, the level of cover received will be determined by the member's age at the date cover commences, as set out below:

Age next birthday	Death and TPD cover
16–30	\$250,000
31–35	\$300,000
36–40	\$200,000
41–45	\$125,000
46–50	\$70,000
51–55	\$40,000

When considering an application, either for cover, or an increase in the Insured Benefit, we may request medical and other information about the eligible person, or insured member, as the case may be. Until we accept or reject the application, limited cover applies (this is explained in clause 2.4).

If we accept an application, we will notify you of our acceptance and the cover, or increase in the Insured Benefit, will commence on the date the application is accepted.

## 2.4 LIMITED COVER

Limited cover is provided for all, or that part, of the cover for which an application is required. Limited cover starts:

- for an eligible person not previously accepted for cover under the policy from the date an application for cover is received by us at our principal office in Sydney; or
- from the date the increase in cover was applied for and an application is required and is received by us at our principal office in Sydney.

Where limited cover applies, we provide the benefit amount applied for (up to a maximum of \$2,500,000.00 in the event of the accidental death or Total and Permanent Disability of the insured member or eligible person). Limited cover continues until the earlier of the following:

- we notify you that we accept or reject the application for cover, or increase in the Insured Benefit, as the case may be;
- 90 days after the date limited cover starts; or
- cover otherwise ceasing in accordance with clause 2.7.

### 2.4A FUTURE INSURABILITY OPTION

You may apply for an increase in existing insurance cover in respect of an insured member without the insured member submitting to underwriting once in any 12 month period on the occurrence of the following life events:

- the member's marriage;
- the birth or adoption of a member's or the member's spouse's child;
- a member's dependent child starting secondary school;
- the member taking out a mortgage for the purchase of the member's first home;
- the member's salary package increases by 20% or more.

You will be required to provide copies of evidence of the relevant life event to us. Upon receipt of the required evidence, we may increase the member's Death Only or Death and TPD Cover without the insured member submitting to underwriting by up to the lesser of:

- 25% of the member's sum insured (as at the start date of the cover);
- \$200,000; and
- the maximum benefit level.

Where the relevant life event is in respect of a member's marriage, the insured member can only apply to increase their insurance cover under this clause once.

## 2.5 INDEX LINKING

If Index Linking applies to a member, we will automatically adjust the sum(s) insured every year at the review date for ANZ OneAnswer Personal Super (presently 1 July) by the indexation factor until the earliest of:

- the member's 64th birthday;
- the member's request to cancel Index Linking (*Index Linking may be reinstated at our discretion and subject to such requirements advised by us to you*);
- the date of an event giving rise to a claim under the policy;
- the date of notification by a member that the sum insured is not to be Index Linked.

Index Linking will also cease when the Maximum Benefit Level is reached in respect of the member or when cover is cancelled in respect of a member.

## 2.6 MAXIMUM BENEFIT

The Insured Benefit under this policy in respect of any insured member is subject to an over-riding limit of the Maximum Benefit Level as shown in the schedule.

## 2.7 WHEN COVER ENDS FOR INSURED MEMBERS

Cover for all benefits provided in respect of an insured member will end, without the need for us to notify you, on the earliest of the following:

- the date this policy ends;
- the date the insured member reaches the Benefit Expiry Age;

- the date the insured member commences active duty with the armed forces of any country;
- the date the insured member dies;
- the date a Total and Permanent Disability benefit is paid or payable under this policy in respect of the insured member (if applicable);
- the date a terminal illness benefit is paid to the insured member which is equal to the death benefit;
- the earliest of the date the insured member receives a benefit under ANZ OneAnswer Personal Super or transfers their entire benefit into the allocated pension section of ANZ OneAnswer Personal Super or ceases to be a member of ANZ OneAnswer Personal Super;
- the date on which the insured member effects a continuation option into a OnePath Life individual policy;
- if there are insufficient funds in the member's account in ANZ OneAnswer Personal Super to meet the monthly premium due on the 1st of each month, 30 days from the date that the premium deduction would have occurred but for there being insufficient funds to enable the entire premium due for the previous month's cover to be deducted;
- the date the insured member's cover is avoided in accordance with our legal rights.

Cover for an insured member which has ceased is only reinstated if we agree to reinstate that eligible person's cover in writing. Reinstated cover is subject to any terms, conditions or restrictions we consider appropriate at the time of reinstatement.

## 2.8 WORLD WIDE COVER

We will provide 24 hour world wide cover for an insured person while on holiday or business.

Cover will be up to 3 months in duration while the insured person is outside their normal country of residence unless we agree otherwise in writing.

## 2.9 COVER DURING PAID AND UNPAID LEAVE

The insured member's cover will continue under this policy if the insured person is on paid leave, including sick leave, bereavement leave, annual leave or long service leave.

The insured member's cover will continue under this policy if the insured member is on unpaid leave. Cover may cease at an earlier date in accordance with clause 2.7.

In the event of an insured member becoming eligible to claim a benefit for Total and Permanent Disablement where that disability occurred during the period of unpaid leave, the applicable 6 month period in respect of that benefit will be deemed to commence from the date we have received a medical certificate from a medical practitioner stating

that the insured person is unable to work due to an injury or illness.

Where the insured member's date of disablement occurs after the expiry of 12 months unpaid or paid leave, total and permanent disablement will be assessed using total and permanent disability definition 2.

## 2.10 COVER DURING OVERSEAS EMPLOYMENT

An insured member who is an Australian resident and who is temporarily residing and employed overseas will be provided with cover under this policy for up to three years without prior written approval, but subject to any restriction or special condition specified by us being adhered to.

An insured member who is an Australian resident and who is temporarily employed overseas for more than three years may be provided with cover under this policy. Cover will be subject to our prior written approval and any restriction or special condition specified by us must be adhered to.

## 2.11 COVER FOR NON-AUSTRALIAN RESIDENTS

We will provide cover for an insured member who is not an Australian resident who holds a visa as defined in part 8. Cover will only apply whilst the insured member resides in Australia. All cover will cease immediately upon the insured member departing Australia, except in the case of overseas trips of 3 months or less.

## 2.12 CONTINUATION OPTION

If all cover for an insured member under this policy ends because he or she no longer satisfies the eligibility criteria explained in Clause 2.1 he or she may apply for an individual policy with us on his or her life for death cover up to that provided for that insured member under this policy (no Total and Permanent Disability benefit is provided under the individual policy) if he or she satisfies the following:

- is aged less than 60 years of age;
- is an Australian citizen or *permanent resident* within the meaning of the *Migration Act 1958* (Cth);
- resides in Australia unless the person is working outside Australia with our written approval;
- did not cease to satisfy the eligibility criteria because of injury or illness;
- applies in writing, and provides a complete, and satisfactory AIDS declaration, within 60 days from the date his or her cover ends under the policy;
- provides us with all the other information we request for the purpose of assessing the application which does not relate to medical information;
- has not received, nor be eligible to receive a benefit under this policy or any policy issued by us

providing similar benefits, nor any former policy, (Clause 2.4);

- has not joined nor be joining the armed forces of any country; and
- is not covered under insurance arrangements through another superannuation or group life insurance facility effected as replacement cover in respect of the benefits provided by this policy.

We will not require medical evidence to be provided, but if the person's application is accepted by us, cover under the individual policy commences in

accordance with the terms of that policy. No cover is provided for the period from the time that cover ends under this policy and cover starts under the individual policy. The premium rate under the individual policy, if issued, may be more than under this policy, and any restrictions, limitations and premium loadings that applied under this policy will apply under the individual policy. In addition, premium rates under the individual policy will be determined by reference to, among other things, the member's sex, occupation and smoking status.

## PART 3 – BENEFITS

### 3.1 THE BENEFITS WE PAY

In Part 3 we describe the benefits for which insured members are covered, subject to the terms of this policy. Cover for the Total and Permanent Disability benefit applies in respect of an insured member only if stated in the Decision Note we issue in respect of the individual insured member.

### 3.2 WHEN WE PAY THE DEATH BENEFIT

We will pay you the death benefit in respect of an insured member when that insured member dies:

- while this policy is in force;
- before the insured member's cover ends; and
- before the insured member attains the Benefit Expiry Age for the death benefit.

### 3.3 TERMINAL ILLNESS BENEFIT

We will pay you a terminal illness benefit when an insured member becomes terminally ill:

- while the Policy is in force;
- before the insured member's cover ends; and
- before the insured member attains the Benefit Expiry Age.

An insured member is regarded as terminally ill when the insured member is diagnosed by two medical practitioners, one of whom is nominated by us, both of whom, having taken into account all available evidence and treatment options, are of the opinion that the insured member has an illness such that the insured member is not expected to live for more than twelve months.

The terminal illness benefit payable in respect of an insured member will be the lesser of the death benefit or \$2,500,000. The death benefit will be reduced by any amount of the terminal illness benefit paid by us. If the death benefit is greater than \$2,500,000 the balance is paid on the death of the insured member as long as:

- this is before the Benefit Expiry Age;
- premiums continue to be paid for the reduced death benefit in respect of the insured member; and
- the Policy is still in force.

### 3.4 WHEN WE PAY THE TOTAL AND PERMANENT DISABILITY BENEFIT

We will pay you the Total and Permanent Disability benefit (if it applies) in respect of an insured member when he or she becomes Totally and Permanently Disabled, but only if he or she first ceased work, in respect of Total and Permanent Disability definition 1a) and b), as a result of the injury or illness giving rise to Total and Permanent Disability or otherwise satisfies the requirements of the applicable Total and Permanent Disability definition, while this policy is in force, and before the first to occur of:

- cover for the insured member ends;
- the insured member becoming terminally ill;
- if this policy ends, the insured member returns to work, whether on a full time or part time basis; or
- the insured member attains the Benefit Expiry Age for the Total and Permanent Disability benefit.

For a member to be considered for assessment for a Total and Permanent Disability benefit (if it applies) on Total and Permanent Disability definition 1, the insured member will be required to be permanently employed and have worked for an average of 15 hours or more per week over a period of six consecutive months, in the period immediately prior to the date giving rise to the disablement or the insured member will be required to have been on paid leave of 12 months or less or unpaid leave of 12 months or less. The insured member will also be considered for assessment for Total and Permanent Disability definition 1 if he or she is permanently employed and has worked for a period less than six consecutive months, since being accepted for

Total and Permanent Disablement cover under ANZ OneAnswer Personal Super. This will be conditional upon the insured member working an average of 15 hours or more per week in the period immediately prior to the date giving rise to the disablement.

An insured member who does not satisfy the minimum number of hours as listed above will still be considered for assessment of Total and Permanent Disability cover, however this will be under Total and Permanent Disability definition 2.

## PART 4 - BENEFIT LIMITATIONS

### 4.1 EXCLUSIONS

In the event of war involving Australia, New Zealand or the insured member's country of residence, we may:

- offer increased premium rates; or
- exclude benefit payments if the event giving rise to the claim is caused directly or indirectly from such war (except where the insured member dies on war service).

We may reduce or refuse to pay any benefits if:

- any relevant information is not disclosed to us;
- a death claim is made within 13 months of the date that OnePath accepted the insured member's application for cover where death occurred as a result of any intentional or deliberate act or omission;
- a death claim is made within 13 months of the date of any increase to a member's cover under ANZ OneAnswer Personal Super where death

occurred as a result of any intentional or deliberate act or omission (this only applies in respect of the amount of the increase to the cover); or

- a TPD claim is made at any time from the commencement of cover as the result of an intentional or deliberate act or omission.

### 4.2 PRE-EXISTING CONDITIONS

Cover applied for extends to pre-existing conditions only if the insured member complied with the Duty of Disclosure, and there were no relevant misrepresentations made when we accepted the application for cover or, in the case of an increase in cover, when we accepted the increase.

### 4.3 REPAYMENT OF BENEFITS

Any benefit paid by us must be repaid to the extent that the benefit, or part of the benefit, was not payable under the terms of this policy.

## PART 5 - PREMIUMS

### 5.1 PAYMENT OF PREMIUMS

This policy does not start until the first premium due has been paid.

We calculate the premium due from the policy start date until the first review date, and the period between review dates, but to do this you must provide us with the information we advise you we need to calculate the premium. If you do not provide us with this information within 30 days of the date we advise you of the information we require, we will estimate and notify an interim premium.

We calculate the premium using the premium rates set out in the premium rate schedule. We can change the premium rates at any review date and in accordance with clause 4.1 and clause 7.1.

We calculate the premium having regard to the insured members covered under this policy, and the

amount and type of the benefits provided, including any indexation increases. If this changes in the period until the next review date, we recalculate the premium at that time to reflect this and:

- if you have paid too much, we will apply the over-payment to reduce the next premium due, or
- if you have not paid enough, we will notify you of the additional premium you owe (the "adjustment premium").

If the policy ends, any over-payment of premium is refunded, or any adjustment premium is payable, as the case may be.

### 5.2 STAMP DUTY, TAXES AND EXPENSES

You are required to pay, in addition to the premium:

- (a) any Federal, State or Territory taxes and charges (other than stamp duty, which is currently

included in the premium rates); (References in this policy to payment of the premium include any such additional amounts.)

- (b) any expenses we incur in administering any function required of us by a Federal, State or Territory government under any legislation in relation to this policy, or pursuant to the introduction or implementation of a goods and services tax.

### 5.3 WHEN THE PREMIUM IS DUE

The first premium is due on the policy start date. Thereafter, premiums are payable on the 1st of the

month, monthly in arrears there after, or such later date we agree with you.

Any interim premium or adjustment premium we advise, is due on the date specified in the notice advising the interim or adjustment premium, as the case may be.

If the premium, interim premium, or adjustment premium is not paid by you within 30 days of the due date, for all members, we may terminate the policy by written notice to you. We may also charge interest on any amount due to us which is outstanding more than 30 days after the expiration of this 30 day period.

## PART 6 - CLAIMS

### 6.1 WRITTEN ADVICE OF CLAIM

- (a) You must advise us in writing of any claim as soon as it is reasonably possible for you to do so. In the case of a claim for the Total and Permanent Disability benefit (if it applies), you must advise us of a claim or potential claim:

- within 30 days of the event giving rise to the claim; or
- within 30 days after the expiration of the 6 month qualifying period under definition 1a) of "Total and Permanent Disability"; or
- as soon as it is reasonably possible for you to do so,

whichever is the earliest. If we do not receive notice within the time specified, we may reduce or refuse to pay the benefit to the extent our assessment of the claim is prejudiced.

- (b) You must make all reasonable efforts to ensure that each insured member covered for the Total and Permanent Disability benefit, knows he or she must advise you of circumstances giving rise to a potential claim to enable you to advise us in accordance with paragraph (a).

### 6.2 PAYMENT OF THE CLAIM

Payment of the claim is conditional upon:

- (a) you providing proof, in a form which is subject to our verification, of all the following:
  - entitlement to claim the applicable Insured Benefit;
  - age,
- (b) you establish entitlement by:
  - original or certified death certificate (if applicable), birth certificate (or other proof

of birth to our satisfaction) and all other documentation we require;

- medical reports from treating medical practitioners;
  - when reasonably required by us (and at our expense), being examined by a medical practitioner we nominate who must confirm the condition;
  - providing pathology, blood tests, x-ray or other appropriate evidence,
- (c) when reasonably required by us (and at our expense), in respect of Total and Permanent Disability:
    - the insured member undergoing vocational assessment and/or rehabilitation, or a medical examination with a medical practitioner of our choosing;
    - the insured member being interviewed.

### 6.3 MIS-STATEMENT OF AGE

If an insured member's age is mis-stated then we reserve the right to adjust the premium or the benefit based on the correct age.

### 6.4 DISPUTE RESOLUTION

In the event of a dispute between the parties as to an insured member's entitlement to the death or Total and Permanent Disability benefit, where it applies (for the avoidance of doubt, this does not include any dispute relating to a Member's eligibility), which has not otherwise been resolved, the parties agree to refer the dispute to the claims review committee for determination.

The "claims review committee" is the committee established by agreement between the parties in accordance with the procedure explained in



Appendix A to the schedule, or such other procedure as agreed in writing between the parties from time to time.

A dispute which is referred to the claims review committee will be reviewed and determined by the

claims review committee in accordance with the procedures explained in Appendix A to the schedule, or such other procedures as agreed in writing between the parties from time to time.

## PART 7 – GENERAL CONDITIONS

### 7.1 RISK PROFILE

If, on a review date, any aspect of the insured membership profile (number, sex, age, occupation) has changed from that existing at the policy start date, or the date on which we last reviewed the premium rates, by more than 25% as the result of:

- the merger of ANZ OneAnswer Personal Super with another fund or funds; or
- the transfer of all or part of ANZ OneAnswer Personal Super to another fund or funds;
- you entering negotiations in accordance with the “successor fund” provisions of the *Superannuation Industry (Supervision) Act 1993* Cth.,

we can review and adjust the premium rates at any time. Any adjustment of the premium rates under this clause will take effect on the date 90 days after we notify you of the adjustment.

Premium rates cannot increase for an individual insured member unless, on actuarial advice, the premium rate table applicable to all insured members is increased. A table of premium rates appears in the schedule. OnePath Life reserves the right to vary occupational rating factors applied to the base rate tables based on actuarial advice.

You undertake to notify us as soon as possible after merger negotiations between you and the other entity commence, or if a successor fund is appointed.

### 7.2 RECORDS

- (a) You must maintain records of the member information and all relevant information relating to each claim, including the insured member’s attendance record and duties (“claims information”). You must give us any member information or claims information we request.
- (b) You must provide, or procure your agents and administrators to provide, us or our nominated representative, access to inspect, audit and take copies of the member information, claims information or other information or records relevant to the policy. We will conduct such an audit only during normal office hours and only after we have given you reasonable notice. We will also try to minimise any inconvenience to you.

### 7.3 CHANGES TO MEMBER AND OTHER INFORMATION

You must notify us of any changes to member information or other information relevant to this policy which we advise, within 30 days after the review date, or as we otherwise agree in writing with you.

### 7.4 TERMINATION OF POLICY

- (a) You can terminate this policy at any time by giving us at least 30 days written notice.
- (b) We may only terminate this policy in the circumstances explained in clause 5.3, or in accordance with our legal rights.

### 7.5 GOVERNING LAW

This policy is governed by the law that applies in the State or Territory of Australia in which this policy is registered.

### 7.6 CURRENCY

All payments to, or from, us are to be made in Australian currency.

### 7.7 STATUTORY FUND

The policy is issued from the statutory fund stated in the schedule, but does not give you any rights of ownership of the assets of that fund.

The policy does not participate in any surplus arising in any of our statutory funds. If stated in the schedule, you will be entitled to any profit share rebate arising under the formula stated in the schedule.

The policy does not acquire a cash surrender value.

## PART 8 – DICTIONARY

Terms described in the schedule have the meaning shown there, while the following terms have the following meanings:

**“accident”**, for the purpose of this policy, refers to a fortuitous, external event that occurs by chance causing death or Total and Permanent Disablement. It does not refer to an event which results in sickness, disease, allergy or infirmity of the person insured, such that they would qualify for a Death or TPD Benefit (as applicable) to be paid under this policy.

Whether the death, or Total and Permanent Disablement was caused by an unintended and unexpected characteristic or consequence of an intended act (such as the application of unintentionally excessive force, or the creation of unintended or excessive force, or the creation of unintended excessive pressure or strain) is irrelevant in determining whether death or Total and Permanent Disablement has arisen as a result of an accident.

An accident must result in death or Total and Permanent Disablement of the person insured for a benefit to be payable where liability is contingent on an event being caused by an accident or by accidental injury.

For the avoidance of doubt, an accident shall specifically exclude death or Total and Permanent Disablement:

- arising out of, or contributed to in any way by, any pre-existing sickness, disease, injury, gradual physical or mental deformity, or infirmity known to the person insured at the effective date of their cover under this policy;
- arising in circumstances where the person insured deliberately assumed the risk or courted disaster, irrespective of whether he or she intended or contemplated the results of his or her actions.

Where there is any doubt as to the cause of the death or Total and Permanent Disablement sustained as a result of an accident, the cause will be characterised as being the result of a sickness.

**“indexation factor”** we will determine the indexation factor following the publication of the Consumer Price Index (CPI) for the March quarter. If the Consumer Price Index is not published, we will calculate the percentage increase by referring to the other retail price indices which in our Appointed Actuary’s opinion is closest to it. If the CPI reduces over the relevant period, the indexation factor will be zero. When calculating any subsequent indexation factor we will not offset any previous reduction in the CPI. The maximum indexation factor is 7%.

**“medical practitioner”** means a medical practitioner who is legally qualified and properly registered, and not related to the relevant insured member.

**“normal business day”** means any day which is not a weekend or a public holiday, on which businesses normally operate.

**“policy”** means this policy, each application for cover, the membership schedule and any variation of this policy.

**“pre-existing condition”** means an injury which first occurred, or an illness which first became apparent, before the person became an insured member or, in relation to an increase in cover, before the increase commenced.

**‘totally and permanently disabled’ (TPD) definition 1 means:**

(a) *Unlikely to return to work*

If the insured member is engaged in a gainful occupation, business, profession or employment when suffering an injury or illness and, as a result of that injury or illness, he or she is:

- totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months; and
- determined by us at the end of that six month period (or such later time we agree with the policy owner), to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience.

OR

(b) *Permanent impairment*

If the insured member is engaged in a gainful occupation, business, profession or employment when suffering an injury or illness and, as a result of that injury or illness, he or she:

- suffers a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, 4th edition, or an equivalent guide to impairment approved by us; and
- is disabled to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in any gainful occupation, business, profession or employment for which they are reasonably suited by their education, training or experience.

OR

(c) *Specific loss*

As a result of illness or injury, the insured member suffers the total and permanent loss of the use of:

- two limbs (where ‘limb’ is defined as the whole hand or the whole foot); or
- the sight in both eyes; or
- one limb and the sight in one eye.

OR

(d) *Loss of independent existence*

As a result of illness or injury, the insured member suffers loss of independent existence.

'Loss of independent existence' means we have determined the insured member is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

- bathing and/or showering;
- dressing and undressing;
- eating and drinking;
- using a toilet to maintain personal hygiene;
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.

OR

(e) *Cognitive loss*

As a result of illness or injury, the insured member suffers cognitive loss.

'Cognitive loss' means we have determined a total and permanent deterioration or loss of intellectual capacity has required the insured member to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.

**'totally and permanently disabled' (TPD) definition 2 means:**

(a) *Specific loss*

As a result of illness or injury, the insured member suffers the total and permanent loss of the use of:

- two limbs (where 'limb' is defined as the whole hand or the whole foot); or
- the sight in both eyes; or
- one limb and the sight in one eye.

OR

(b) *Permanent impairment*

If the insured member is engaged in a gainful occupation, business, profession or employment when suffering an injury or illness and, as a result of that injury or illness, he or she:

- suffers a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by us; and
- is disabled to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in any gainful occupation, business,

profession or employment for which they are reasonably suited by their education, training or experience.

OR

(c) *Loss of independent existence*

As a result of illness or injury, the insured member suffers loss of independent existence.

'Loss of independent existence' means we have determined the insured member is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

- bathing and/or showering;
- dressing and undressing;
- eating and drinking;
- using a toilet to maintain personal hygiene;
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.

OR

(d) *Cognitive loss*

As a result of illness or injury, the insured member suffers cognitive loss.

'Cognitive loss' means we have determined a total and permanent deterioration or loss of intellectual capacity has required the insured member to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.

**"total and permanent disability"** has the same meaning as **"totally and permanently disabled"**.

**"visa"** means a current and valid:

- Subclass 457 working visa;
- Subclass 457 working visa (with an 8107 condition); or
- spouse visa (spouse of a permanent Australian resident on a 2 year temporary stay visa) without a no work condition,

issued in accordance with the *Migration Act 1958* (Cth)

**"war"** includes but is not limited to, declared war, and armed aggression by one or more countries resisted by any country, combination of countries or international organisations.

**"we/our/us"** means OnePath Life Limited ABN 33 009 657 176 whose principal office is at 347 Kent Street, Sydney, NSW 2000, and includes any properly appointed delegates.

**"you/your"** means the owner of this policy and includes the owner's properly appointed delegates.

## SCHEDULE

<b>Policy start date:</b>	1 July 2006
<b>Review date:</b>	1 July each year
<b>Statutory Fund:</b>	OnePath Life Statutory Fund No 3 Fund
<b>Benefit expiry age:</b>	Death benefit and terminal illness benefit: 70 years Total and Permanent Disability benefit: 65 years
<b>Maximum benefit level:</b>	There is no maximum for the Death benefit \$3,000,000 for Total and Permanent Disablement (TPD)
<b>Eligibility criteria:</b>	Members of ANZ OneAnswer Personal Super means the superannuation fund constituted by a trust deed dated 1 August 1975 (as amended from time to time) and includes such successor fund arrangement as may be agreed by us in writing, where insurance cover has been selected and accepted by us and whilst remaining a member of ANZ OneAnswer Personal Super in accordance with the policy terms.
<b>Insured Benefit:</b>	Death Benefit: <ul style="list-style-type: none"><li>• Nominated \$ amount or a nominated formula as varied by indexation increases from time to time.</li></ul> Total & Permanent Disablement (TPD) Benefit: <ul style="list-style-type: none"><li>• Nominated \$ amount or a nominated formula as varied by indexation increases from time to time.</li></ul>
<b>Rate Guarantee Expiry Period:</b>	There is no rate guarantee expiry period, however OnePath reserves the right to change the premium rates at any review date.

## PREMIUM RATE SCHEDULE

DEATH ONLY ALL OCCUPATIONS				
AGE NEXT BIRTHDAY	MALE DEATH		FEMALE DEATH	
	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER
16	0.67	0.47	0.30	0.23
17	0.76	0.52	0.34	0.25
18	0.84	0.57	0.37	0.29
19	0.90	0.61	0.39	0.30
20	0.93	0.62	0.41	0.31
21	0.96	0.62	0.40	0.31
22	0.93	0.59	0.39	0.29
23	0.90	0.56	0.38	0.29
24	0.88	0.54	0.38	0.28
25	0.88	0.53	0.41	0.29
26	0.89	0.53	0.44	0.31
27	0.92	0.53	0.46	0.31
28	0.97	0.54	0.49	0.33
29	1.02	0.56	0.54	0.36
30	1.10	0.58	0.58	0.37
31	1.15	0.59	0.64	0.40
32	1.22	0.60	0.69	0.42
33	1.28	0.62	0.74	0.45
34	1.34	0.63	0.79	0.47
35	1.40	0.65	0.87	0.51
36	1.47	0.68	0.93	0.53
37	1.54	0.70	1.01	0.57
38	1.65	0.73	1.09	0.61
39	1.77	0.78	1.19	0.66
40	1.91	0.83	1.29	0.70
41	2.12	0.91	1.42	0.78
42	2.34	0.99	1.57	0.84
43	2.57	1.09	1.73	0.92
44	2.85	1.19	1.92	1.01
45	3.15	1.30	2.15	1.13
46	3.47	1.43	2.40	1.26
47	3.79	1.57	2.71	1.41
48	4.15	1.72	3.07	1.61

DEATH ONLY ALL OCCUPATIONS				
AGE NEXT BIRTHDAY	MALE DEATH		FEMALE DEATH	
	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER
49	4.55	1.90	3.47	1.82
50	5.00	2.09	3.92	2.07
51	5.48	2.29	4.39	2.33
52	6.02	2.54	4.84	2.59
53	6.61	2.82	5.29	2.85
54	7.23	3.14	5.74	3.11
55	7.94	3.50	6.20	3.40
56	8.76	3.96	6.75	3.75
57	9.68	4.49	7.33	4.14
58	10.68	5.11	7.97	4.59
59	11.80	5.81	8.72	5.13
60	13.09	6.63	9.58	5.75
61	14.58	7.56	10.55	6.44
62	16.23	8.63	11.62	7.22
63	18.12	9.84	12.82	8.09
64	20.25	11.23	14.12	9.06
65	22.60	12.81	15.52	10.13
66	25.21	14.62	17.02	11.33
67	28.12	16.67	18.69	12.66
68	31.36	19.02	20.59	14.13
69	35.00	21.67	22.62	15.76
70	39.07	24.64	24.87	17.60

## DEATH & TPD

AGE NEXT BIRTHDAY	PROFESSIONAL WHITE COLLAR				CLERICAL WHITE COLLAR			
	MALE DEATH + TPD		FEMALE DEATH + TPD		MALE DEATH + TPD		FEMALE DEATH + TPD	
	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER
16	0.92	0.64	0.53	0.42	0.95	0.66	0.55	0.44
17	1.05	0.72	0.60	0.46	1.08	0.74	0.63	0.48
18	1.15	0.78	0.66	0.51	1.19	0.81	0.69	0.53
19	1.24	0.84	0.70	0.53	1.27	0.86	0.73	0.55
20	1.29	0.85	0.73	0.55	1.33	0.87	0.76	0.57
21	1.31	0.85	0.73	0.55	1.35	0.87	0.76	0.57
22	1.29	0.81	0.71	0.53	1.33	0.84	0.74	0.55
23	1.24	0.77	0.69	0.51	1.27	0.80	0.72	0.53
24	1.22	0.74	0.68	0.50	1.25	0.76	0.71	0.52
25	1.22	0.73	0.71	0.50	1.25	0.75	0.74	0.52
26	1.23	0.73	0.74	0.52	1.26	0.75	0.78	0.54
27	1.27	0.73	0.77	0.53	1.31	0.75	0.81	0.55
28	1.33	0.74	0.81	0.55	1.37	0.76	0.85	0.57
29	1.40	0.77	0.89	0.59	1.44	0.80	0.92	0.62
30	1.52	0.80	0.96	0.61	1.56	0.83	1.00	0.64
31	1.59	0.80	1.03	0.64	1.63	0.83	1.07	0.67
32	1.67	0.82	1.09	0.67	1.72	0.85	1.14	0.70
33	1.76	0.85	1.16	0.70	1.81	0.87	1.21	0.73
34	1.85	0.87	1.23	0.73	1.90	0.89	1.28	0.76
35	1.93	0.90	1.33	0.78	1.98	0.93	1.38	0.81
36	2.05	0.94	1.44	0.82	2.11	0.97	1.50	0.86
37	2.18	0.98	1.56	0.89	2.25	1.01	1.62	0.93
38	2.36	1.05	1.71	0.96	2.44	1.08	1.78	1.00
39	2.56	1.13	1.88	1.04	2.65	1.17	1.96	1.08
40	2.80	1.22	2.06	1.13	2.90	1.26	2.14	1.18
41	3.14	1.36	2.32	1.26	3.26	1.40	2.42	1.31
42	3.53	1.50	2.60	1.39	3.66	1.55	2.71	1.45
43	3.92	1.65	2.90	1.55	4.07	1.72	3.03	1.61
44	4.39	1.83	3.25	1.72	4.56	1.91	3.39	1.80
45	4.91	2.04	3.67	1.93	5.11	2.12	3.84	2.02
46	5.48	2.26	4.13	2.16	5.70	2.35	4.32	2.26
47	6.07	2.51	4.66	2.44	6.32	2.62	4.88	2.55
48	6.71	2.79	5.27	2.77	7.00	2.91	5.52	2.90
49	7.45	3.10	5.95	3.13	7.77	3.24	6.23	3.27

AGE NEXT BIRTHDAY	PROFESSIONAL WHITE COLLAR				CLERICAL WHITE COLLAR			
	MALE DEATH + TPD		FEMALE DEATH + TPD		MALE DEATH + TPD		FEMALE DEATH + TPD	
	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER
50	8.27	3.45	6.73	3.55	8.64	3.60	7.04	3.71
51	9.18	3.83	7.55	4.00	9.59	4.00	7.90	4.19
52	10.19	4.29	8.40	4.50	10.66	4.49	8.79	4.71
53	11.32	4.83	9.31	5.01	11.84	5.05	9.76	5.25
54	12.51	5.43	10.27	5.57	13.10	5.68	10.77	5.85
55	13.88	6.13	11.32	6.21	14.54	6.42	11.89	6.52
56	15.49	7.01	12.57	6.99	16.24	7.35	13.22	7.36
57	17.30	8.03	13.97	7.89	18.14	8.42	14.70	8.31
58	19.29	9.22	15.52	8.94	20.24	9.67	16.36	9.42
59	21.52	10.61	17.31	10.17	22.60	11.14	18.26	10.73
60	24.12	12.22	19.36	11.60	25.35	12.84	20.45	12.25
61	27.14	14.08	21.71	13.25	28.53	14.81	22.95	14.01
62	30.53	16.23	24.39	15.13	32.11	17.07	25.81	16.01
63	34.40	18.69	27.41	17.28	36.21	19.67	29.03	18.30
64	38.83	21.54	30.80	19.76	40.89	22.69	32.65	20.95
65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

## DEATH & TPD

AGE NEXT BIRTHDAY	LIGHT BLUE				HEAVY BLUE			
	MALE DEATH + TPD		FEMALE DEATH + TPD		MALE DEATH + TPD		FEMALE DEATH + TPD	
	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER
16	1.06	0.74	0.66	0.52	1.19	0.83	0.78	0.62
17	1.22	0.84	0.75	0.57	1.37	0.94	0.89	0.68
18	1.34	0.91	0.83	0.64	1.51	1.02	0.98	0.75
19	1.43	0.97	0.88	0.66	1.61	1.09	1.04	0.78
20	1.50	0.98	0.92	0.69	1.68	1.10	1.08	0.81
21	1.52	0.98	0.92	0.69	1.70	1.10	1.09	0.81
22	1.50	0.94	0.89	0.67	1.68	1.06	1.06	0.79
23	1.43	0.90	0.87	0.64	1.61	1.01	1.03	0.75
24	1.41	0.86	0.85	0.63	1.59	0.97	1.01	0.74
25	1.41	0.85	0.89	0.62	1.59	0.96	1.04	0.73
26	1.42	0.85	0.92	0.64	1.60	0.96	1.08	0.75
27	1.47	0.85	0.96	0.66	1.65	0.96	1.12	0.77
28	1.54	0.86	1.01	0.68	1.73	0.97	1.18	0.79
29	1.63	0.90	1.09	0.73	1.83	1.01	1.27	0.85
30	1.76	0.93	1.18	0.75	1.97	1.05	1.37	0.88
31	1.84	0.93	1.25	0.79	2.07	1.04	1.45	0.92
32	1.94	0.95	1.33	0.82	2.18	1.07	1.54	0.95
33	2.04	0.98	1.41	0.86	2.29	1.10	1.63	0.99
34	2.15	1.00	1.49	0.89	2.41	1.13	1.73	1.02
35	2.24	1.05	1.60	0.94	2.51	1.18	1.84	1.08
36	2.39	1.10	1.74	0.99	2.69	1.23	2.00	1.14
37	2.55	1.15	1.88	1.08	2.89	1.30	2.17	1.25
38	2.78	1.23	2.08	1.16	3.15	1.40	2.40	1.35
39	3.03	1.34	2.29	1.27	3.44	1.52	2.65	1.47
40	3.33	1.44	2.51	1.38	3.80	1.64	2.92	1.60
41	3.75	1.62	2.85	1.55	4.28	1.85	3.31	1.80
42	4.22	1.79	3.20	1.71	4.84	2.05	3.74	2.00
43	4.71	1.99	3.59	1.91	5.42	2.28	4.19	2.24
44	5.30	2.22	4.03	2.13	6.10	2.56	4.72	2.50
45	5.95	2.47	4.57	2.40	6.87	2.85	5.36	2.81
46	6.66	2.75	5.15	2.69	7.71	3.18	6.06	3.17
47	7.41	3.07	5.81	3.04	8.60	3.56	6.83	3.58
48	8.22	3.42	6.57	3.45	9.56	3.98	7.72	4.06
49	9.16	3.82	7.42	3.90	10.67	4.45	8.72	4.58



AGE NEXT BIRTHDAY	LIGHT BLUE				HEAVY BLUE			
	MALE DEATH + TPD		FEMALE DEATH + TPD		MALE DEATH + TPD		FEMALE DEATH + TPD	
	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER
50	10.20	4.25	8.38	4.42	11.91	4.97	9.85	5.19
51	11.35	4.74	9.41	4.99	13.28	5.55	11.06	5.86
52	12.65	5.33	10.49	5.62	14.83	6.25	12.35	6.61
53	14.09	6.01	11.68	6.29	16.55	7.07	13.78	7.42
54	15.62	6.78	12.94	7.02	18.38	7.97	15.31	8.31
55	17.38	7.68	14.33	7.86	20.49	9.05	17.00	9.33
56	19.45	8.80	16.00	8.90	22.96	10.39	19.05	10.60
57	21.78	10.11	17.88	10.10	25.76	11.96	21.34	12.06
58	24.35	11.64	19.96	11.50	28.85	13.78	23.90	13.77
59	27.24	13.43	22.36	13.13	32.32	15.93	26.85	15.76
60	30.62	15.51	25.12	15.04	36.38	18.42	30.23	18.10
61	34.53	17.92	28.29	17.27	41.09	21.32	34.12	20.83
62	38.94	20.70	31.91	19.80	46.40	24.67	38.58	23.93
63	43.99	23.90	36.00	22.70	52.49	28.52	43.62	27.50
64	49.77	27.61	40.62	26.06	59.47	33.00	49.32	31.65
65	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

