

Aussie Mortgage Protection Plan

**Convenient protection
for your mortgage**

Product Disclosure Statement

Issue date: 1 September 2015

Aussie Mortgage Protection Plan at a glance

What is covered?	The Aussie Mortgage Protection Plan provides financial assistance if you die, become terminally ill, or become involuntarily unemployed. It also pays a benefit if you are diagnosed with certain medical conditions.	▶ See page 2
Who can I cover?	You can cover up to two people with the one policy.	▶ See page 8
How much cover can I get?	The Aussie Mortgage Protection Plan provides: <ul style="list-style-type: none"> ▪ a Death or Terminal Illness Benefit from \$50,000 to \$750,000 ▪ a Living Benefit of 30% of the Death Benefit ▪ an Involuntary Unemployment Benefit for the first year of cover based on 1% of the Death Benefit per month up to a maximum of \$2,500 for a maximum of three months. 	▶ See page 4
What does it cost?	Premiums depend on your cover amount, age, gender and smoker status.	▶ See page 9
How do I pay for it?	Monthly payments in advance by direct debit from your bank account or credit card.	▶ See page 9
Can I cancel my policy?	You have a 30-day cooling-off period before premiums start during which we provide free cover for the first month. You may cancel at any time.	▶ See page 1
How long does it last?	Your policy is guaranteed renewable to age 99 for the Death and Terminal Illness Benefit and to age 65 for the Living Benefit. The Involuntary Unemployment Benefit is available for the first 12 months of cover.	▶ See page 8
Do I have to do a medical?	You don't have to answer any medical questions unless you want to. No medical examinations are required to apply.	▶ See page 5
Is it tied to my loan?	While your original cover amount is based on the amount of your loan, this policy doesn't end when you pay off the loan, and we pay any benefits to you, not the lender.	▶ See page 11
What if I have a pre-existing condition?	If you have a pre-existing medical condition, we can still offer you cover, with some exclusions.	▶ See page 5
How does it affect my tax?	Premiums are not generally tax-deductible, and benefit payments not generally treated as assessable income.	▶ See page 11
How do I get cover?	You can apply for cover through your Aussie Broker. They will help complete your application and submit it to us on your behalf.	▶ See page 8

Why take out an Aussie Mortgage Protection Plan?

Peace of mind if the unthinkable happens

The Aussie Mortgage Protection Plan provides financial assistance in the event of:

- death and terminal illness
- any of 11 serious medical conditions
- involuntary unemployment in the first year of cover.

You can use the benefits for any purpose, including paying off or reducing your loan balance, or making your loan repayments.

We cover you if you lose your job

If you become involuntarily unemployed during the first year of cover, we pay you a monthly benefit for up to three months.

Unlike many other insurers, we offer this cover even if you're self-employed or working on a fixed-term contract.

Few things are more stressful than losing your job when you have a mortgage. This cover gives you peace of mind while you find another job.

A month to think at no cost to you

We all need time to consider what's right for us, which is why we give you the first month of cover **absolutely free**.

If you take out cover now, you have 30 days to check and consider if an Aussie Mortgage Protection Plan is right for you without paying a single dollar. If you contact us on 1300 335 598 to cancel during the first month of cover, you don't pay a cent.

It's easy to apply

Applying is easy. What's more:

- we don't ask any medical questions or require medical examinations
- we'll cover you even if you've previously suffered from a serious illness or injury but will exclude certain conditions you've previously suffered from (see pages 5-7)
- you can choose the level of cover that suits your needs and your budget.

We believe in covering everyone who is eligible. If we have to exclude a pre-existing condition you've had, we limit and define it so you understand how it applies to you.

If you want absolute certainty about how an illness or injury you've previously suffered might affect your ability to claim, you can contact us within the first month of cover and answer a few simple health questions. We can then either remove any exclusion or tell you exactly what is excluded and why.

We cover you even after you pay off the loan

As your policy isn't tied to your loan, your cover continues even after you've paid off the loan. What's more, it's guaranteed renewable to age 99 for Death and Terminal Illness and age 65 for the Living Benefit. The Involuntary Unemployment Benefit expires after the first 12 months of cover.

What the words mean

Throughout this document we use various defined terms (e.g. *terminal illness*, *involuntary unemployment*). These terms are defined in the policy document we send you if we accept your application and which is also available at www.aussie.com.au/mortgageprotection.

The benefits of an Aussie Mortgage Protection Plan

We pay you a benefit if you experience any of the following unexpected events. These benefits may be subject to some exclusions (see *When we won't pay a benefit* on page 5).

Death Benefit

When we pay

We pay this benefit if you die.

Who do we pay

We pay your joint policy owner or your estate.

What we pay

We pay the Death Benefit amount defined in your policy document (see *How we work out your benefit amounts* on page 4).

If we pay it

If we pay this benefit your cover ends.

Terminal Illness Benefit

When we pay

We pay this benefit if you are diagnosed with a terminal illness. 'Terminal illness' means that, in our opinion, because of an injury or illness, you have a life expectancy of less than 12 months.

If you make a claim for a terminal illness but die before we pay the benefit, your joint policy owner or estate can make a claim for the Death Benefit instead.

What we pay

We pay the same amount as the Death Benefit at the time the terminal illness is diagnosed (see *How we work out your benefit amounts* on page 4).

If we pay it

If we pay this benefit your cover ends.

Living Benefit

When we pay

We pay this benefit if you suffer from any of these conditions:

- Alzheimer's disease – dementia
- cancer*
- coronary artery bypass surgery*
- heart attack*
- kidney failure
- loss of independent existence
- paralysis
- severe burns
- stroke*
- total loss of hearing
- total loss of sight.

* A three-month exclusion period applies to these conditions. Please read the full definition of each insured condition in the Policy Document available at www.aussie.com.au/mortgageprotection.

What we pay

We pay the Living Benefit amount that applies when you were diagnosed with the medical condition (see *How we work out your benefit amounts* on page 4).

If we pay it

We only ever pay this benefit once, and if we pay it, we reduce your Death and Terminal Illness Benefits by the amount we paid (and reduce your premium accordingly).

Involuntary Unemployment Benefit

When we pay

We pay this benefit if you:

- become involuntarily unemployed in the first year of the policy, and
- can't find work during the first 30 days (your 'waiting period') of the involuntary unemployment.

To be eligible for this benefit you must also:

- have been working in continuous employment with the same employer (for an average of at least 20 hours per week) or in your own business, for at least 180 days immediately before becoming unemployed, and
- be registered with an Australian Government-approved recruitment agency and be actively seeking work, and
- be residing in Australia, and
- if self-employed, have had your business cease trading and been placed in the control of an insolvency or bankruptcy administrator.

What we pay

We pay a monthly amount based on 1% of your Death Benefit up to a maximum monthly amount of \$2,500 (see *How we work out your benefit amounts* on page 4).

We pay this benefit on a pro rata basis for each month (or part thereof) that you can't find work, for up to three months. We pay it in arrears, and the first benefit accrues from the end of your waiting period. If you start work again within the three months we stop paying the benefit.

If we pay it

If we pay this benefit, it has no effect on the level or continuation of the other benefits under the policy.

How we work out your benefit amounts

Death and Terminal Illness Benefit

When your policy starts, your Death and Terminal Illness Benefit is equal to the total amount of your loan, rounded up to the next \$10,000.

If your loan hasn't yet been funded, we base your cover on the loan application amount, subject to a minimum and maximum amount. For loans of less than \$50,000 the benefit is \$50,000 and for loans of more than \$750,000, the benefit is capped at \$750,000.

The maximum total of the Death and Terminal Illness Benefit amounts is \$750,000. If you are applying to increase an existing loan, we base the benefit on the full amount of the loan, not just the increase.

For example: If you are borrowing \$343,000, we round this amount up to the next \$10,000 to produce a Death and Terminal Illness Benefit of \$350,000. If you are borrowing \$800,000, then we cap your Death and Terminal Illness Benefit at \$750,000.

Living Benefit

When you apply, your Living Benefit amount is equal to 30% of your Death and Terminal Illness Benefit.

This percentage applies even if you ask to reduce your Death and Terminal Illness Benefit (see *Changing your benefit amounts*).

For example: If your Death and Terminal Illness Benefit is \$300,000, your Living Benefit will be \$90,000.

Involuntary Unemployment Benefit

Your Involuntary Unemployment Benefit amount is one per cent (1%) of your Death and Terminal Illness Benefit for each month (after the waiting period) that you are involuntarily unemployed, and is payable for a maximum period of three months and up to a maximum monthly benefit of \$2,500.

The amount we use in this calculation is the Death Benefit amount at the start of your involuntary unemployment, whether or not it changes during that period.

If we pay this benefit for less than one full month, we calculate it as 1/30th of the monthly amount for each day you are involuntarily unemployed.

For example: If your Death and Terminal Illness Benefit is \$250,000 your Involuntary Unemployment Benefit per month would be $\$250,000 \times 1\% = \$2,500$.

If you are involuntarily unemployed for 45 days, the benefit period would be 15 days (45 days minus the 30-day waiting period). Your monthly benefit of \$2,500/30 would be \$83.33 per day for 15 days, a total benefit of \$1,250.

Changing your benefit amounts

At any time during the term of the policy, you can ask to reduce your Death and Terminal Illness Benefit. You can reduce this benefit by an amount of your choosing (rounding up to the nearest \$10,000), to a minimum of \$50,000.

You can tailor your protection to suit your benefit and premium requirements by requesting changes to the benefit levels after commencement by contacting us on 1300 33 55 98.

If you've taken out cover for two people, the benefit amounts applying to each person do not need to be the same.

Indexation increases

To help prevent inflation eroding the value of your benefits, we automatically increase the amount of all of your benefits each year.

Each policy anniversary date, we increase your benefits by the Consumer Price Index (CPI) for the 12-month period ending 30 September in the previous calendar year.

If CPI is less than 3%, we increase your benefits by 3%, and if the CPI exceeds 10%, we will apply an increase which does not exceed 10%.

Indexation doesn't apply to the Involuntary Unemployment Benefit, as it is only available for the first year of your policy.

You can write to us to decline an automatic increase in any year, or to tell us that you don't want us to increase your benefits in this way.

When we won't pay a benefit

All benefits

We won't pay any benefit for an insured event if the insured person had suffered from or had sought or intended to seek advice or treatment from a health professional for that insured event, before your cover started or a reinstatement of your cover or you increased the cover (in respect of the increased amount).

Death and Terminal Illness Benefits

We won't pay a Death Benefit or Terminal Illness Benefit if the event that results in the death or terminal illness is caused by an intentional self-inflicted act within 13-months of the start (or reinstatement) of cover.

Likewise, we won't pay any increase (except for indexation) in these benefit amounts, if the death or terminal illness is caused by an intentional self-inflicted act within 13-months of the date of the increase.

Living Benefit

We won't pay a Living Benefit if:

- the event resulting in the insured condition is caused by an intentional act of the insured person or the policy owner, or
- the insured person had suffered from or had sought or intended to seek advice or treatment from a health professional for the insured condition resulting in the claim:
 - within 3 months after the policy started for the insured conditions of cancer, coronary artery bypass surgery, heart attack or stroke; or
 - before the policy started for all insured conditions.

The same applies in respect of reinstatement of your cover or an increase in your cover (in respect of the increased amount), except for indexation.

Involuntary Unemployment Benefit

We won't pay an Involuntary Unemployment Benefit if:

- you were unemployed when your cover started, or
- you were already aware that you were about to lose your job when you started or re-instated the cover, or

- you did not work in continuous employment with the same employer for at least 180 days for an average of at least 20 hours per week.

We also won't pay this benefit if you become unemployed because:

- you voluntarily resign, take voluntary redundancy, take early retirement or abandon your employment, or
- you take part in a strike or a lockout, or
- you're dismissed for serious misconduct or for taking part in an illegal or criminal activity, or
- you reach the end of a contract, season, task or period for which you were specifically employed, or
- you are self-employed and stop trading (unless your business has been placed in the hands of an insolvency or bankruptcy administrator).

If you increase your cover

If you request an increase in your benefit amounts (other than an indexation increase) or a re-instatement of your cover, some exclusions may also apply.

Pre-existing condition exclusion

We automatically apply a pre-existing condition exclusion at the start (or reinstatement) of your policy.

There are two types of exclusions (Type A and Type B), both of which may apply to your cover.

Whether one or both of these exclusions applies to you or not depends on your medical history at the time you take out the policy, reinstate your cover or increase your cover. An exclusion is most likely to apply to you if you have (or have had) a pre-existing medical condition when you apply for, increase or reinstate for cover.

If you want to know exactly what exclusion applies to you, limit that exclusion or potentially have it removed, you can participate in our optional underwriting process by completing 'Our medical questionnaire' (see page 7).

What we exclude

In general terms we won't pay a benefit for any insured event which is caused by (or contributed to) by:

- the medical condition and, in some cases, other

similar conditions that caused the exclusion to apply, or

- any complications arising from the treatment you receive for that medical condition (and in some cases other medical conditions or their treatment).

Importantly, if your policy covers two people, an exclusion only applies to the person who has the pre-existing condition.

If you increase your cover, we apply the exclusion to the increased amount.

The Type A exclusion

When the Type A exclusion applies

A Type A exclusion applies if at the policy start date you had suffered from or had sought or intended to seek advice or treatment from a health professional for any of the conditions listed below:

- diabetes (excluding diabetes only during pregnancy), chest pain, heart condition, stroke or circulatory condition (excluding controlled high blood pressure)
- a lump or growth that has not been confirmed benign (non cancerous) or any form of cancer, leukaemia, lymphoma or melanoma (excluding other skin cancer)
- any chronic condition of the kidney
- any chronic condition of the bladder
- any chronic condition of the liver (including hepatitis)
- any chronic lung condition (excluding controlled asthma)
- paralysis
- multiple sclerosis or other nervous system condition
- serious mental condition (including schizophrenia, bi-polar disorder, psychosis, Post Traumatic Stress Disorder, drug or alcohol dependency, suicide attempt or major depressive disorder)
- any sight impairment (excluding long or short sightedness corrected by glasses or contact lenses)
- any hearing impairment
- a blood condition including (but not limited to) HIV or AIDS.

If a Type A exclusion applies to you, the excluded conditions are all of those conditions contained in the bullet point which included your condition. Where multiple conditions apply, this exclusion may extend to one or more of the bullet points.

For example: If at the policy start date you had previously suffered from cancer, then all of the conditions referred to in the second bullet point will be **excluded conditions**. If you had also previously suffered from diabetes, then all of the conditions referred to in the first two bullet points will be **excluded conditions**.

What is the Type A exclusion?

If a Type A exclusion applies, we won't pay a benefit for any insured event which is in any way (directly or indirectly) caused or contributed to by:

- any of the excluded conditions, or
- any complications arising from the treatment that you receive in connection with any of those excluded conditions.

For example: If at the policy start date you had previously suffered from any of the conditions in bullet point two (e.g. cancer), then all the conditions referred to in that bullet point are excluded from the cover. This means that we won't pay a benefit for a condition which is in any way (directly or indirectly) caused or contributed to, by the conditions of cancer, leukaemia, lymphoma and melanoma (excluding other skin cancers) or any complications arising from their treatment.

The Type B exclusion

When the Type B exclusion applies

A Type B exclusion applies, if, at the policy start date, two or more of your natural parents, brothers or sisters had been diagnosed before the age of 55 with:

- bowel cancer, or
- breast cancer or ovarian cancer (for female insured people only).

What is the Type B exclusion?

If the Type B exclusion applies, we won't pay a benefit for any insured event which is in any way (directly or indirectly) caused or contributed to by:

- a cancer, or
- any complications arising from the treatment that you receive in connection with a cancer.

For example: If at the policy start date both of your parents had previously been diagnosed with bowel cancer before the age of 55, then we won't pay a benefit for any condition which is in any way (directly or indirectly) caused or contributed to by a cancer or any complications arising from the treatment of cancer.

Our medical questionnaire

If you want to clarify which pre-existing condition exclusions apply to you, you can choose to participate in our short medical questionnaire within the first 30 days of the commencement of cover. This consists of a series of Personal Medical History questions with 'Yes' or 'No' answers.

Agreed exclusions

If you answer 'no' to all of the questions, we remove any exclusions due to pre-existing conditions.

If you answer 'yes' to one or more of the questions, we replace the pre-existing condition exclusion with an agreed exclusion, which is limited to the condition that caused you to answer 'yes' to the question.

The agreed exclusion has the same effect as the pre-existing condition exclusion it replaces, but it gives you absolute certainty as to which pre-existing conditions are excluded.

If your cover has an agreed exclusion, we specify the full exclusion when you take part in the medical questionnaire.

Importantly, if the policy covers two people, the exclusion only applies to the cover for the insured person who answered 'yes' to the question.

Your duty of disclosure

If you choose to do the medical questionnaire, you have a duty to answer the questions honestly and accurately, because we rely on this information to determine the terms and conditions of your cover.

If you don't answer honestly and you later make a claim, we may be able to reduce the benefit payable or avoid paying the claim altogether.

Who can apply

Eligibility

To apply for an Aussie Mortgage Protection Plan, the person to be insured must:

- be an Australian or New Zealand citizen or permanent resident, residing in Australia and have received this Product Disclosure Statement in Australia
- be an applicant for a loan (or loan increase) in the last 12 months or be nominated by a company that is a borrower on a loan (or loan increase) application as a person associated with the company (including a shareholder, officer or employee of the company)
- be no younger than 18 and no older than 59 when you apply, and
- not be the 'insured person' under two or more Aussie Mortgage Protection Plan policies where at the time of accepting your application, the total of the Death and Terminal Illness Benefit amounts under all of those insurances is greater than \$750,000.

We can choose to waive any of these eligibility requirements as we see fit.

Cover for two people

You can take out an Aussie Mortgage Protection Plan for a second person at the time of application by completing just one application form.

The cover for each person operates independently, and the benefit amounts for each person need not be the same.

The second person on a policy must meet all of the eligibility requirements, unless they are the spouse or partner of the first insured person. In that case, they don't need to be a borrower or a person nominated by the corporate borrower.

Ownership and payment of benefits

The policy owner is responsible for all premium payments and is entitled to any benefits we pay.

If your policy covers two people, both of you jointly own the policy. If you want to be the sole owner of the cover on your life you should apply for cover separately.

If you are:

- the sole owner and the insured person, we pay any Death Benefit to your estate

- both a joint owner and an insured person, we pay any Death Benefit to the surviving owner.

How to apply

You can apply for cover through your Aussie Broker. They will help you complete your application and submit it to us on your behalf. If the application is submitted electronically, there is no need to sign any documentation, including your payment authority.

It is essential that all information contained in the application is correct and that you answer all questions honestly.

When cover starts

Cover begins when we confirm that we have accepted your application (or on a later date if you've asked us to defer the commencement date of the cover).

If we accept your application, we will send you our standard policy conditions and a policy schedule that sets out the details of your cover. These are the terms and conditions of your cover. You will have the chance to correct any incorrect information or payment authority details at this time.

When cover ends

An Aussie Mortgage Protection Plan is guaranteed renewable to:

- age 99 (for the Death and Terminal Illness Benefit) and
- age 65 (for the Living Benefit).

This applies unless the policy has ended earlier because:

- the insured person has died
- we've paid the Terminal Illness Benefit
- we've paid a Living Benefit and it reduces the Death Benefit to zero
- we cancel your policy because you haven't paid your premium by the required time or you have not met the eligibility requirements, or
- you cancel the policy.

Note: The Involuntary Unemployment Benefit is not available for unemployment that begins more than one year after the start of your policy.

Premiums

When premiums start

The monthly premium payments start at the beginning of the second month of cover. The first month of cover is free.

Paying the premium

You must pay your premium in advance in equal monthly instalments or as one single annual payment (on request). You can pay by automatic debit from your bank, building society or credit union account or MasterCard, Visa or American Express.

Direct debit agreements

If you decide to take out an Aussie Mortgage Protection Plan, you will be authorising Hannover to debit the relevant payments from your nominated bank account or credit card in accordance with the terms of the Direct Debit Agreement with us. We will send you this agreement with your Policy Documentation.

Alternatively you can view the Direct Debit Agreement within the Policy Document online by visiting www.aussie.com.au/mortgageprotection.

Change of insurer

Life insurance business can be transferred from one life insurance company to another with court approval under Part 9 of the Life Insurance Act 1995 or with the approval of the Australian Prudential Regulation Authority (APRA). If a change of insurer occurs in one of these ways, the permission you granted to draw your premium payments may also be transferred to the new insurer.

Premiums for joint policies

If your policy covers two people the premium is combined into one premium payment amount.

Calculating premiums

We determine your premium by considering the amount of your Death and Living Benefits and your age, gender and smoker status. We also take into account the stamp duty payable on all benefit components of this policy and the GST payable on the Involuntary Unemployment Benefit.

We calculate your premium:

- at the start of your cover
- each year on the anniversary date of your policy
- if you change any of your benefit amounts, and
- upon indexation increases to your benefit amount, where you have not declined this option.

We calculate your premium by multiplying the applicable premium rates (see page 10) by each \$100,000 (or part thereof) of the amount of both your Death Benefit and Living Benefit.

If you don't pay the premiums

If you don't pay your premiums when they are due we may cancel your cover. We will give you at least 28 days to pay the overdue amount before we do this.

Fees and charges

Policy fee

Your premium includes a flat monthly policy fee that covers the cost of administering your cover. The policy fee increases each year by either 3% or the percentage increase in the CPI (whichever is greater).

Changes to premium rates

If the premium rates or policy fee change, we will give you advance notice. The change will apply to all policies under this version of the Product Disclosure Statement.

No extra Government charges

You don't currently have to pay any government duties or charges. If this changes we will let you know.

Monthly premium rates

These rates are per \$100,000 Death and Terminal Illness Benefit and \$30,000 Living Benefit. To calculate your monthly premium at the start of your cover, multiply the premium rate applicable to you by each \$100,000 of the Death Benefit, then add the policy fee of \$5.00 per month.

Note: there is only one policy fee per policy, whether one or two people are covered.

Current Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
18 to 20	\$12.74	\$19.97	\$8.83	\$12.11
21	\$12.89	\$20.24	\$8.98	\$12.33
22	\$13.04	\$20.54	\$9.15	\$12.56
23	\$13.22	\$20.84	\$9.33	\$12.81
24	\$13.39	\$21.17	\$9.50	\$13.11
25	\$13.59	\$21.54	\$9.78	\$13.48
26	\$13.79	\$21.94	\$10.05	\$13.93
27	\$14.02	\$22.39	\$10.35	\$14.41
28	\$14.24	\$22.89	\$10.68	\$14.93
29	\$14.49	\$23.47	\$11.00	\$15.48
30	\$14.74	\$24.09	\$11.38	\$16.13
31	\$15.02	\$24.79	\$11.70	\$16.73
32	\$15.32	\$25.52	\$12.03	\$17.33
33	\$15.72	\$26.42	\$12.43	\$18.01
34	\$16.24	\$27.57	\$13.01	\$18.88
35	\$16.72	\$29.03	\$13.98	\$20.42
36	\$17.19	\$30.67	\$14.83	\$21.98
37	\$17.67	\$32.63	\$15.78	\$23.58
38	\$18.65	\$34.99	\$16.82	\$25.43
39	\$19.89	\$37.95	\$18.04	\$27.64
40	\$21.28	\$41.11	\$19.14	\$29.58
41	\$22.69	\$44.62	\$20.33	\$31.76
42	\$24.24	\$48.36	\$21.56	\$33.97
43	\$26.28	\$53.38	\$23.20	\$36.75
44	\$29.01	\$59.77	\$25.24	\$40.27
45	\$31.73	\$66.06	\$27.06	\$43.47
46	\$34.66	\$72.24	\$29.18	\$46.88
47	\$37.98	\$79.14	\$31.39	\$50.32
48	\$42.40	\$88.27	\$34.13	\$54.65
49	\$47.97	\$99.88	\$37.48	\$59.93
50	\$53.73	\$111.70	\$40.66	\$64.73
51	\$59.14	\$122.22	\$43.73	\$69.15
52	\$65.26	\$133.43	\$47.00	\$73.82
53	\$73.83	\$149.05	\$51.87	\$80.84
54	\$84.97	\$168.81	\$58.60	\$90.58
55	\$95.31	\$185.45	\$64.82	\$98.94
56	\$105.03	\$199.10	\$69.68	\$104.77
57	\$115.83	\$213.48	\$74.84	\$110.81
58	\$128.37	\$229.80	\$81.10	\$117.78
59	\$143.23	\$249.55	\$88.38	\$126.11

Other important information

Relationship to your loan

The Aussie Mortgage Protection Plan provides insurance cover only, has no investment component and operates independently of your loan. The cover does not end when your loan is paid off, and we pay any benefits to you, not the lender.

Taxation

Generally, lump sum payments to individuals for Death, Terminal Illness or Living Benefits would not be assessable for income tax and the premiums are generally not tax deductible.

This may change if the policy is held by a business or the benefits are paid due to involuntary unemployment.

Payments made due to involuntary unemployment may be assessable and premiums tax deductible.

GST currently only applies to the Involuntary Unemployment Benefit component of the premium.

These taxation statements are made for general information purposes only and are based on the current interpretation of taxation laws which are subject to change. You should seek professional tax advice to determine the correct treatment of premiums and benefits.

Contacting us and making claims

If you have any questions about the policy, or want to change anything, please call Aussie Insurance on 1300 33 55 98.

If you need to make a claim you should always do this as soon as possible. The illness, injury or medical procedure that leads to the claim must meet the respective definition of the condition being claimed, including the required level of severity, as defined in your policy documentation.

Your privacy

Aussie Insurance, the insurers and the distributor are committed to protecting the privacy of the personal information we collect. All collected personal information is handled in accordance with the Australian Privacy Principles and the Privacy Act 1988 (Cth).

Collecting personal information

Your information is collected to enable:

- the provision of premium quotes;
- the assessment of your application for insurance;
- issuance and administration of your insurance;
- the assessment of claims under the insurance;
- improvement in our insurance products;
- the provision of information on our products to our customers.

By applying for this insurance, you and any other insured person will be providing consent to the collection, use and disclosure of the personal information set out in this statement. If you do not provide this information, the insurance may not be able to be provided.

In most instances, your personal information is collected when you apply for cover or complete a personal statement. It may be collected face to face, over the telephone or internet.

It may also be collected from a third party, such as your Aussie Broker, health professional, accountant or another organisation with whom an arrangement is in place for the promotion and sale of products offered or distributed by Aussie Insurance, the insurers or the distributor.

Disclosure of your personal information

Without your consent, your personal information will not be disclosed to any person outside of Aussie Insurance, the insurers and the distributor other than:

- anyone to whom tasks are outsourced. This includes administrators and distributors of this insurance and their representatives;
- medical practitioners, reinsurers, legal advisers and claims investigators;
- other insurers to which the insurance policy has been transferred; and
- where disclosure is required (or allowed) by law.

All persons to whom tasks are outsourced will be required to ensure that our privacy requirements are met when using this information. Importantly, they will only be permitted to use the information for the tasks outsourced.

If you wish to access a copy of personal information pertaining to you, or to correct or update your personal information, or you have a complaint or want more information about how we manage your personal information, please refer to the privacy policies on our respective websites or contact:

- Aussie Insurance
Privacy Officer
GPO Box 4737
Sydney NSW 2001
Or email – service@mp.aussie.com.au
- ALI Group
Privacy Officer
GPO Box 4737
Sydney NSW 2001
Or email – service@aligroup.com.au
- Hannover Life Re of Australasia Ltd
Privacy Officer
Level 7, 70 Phillip St
Sydney NSW 2000
Or email – privacyofficer@hlra.com.au
- OBE Insurance (Australia) Limited
Privacy Officer
GPO Box 219
Parramatta NSW 2124
Or email – complaints@qbe.com

Product and marketing material

Aussie Insurance, the distributor and their authorised representatives would like to be able to contact you or send you information about special offers and other products and services that either we or they offer. This may be done through a licensed distributor or their authorised representatives.

If you do not wish to receive this information please call Aussie Insurance on 1300 33 55 98.

Questions or complaints

If you have any questions about any matter connected with this PDS please contact Aussie Insurance by:

- Phone - 1300 33 55 98
- Post - Aussie Insurance, GPO Box 4737, Sydney NSW 2001
- Email - service@mp.aussie.com.au

Aussie Insurance, the insurers and distributor are committed to providing you with quality products and delivering the highest quality of service. If you have a complaint about our service, the insurance or the way your personal information has been handled, please contact us via the above details. Aussie Insurance may direct your complaint to the insurers and/or the distributor as appropriate and will advise you if this occurs.

Our complaints officers will try to resolve the matter as soon as possible and will seek to provide you with a resolution within 45 days. If we can't resolve the complaint to your satisfaction or we take more than 45 days to respond to you from the date you first made your complaint, you can then raise the matter with the Financial Ombudsman Service (FOS) at:

GPO Box 3, Melbourne VIC 3001

Phone - 1300 780 808 (toll free).

FOS is an independent complaints resolution scheme established to provide free advice and assistance to consumers. For more information, please visit their website at www.fos.org.au.

If you would like further details about our resolution procedures, please visit www.aligroup.com.au/Contact-ALI-Goup/Complaints or call us on 1300 33 55 98.

About this Product Disclosure Statement (PDS)

This PDS provides you with information on the features and benefits of the Aussie Mortgage Protection Plan. You should consider its contents carefully before deciding whether to apply.

The full terms and conditions relating to Aussie Mortgage Protection Plan are set out in the Aussie Mortgage Protection Plan policy document and your policy schedule, which form your contract of insurance with us. In the event of any dispute, the terms and conditions of the policy document will apply over information in this PDS.

Updating our PDS

All the information contained in this PDS is current at the date of issue. We may change or update any information from time to time. You will be notified of any changes as required by consumer protection laws. If the change is not materially adverse, we may notify you of the change by publishing an update on our website www.aussie.com.au/mortgageprotection.

You can also obtain a printed copy of this free of charge by contacting us. If we make a change to your policy which in your opinion was adverse to you, we will, if you make a claim, assess your claim on the terms of the policy before the change took place.

Financial Claims Scheme and Compensation Arrangements

This involuntary unemployment cover is a protected Policy under the Financial Claims Scheme (FCS), which protects certain insured and claimants in the event of a general insurer becoming insolvent. In the unlikely event of QBE becoming insolvent you may be entitled to access the FCS, provided you meet the criteria.

More information may be obtained from APRA at www.apra.gov.au or 1300 13 10 60.

Hannover has compensation arrangements in place that are in accordance with the Corporations Act 2001.

Interpretation

In this PDS:

- **'we'** or **'us'** or **'our'** means Hannover Life Re of Australasia Ltd (ABN 37 062 395 484) when referring to the Death, Terminal Illness or Living Benefit, QBE Insurance (Australia) Limited (ABN 78 003 191 035) (AFSL 239545) when referring to the Involuntary Unemployment Benefit or both when referring to the insurers of the insurance generally
- **'you'** means either the person insured under the policy, or the policy owner, as the context allows
- **'account'** means the account you have authorised us to directly debit with the premium payments on the policy issued by us
- **'policy document'** means the policy document for the Aussie Mortgage Protection Plan
- **'premium'** means the amount of premium payable in accordance with the policy document.

You should read the policy document at www.aussie.com.au/mortgageprotection for full terms and conditions.

About the insurers and the distributor

The Aussie Mortgage Protection Plan consists of two components: life insurance and general insurance. The insurer of the life insurance component (Death, Terminal Illness and Living Benefit) is Hannover Life Re of Australasia Ltd (ABN 37 062 395 484) (“Hannover”). The insurer of the general insurance component (Involuntary Unemployment Benefit) is QBE Insurance (Australia) Limited (ABN 78 003 191 035) (AFSL 239545) (“QBE”).

These insurers are jointly responsible for the contents of this Product Disclosure Statement.

Hannover

During challenging and uncertain economic times it is paramount that the insurer you select has the ability to continually pay claims. By selecting Hannover, you have the confidence in knowing that we have a long term commitment to the Australian life insurance market, we are financially strong and we have the resources and capital reserves to meet present and future claims.

Hannover has been operating in the Australian market since 1958 and at 31 December 2014 our total annual in force premium was approximately \$1.2 billion.

Hannover is a wholly-owned subsidiary of Hannover Re, one of the world’s leading global life reinsurance groups. Hannover Re transacts all lines of non-life and life & health reinsurance and is present on all continents with around 2,400 staff. At 31 December 2014, Hannover Re had total assets of €60.5 billion and gross annual premium income of €14.4 billion.

QBE

QBE is a member of the QBE Insurance Group Limited ABN 28 008 285 014 (ASX: QBE). QBE Insurance Group is Australia’s largest international general insurance and reinsurance group, and one of the top 25 insurances and reinsurers worldwide. The company has been operating in Australia since 1886 and continues to provide insurance solutions that are focused on the needs of policyholders.

About ALI Group

The Aussie Mortgage Protection Plan is distributed by Australian Life Insurance Distribution Pty Ltd (ABN 31 103 157 811) (AFSL 226403) (“ALI Group”) and may be offered to you by your Aussie Broker (under authorisation from ALI Group). ALI Group is a specialist risk insurance business that is committed to providing people with convenient and timely access to mortgage protection. For Aussie customers this is usually when they are buying or refinancing a home or investment property.

ALI Group is focused on helping Aussie provide quality products with a simple, understandable offer that enables customers to make an informed decision about their need for protection. **In doing this, neither ALI Group or your Aussie Broker will provide you with personal advice about the product or your insurance needs.**

Make sure the Aussie Mortgage Protection Plan is right for you

The information provided in this document has not taken into account your objectives, financial situation or personal needs. Before applying for Aussie Mortgage Protection Plan, you should read the information in this PDS carefully to consider whether it is appropriate for you. At Aussie, we encourage you to use the 30 day cooling off period to work out if an Aussie Mortgage Protection Plan is right for you.

If you are unsure of how to go about this or you just need some help to understand what you should consider, you should seek the assistance of an independent financial adviser.

Aussie Mortgage Protection Plan is jointly issued by Hannover Life Re of Australasia Ltd ABN 37 062 395 484 (Death, Terminal Illness & Living Benefit) and QBE Insurance (Australia) Limited ABN 78 003 191 035 (AFSL 239545) (Involuntary Unemployment Benefit). It is distributed by Australian Life Insurance Distribution Pty Ltd ABN 31 103 157 811 (AFSL 226403) (ALI Group) and is marketed by AHL Investments Pty Ltd ABN 27 105 265 861 (Aussie) as an Authorised Representative (AR 338358) of ALI Group. Aussie is a partly owned subsidiary of the Commonwealth Bank of Australia ABN 48 123 123 124 (AFSL 234945). The Aussie name and logos are trademarks of Aussie. The Financial Services Guide provides more information about our services.

Contact Aussie Insurance

Phone: 1300 33 55 98

Fax: 1800 226 242

Email: service@mp.aussie.com.au

Postal address: GPO Box 4737 Sydney NSW 2001

For further information, go to www.aussie.com.au/mortgageprotection

Issued by:

hannover re[®]  **QBE**

Distributed by: ALI Group

 **Aussie**

Home Loans
Personal Loans
Insurance