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Summit[®] Group Insurance

Information booklet

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Important information

This Information booklet is jointly prepared by NMMT Limited (NMMT) ABN 42 058 835 573, AFS Licence No. 234653 and N.M. Superannuation Proprietary Limited (NM Super) ABN 31 008 428 322, AFS Licence No. 234654.

Throughout this document, NMMT and NM Super are referred to collectively as us, we, our or AMP. Group insurance members are addressed as you.

Summit Money Master

NMMT offers Summit Money Master (Money Master) group insurance members insurance cover for Death, Death and Total and Permanent Disablement, Salary Continuance and Trauma. Cover is provided through group insurance policies issued by AMP Group Insurance and underwritten by AMP Life Limited.

Summit Personal Super and Summit Personal Pension

Summit Personal Super (Super) and Summit Personal Pension (Pension) are part of the Wealth Personal Superannuation and Pension Fund (the Fund). The Trustee of the Fund is NM Super (the Trustee).

The Trustee offers Super and Pension group insurance members insurance cover for Death (Super and Pension), Death and Total and Permanent Disablement (Super only) and Salary Continuance (Super only). The Insurer is AMP Life Limited. Insurance cover is provided under insurance policies held by the Trustee.

The Insurer

The insurance cover outlined in this Information booklet is provided through group insurance policies underwritten by AMP Life Limited (the Insurer) ABN 84 079 300 379. This cover is subject to the terms and conditions of the policies held between us and the Insurer. Insurance under the group insurance policies is provided within the Insurer's Statutory Fund No.1 for Summit Money Master and Statutory Fund No.4 for Summit, Generations and iAccess Super and Pension. Liability for claims is limited to the pool of assets available in these Statutory Funds.

To be eligible to apply for an additional benefit or an increase to your existing cover, you must be a group insurance member of Money Master, Summit, Generations or iAccess Super and Pension.

Throughout this document, unless otherwise stated, Summit collectively refers to group insurance members of Money Master, Summit, Generations and iAccess Super and Pension.

Disclaimer

This Information booklet is for group insurance members of Summit Money Master, Summit Personal Super and Summit Personal Pension. Group insurance members are members who took out insurance cover prior to 19 April 2010, and who continue to maintain some form of group insurance cover since that date. This Information booklet is not an invitation to purchase new insurance cover.

Insurance options to protect you and your family

As a group insurance member of Summit you are able to access the following insurance options:

Insurance cover	Money Master	Super	Pension
Death	Yes	Yes	Yes
Death and Total and Permanent Disablement (TPD)	Yes	Yes	No
Salary Continuance	Yes	Yes (must be taken out with Death or Death and TPD cover)	No
Trauma	Yes	No	No

Regardless of your situation, insurance is an important part of any financial plan. Insurance protects you against unforeseen events and enables you to continue the lifestyle you've worked hard to achieve.

Please note: The information detailed in this Information booklet relates to the insurance cover provided through group insurance policies underwritten by the Insurer. This cover is subject to the terms and conditions of the policies held between AMP and the Insurer. The insurance options described are available only to group insurance members of Summit who took out insurance cover prior to 19 April 2010, and who continue to maintain some form of group insurance cover since that date.

Death and TPD cover

Death cover

Death cover provides a lump-sum benefit in the event of your death. Exclusions apply and are documented on page 7. At no time is a surrender value attained or payable on this cover.

Interim Death cover

To give you some protection while your application is being assessed, you are provided with interim cover for your accidental death. The amount payable on accidental death is the amount of death benefit applied for, up to a maximum of \$1 million. Interim cover starts from the date we receive your application. Premiums will be charged at an interim rate for the period of interim cover based on the amount and type of cover requested and under assessment.

Interim cover automatically ends as soon as one of the following happens:

- we accept, limit or reject the cover that is subject to underwriting
- you withdraw your application, or
- 60 days pass from the date interim cover commenced.

Terminal illness benefit

If you become terminally ill, we will pay you the terminal illness benefit, or in the case of Super and Pension, make a payment to the Trustee. This is an advance payment of the Death cover up to \$1 million. On your subsequent death, the amount then payable will be the remainder of the Death cover if it exceeds \$1 million.

If you have Death cover, the Insurer will pay a terminal illness benefit if you become terminally ill:

- while this policy is in force
- before your cover ends, and
- before you reach the benefit expiry age for the death benefit.

You are regarded as terminally ill where:

1. You are diagnosed by two registered medical practitioners as being terminally ill, one of which must be nominated by the Insurer.
2. That illness stops you working, and
3. In the Insurer's opinion you are not expected to live more than 12 months.

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

The amount of the terminal illness benefit we pay is the amount of the insured Death cover that applied when you first stopped work due to the terminal illness, up to a maximum of \$1 million.

For Super and Pension group insurance members, if the terminal illness claim is admitted, the Insurer will pay the insured amount to the Trustee. Then, subject to you having satisfied a condition of release, the Trustee will make the proceeds available to you. If the Trustee determines that you are entitled to receive your benefit from the Fund, the benefit will be available to you as a lump sum. For more details on the conditions of release refer to the current Summit Personal Super and Personal Pension Product Disclosure Statement or contact your financial adviser.

TPD cover

TPD cover provides a lump-sum benefit in the event that you become totally and permanently disabled. Exclusions apply and are listed on page 5. At no time is a surrender value attained or payable on this cover.

Please note that TPD cover is only available in conjunction with Death cover and is not available for Pension group insurance members.

TPD defined

You are considered totally and permanently disabled for insurance purposes if one or more of the following circumstances occur:

1. You are continuously absent from employment through injury or illness for six months and, in the Insurer's opinion (after considering medical and other evidence satisfactory to the Insurer), you have become incapacitated to such an extent as to render you unlikely ever to engage in, or work for reward in, any occupation or work for which you are reasonably qualified by education, training or experience.

However, you will not be regarded as totally and permanently disabled in the above circumstances if, in the Insurer's opinion, you would, after medical or other treatment, rehabilitation or reasonable occupational retraining, be able to follow a business occupation or perform other regular duties for which you would then be reasonably suited, having reasonable regard to your previous occupation(s), education, training or experience.

2. You have, after becoming covered under the policies, suffered the total and irrecoverable loss of:
- the use of both hands, or
 - the use of both feet, or
 - the use of one hand and one foot, or
 - the sight of both eyes, or
 - the use of one hand and the sight of one eye, or
 - the use of one foot and the sight of one eye, and
 - you have ceased to be employed by reason of the relevant injury or illness.

If you go on unpaid leave of absence from employment, or if you change your business, trade or profession, you must inform the Insurer. The Insurer reserves the right to change the conditions of cover and vary the premium.

No TPD benefit becomes payable in respect of a period when:

- you are on unpaid leave of absence exceeding 12 months, or
- you are no longer in employment as recognised under the Policy (Investment and Super group insurance members).

You should check with us for details.

Eligibility for cover

Type of cover	Who is eligible	Maximum cover
Death	<ul style="list-style-type: none"> – Group insurance members aged 18-65 next birthday – Renewable to age 70 	Unlimited
TPD	<ul style="list-style-type: none"> – Group insurance members of Money Master and Super aged 18-55 next birthday, employed on a permanent basis for an average of at least 15 hours per week – To be taken out in conjunction with Death cover – Renewable to age 65 	\$2 million

Changing the benefit level

Benefit levels (and therefore premiums) can be altered by you at any time, subject to approval by the Insurer and applicable maximums (refer to the table above). Please complete the Insurance application form and personal statement (if benefit levels are increasing).

Your financial adviser will be able to provide you with another Insurance application form and personal statement and further documentation to complete if necessary.

Cessation of cover

Death or Death and TPD cover under this option will cease if:

- future premiums are unable to be deducted from your account within 30 days of the date on which notice is given of unpaid premiums
- you receive a TPD (Money Master and Super group insurance members) or death benefit under this cover
- a terminal illness benefit is paid and there is no residual Death cover
- you cease to be a member of Summit
- you turn 65 in respect of TPD (Money Master and Super group insurance members) cover or 70 in respect of Death cover
- you continue to be on unpaid leave or absence from employment beyond 12 months (Super group insurance members)
- for TPD cover, you are no longer in employment as recognised under the policy (Money Master and Super group insurance members)
- you make a fraudulent claim
- you request in writing to cease cover, or
- the group insurance policy is cancelled.

Exclusions for Death and TPD cover

The following exclusions apply to Death and TPD cover:

1. Suicide or intentional self-injury—No benefit is payable if the death or TPD has occurred within 13 months of the commencement, reinstatement or increase of your cover and such death or TPD has occurred in the opinion of the Insurer wholly or partially as a consequence of suicide or intentional self-injury.
2. Invasion or war—In the event of an invasion or war (whether war has been declared or not) involving Australia's armed forces or involving your country of residence (including temporary residence), the Insurer may vary premiums or vary the amounts covered by notice. If such a notice is disregarded, no benefit is payable under the policies where your death or disablement occurs directly or indirectly as a consequence of such invasion or war.

Special conditions: The Insurer reserves the right to impose exclusions for certain medical conditions or additional premium loadings. You will be notified of any special conditions upon notification of your acceptance and you must agree to these in writing within 30 days before the Insurer can issue any insurance cover, apart from interim Death cover, or the offer will be void.

Unpaid leave of absence

- You need to notify us prior to going on unpaid leave of absence.
- TPD cover will continue for up to 12 months of continuous approved unpaid leave, provided premiums continue to be paid.
- No TPD benefit becomes payable in respect of a period when you are not either in employment or on an approved leave of absence.
- If you continue to be on unpaid leave of absence for a period longer than 12 months, TPD cover will cease unless you have notified us in writing and sought permission from us to do so. No extended benefit is payable if we decline your request.
- Death cover is not affected by unemployment or unpaid leave.
- If you go on unpaid leave of absence from employment, we must be informed.
- We reserve the right to change the conditions of cover and vary the premium.

TPD during the period of unpaid leave

- The TPD waiting period will commence on the specified return date of your unpaid leave that was approved by your employer or, where applicable, us prior to the commencement of unpaid leave.
- Your employer must keep appropriate records of the proposed date of return to work in this regard and provide such documents to us upon our request.
- In the event you become totally and permanently disabled during the period of unpaid leave and you are overseas you may be required to return to Australia at your own expense where necessary for medical treatment or assessment. We may not pay a benefit for TPD if you do not return to Australia.

Payment of benefits

Once we have established that your application for benefits has met the terms and conditions of the policy, we will arrange for your benefits to be paid. We will notify you once your application for benefits has been approved.

For Super and Pension group insurance members, any proceeds are paid to the Trustee. The Trustee must then establish whether a condition of release has been met before it can pay the benefit. For further information contact your financial adviser or the North Service Centre on 1800 667 841.

Salary Continuance cover

Total disability benefit

Salary Continuance cover provides you with a monthly benefit for up to two years, after a waiting period, if you are totally disabled and unable to work due to sickness or injury.

Please note that Salary Continuance cover is only available for Money Master and Super group insurance members. It is not available for Pension group insurance members.

In the event you receive a benefit under Salary Continuance cover, premiums for this salary continuance will be waived for the period you are totally disabled.

Note that definitions of employment, salary, medical care and medical practitioner are included on page 14.

Total disability

You are totally disabled for insurance purposes if, because of an injury or sickness, you are:

- not capable of doing the important duties of your regular occupation, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

For the purpose of this definition ‘important duties’ means one or more duties that involve 20% or more of your tasks and which are essential to producing your salary.

Cessation of total disability benefit payments

We will stop paying for any total disability as soon as one of the following happens:

- you stop being totally disabled
- you reach age 65
- you are in jail or otherwise detained as a result of a criminal act
- you make a fraudulent claim
- you are assessed as being totally and permanently disabled under another policy with the Insurer
- the benefit period for the cause of the disability ends
- you are not under medical care
- you refuse to undertake treatment or rehabilitation which could be expected to allow you to return to work
- you fail to take all steps to return to work if you have a capacity to do so
- you fail to make available to the Insurer medical, financial or other evidence required to assess the claim that the Insurer has requested in writing
- you become terminally ill, or
- you die.

Partial disability benefit

If you have been totally disabled for 14 days and then your health improves, but you are partially disabled, the Insurer will pay you a reduced monthly benefit. However, this will not commence until the end of the waiting period.

Partial disability

Partially disabled means that, immediately after being totally disabled for at least 14 days, you return to work and because of the disability you are not capable of doing all the important duties of your regular occupation and your salary for the work you do is less than the amount of your pre-disability salary. You must be under medical care.

Cessation of partial disability benefit payments

We will stop paying for any partial disability as soon as one of the following occurs:

- you stop being partially disabled
- you reach age 65
- you are in jail or otherwise detained as a result of a criminal act
- you make a fraudulent claim
- the benefit period for the cause of the disability ends
- you refuse to undertake treatment or rehabilitation which could be expected to assist you to return to full-time work
- you fail to make available to the Insurer medical, financial or other evidence as required to assess the claim
- you are not under medical care
- you become terminally ill, or
- you die.

Choice of waiting periods

You can choose a waiting period (the period from when you stop work to when you start receiving the benefit) of 4, 8 or 13 weeks—the shorter the waiting period you choose, the higher the premium. You start accruing the benefit from the day after the waiting period ends.

Reduction of benefits

We may reduce your benefits by offset amounts. Offset amounts refer to any amount that is paid or is required to be paid (whether by lump sum, periodic payment, settlement of legal proceedings or otherwise):

- under legislation or an award (eg workers' compensation legislation or transport accident legislation or any other legislation or award)
- under any other income protection policy you hold with us or any other insurance company
- under common law actions for loss of earnings, past and future, and/or
- any paid sick leave received from your employer at the same time as you are receiving total disablement benefits from us.

Notwithstanding the above, your salary continuance benefit will not be reduced by any offset amounts you receive as superannuation benefits or from social security.

If you go on unpaid leave of absence from your employment YOU must inform us. You will continue to be covered during leave for up to 12 months, but the Insurer reserves the right to vary your premiums. Premiums must be paid prior to the commencement of unpaid leave.

Eligibility for cover

Type of cover	Who is eligible	Maximum cover
Salary Continuance	<ul style="list-style-type: none">– Group insurance members of Money Master and Super aged 18–60 next birthday, employed on a permanent basis for an average of at least 15 hours per week– Group insurance members of Money Master and Super can take out Salary Continuance cover as stand-alone cover– Renewable to age 65	<p>The lesser of:</p> <ul style="list-style-type: none">– 75% of salary less offsets (eg periodic or commuted compensations pursuant to any legislation or award, including workers' compensation), or– 75% of the first \$320,000 pa of salary, or– other such limits as may be agreed between the policy owner and the Insurer.

Changing the benefit level

Benefit levels (and therefore premiums) can be altered at any time, subject to approval by the Insurer and applicable maximums (refer to the table above). Please complete the Insurance application form and personal statement (if benefit levels are increasing).

Your financial adviser will be able to provide you with another Insurance application form and personal statement and further documentation to complete if necessary.

You should note that the level of your benefit paid in the event of a total disability claim will be the lesser of 75% of the salary recognised by the Insurer and the benefit level you have paid for. Therefore, you should keep your financial adviser informed of salary changes on an annual basis to ensure your sum insured remains appropriate.

You will not receive any benefits in excess of those upon which your premiums were calculated.

Cessation of cover

No salary continuance becomes payable in respect of any period when:

- you are on unpaid leave of absence exceeding 12 months, or
- you are no longer in employment as defined.

Your cover will also cease if:

- future premiums are not paid within 30 days of the date in which notice is given of unpaid premiums
- you receive a TPD benefit, or a death or terminal illness benefit is paid
- you cease to be a member of Summit
- you turn 65
- you continue to be on unpaid leave of absence from employment beyond the period allowed for under the policy
- you are not in employment, as recognised under the policy
- you make a fraudulent claim
- you request in writing to cease cover
- the group insurance policy is cancelled, or
- you die.

Recurring disability

Where you have been totally disabled and return to work and are disabled again within six months from the same or related cause, the waiting period will not apply. The claim will be treated as a continuation of the earlier claim and be payable for up to the balance of the benefit period.

However, if you return to full-time work for at least six months, the claim will be treated as a separate claim and the waiting period applies.

Exclusions for Salary Continuance cover

For Salary Continuance cover, the Insurer will not pay if, in the Insurer's opinion, one or more of the following circumstances occurs:

1. Your injury or illness is a result of intentional self-inflicted injury or illness.
2. Your injury or illness is wholly attributable to normal and uncomplicated pregnancy or childbirth.
3. Your injury or illness is a condition that existed when you were accepted for cover under the policy, or is wholly or partially attributable to, or a consequence of such a condition, and
 - where the Insurer granted the cover without seeking evidence of health:
 - the condition caused absence from work at any time during the six months prior to granting of the cover, or
 - the condition did not significantly and materially deteriorate since the cover was granted.
 - where the Insurer sought evidence of health before granting the cover:
 - the condition was known to you when the cover was granted, other than where the Insurer, after becoming aware of the condition, agreed to cover it.
4. In the event of an invasion or war (whether or not war has been declared) involving Australia's armed forces or involving the country of your residence (including temporary residence), no benefit shall be payable under the policies where total disablement occurs directly or indirectly as a consequence of such invasion or war.
5. You travel overseas (while receiving salary continuance benefits), unless the Insurer agrees in writing to continue payment regardless of such travel.
6. You are not in employment when you become totally disabled, as recognised by the Insurer.
7. The injury or sickness is as a result of your service in the armed services of any country or international organisation.

Unpaid leave of absence

- Notify us prior to going on unpaid leave of absence.
- Salary Continuance cover will continue for up to 12 months of continuous approved unpaid leave, provided premiums continue to be paid.
- No salary continuance benefit becomes payable in respect of a period when you are not either in employment or on an approved leave of absence.
- If you continue to be on unpaid leave of absence for a period longer than 12 months, Salary Continuance cover will cease unless you have notified us in writing and sought permission from us to do so. No extended benefit is payable if we decline your request.
- If you go on unpaid leave of absence from employment, we must be informed.
- We reserve the right to change the conditions of cover and vary the premium.

Special conditions: The Insurer reserves the right to impose exclusions for certain medical conditions and pastimes or additional premium loadings. You will be notified of any special conditions upon notification of your acceptance and you must agree to these in writing within 30 days before the Insurer can issue any Salary Continuance cover or the offer will be void.

Trauma cover (Money Master only)

Trauma cover ensures that, in the event of a recognised trauma, money will be available to assist with a wide range of costs, such as medical and hospital costs, loss of income, rehabilitation, home help and child care. In the event of you suffering one of the traumas outlined below, a lump-sum benefit will be payable to your Summit cash account. Exclusions do apply and are explained on page 13. At no time is a surrender value attained or payable on this cover.

Eligibility for cover

Type of cover	Who is eligible	Maximum cover
Trauma	<ul style="list-style-type: none">Group insurance members of Money Master aged 18–55 next birthdayRenewable to age 65	<p>The lesser of either two times your annual salary at the time of application (as recognised by the Insurer) or the dollar limits listed below:</p> <ul style="list-style-type: none">\$500,000 for members aged up to 40 years\$400,000 for members aged between 40 and 50 years, and\$300,000 for members aged over 50 years. <p>Trauma cover is restricted to a maximum of \$100,000 for members who are not in employment (as recognised by the Insurer) at the time of requesting cover. Cover of less than \$100,000 is not subject to a salary test.</p>

Changing the benefit level

Benefit levels (and therefore premiums) can be altered by you at any time, subject to approval by the Insurer and applicable maximums (refer to the table above). Please complete the Insurance application form and personal statement (if benefit levels are increasing).

Your financial adviser will be able to provide you with another Insurance application form and personal statement and further documentation to complete if necessary.

Cessation of cover

Trauma cover will cease if:

- premiums are not paid within 30 days of the date on which notice is given of unpaid premiums
- you receive a trauma benefit
- you cease to be an investor of Summit Money Master
- you turn 65
- you request in writing to cease cover, or
- the group insurance policy is cancelled.

Trauma defined

Trauma is defined as being any of the following conditions:

1. Heart attack, defined as the death of a portion of the heart muscle (an acute myocardial infarction) where such a diagnosis has been documented by the occurrence of typical recent electrocardiographic changes and a diagnostic elevation in cardiac enzymes.
2. Coronary artery surgery, defined as coronary artery bypass grafting surgery performed via a thoracotomy as a consequence of coronary artery disease, but not including non-surgical techniques including angioplasty, laser and other catheter techniques.
3. Heart valve surgery, defined as the undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect, but not including balloon or catheter techniques.
4. Major organ transplant, defined as the receipt of a transplant of human bone marrow or one of the following whole human organs:
 - heart
 - liver
 - lung
 - kidney, or
 - pancreas.
5. Surgery of the aorta, defined as surgery performed via a thoracotomy or laparotomy to replace or repair an abnormality of the aorta, but specifically excluding surgery performed using catheter techniques only.
6. Pulmonary hypertension, defined as primary pulmonary hypertension associated with right ventricular failure, but specifically excluding pulmonary hypertension associated with chronic lung disease.

7. Stroke, defined as a cerebrovascular incident that is certified by a neurologist to be:
 - caused by haemorrhage, embolism or thrombosis, and
 - associated with the onset of objective and ongoing neurological signs, or
 - has been demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by the Insurer.
 8. Cancer (malignant tumours), defined as the occurrence of an invasive malignant tumour, and including all forms of leukaemia, lymphoma and Hodgkin's disease. Specifically excluded are tumours treated by endoscopic procedures alone and tumours classified as carcinoma in situ, prostate tumours classified as T1 (all categories) under the TNM classification system, malignant melanomas of less than Clark Level 3 and less than 1.5mm Breslow thickness, other skin cancers, tumours that are a recurrence or metastases of a tumour that first occurred within the three month waiting period, Kaposi's Sarcoma and other tumours associated with HIV infection.
 9. Chronic kidney failure, defined as chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
 10. Motor neurone disease, defined as the unequivocal diagnosis of motor neurone disease (amyotrophic lateral sclerosis), certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
 11. Multiple sclerosis, defined as the unequivocal diagnosis of multiple sclerosis, certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
 12. Parkinson's disease, defined as the unequivocal diagnosis of Parkinson's disease, certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
 13. Alzheimer's disease and other dementias, defined as the unequivocal diagnosis of Alzheimer's disease or dementia, certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
 14. Occupationally acquired HIV infection, defined as infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the insured member was carrying out the normal duties of his or her usual occupation. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is specifically excluded.
- Further, no payment will be made unless all the following are proven to the insurer's satisfaction:
- proof of the accident giving rise to the infection
 - proof that the accident involved a definite source of the HIV infection, and
 - proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.
15. Aplastic anaemia, defined as total, persistent aplasia of bone marrow, certified by a consultant haematologist.
 16. Paraplegia, defined as the total and permanent loss of the use of the lower limbs due to spinal cord injury or disease.
 17. Quadriplegia, defined as the total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or disease.
 18. Diplegia, defined as the total and permanent loss of the use of both sides of the body due to paralysis.
 19. Hemiplegia, defined as the total and permanent loss of the use of one side of the body due to paralysis.
 20. Severe burns, defined as third-degree burns to at least 20% of the body surface area.
 21. Blindness, defined as total, clinically irreversible loss of sight in both eyes certified by an ophthalmologist, as a result of disease or accident.
 22. Loss of limbs, defined as total and permanent loss of:
 - the use of both hands
 - the use of both feet, or
 - the use of one hand and one foot.
 23. Loss of limbs and sight, defined as the total and permanent loss of:
 - the use of one hand and the sight in one eye, or
 - the use of one foot and the sight in one eye.
 24. Major head injury, defined as an accidental head injury causing a permanent inability to perform independently at least one of the 'activities of daily living'.
 25. Loss of capacity for independent living, defined as the permanent and total inability to perform independently at least three of the 'activities of daily living'.

Activities of daily living is defined as:

- the ability to bathe or shower without assistance from another person
- the ability to dress and undress without assistance from another person
- the ability to use a toilet without assistance from another person
- the ability to get in and out of a bed or chair without assistance from another person
- the ability to control bowel and bladder function, and
- the ability to eat and drink without assistance from another person.

Please note these definitions may change as a result of advances in medical science. We will provide you with notice (30 days prior) of any changes to these definitions.

Benefit payment

The payment of all benefits under this cover is subject to the satisfaction of the Insurer that the conditions of the cover have been met.

Exclusions for Trauma cover

For Trauma cover, the Insurer will not pay if, in the Insurer's opinion, one or more of the following circumstances occurs:

1. If the date of trauma is before the date on which you became insured.
2. Where the trauma occurred within three months of the commencement of your Trauma cover. This no-claim period will be waived if the specified conditions arose solely as a result of bodily injury caused directly by violent accidental, external and visible means and occurred after you became insured.
3. Your trauma is directly or indirectly attributable to or as a consequence of intentional self-injury (including conditions arising from the use of drugs without medical advice) or intentionally contracted infection or any attempt there at.
4. In the event of an invasion or war (whether war has been declared or not) involving Australia's armed forces or involving your country of residence (including temporary residence) no benefit shall be payable under the policy where the trauma occurs directly or indirectly as a result of such invasion or war.

5. An injury or illness results in your death within 14 days of sustaining (or diagnosis of, as appropriate) the injury or illness. In addition, no trauma benefit is payable if, in the Insurer's opinion, artificial life support was in use on the 14th day and death occurs within 48 hours of the cessation of the use of the life support systems.
6. You have already received a trauma benefit under this cover.
7. When the trauma occurs on or after the date Trauma cover has been terminated.
8. If the Insurer is not notified within six months of the trauma.

Special conditions: The Insurer reserves the right to impose exclusions for certain medical conditions and pastimes, or additional premium loadings. You will be notified of any special conditions upon notification of your acceptance and you must agree to these in writing within 30 days before the Insurer can issue any Trauma cover or the offer will be void.

Definitions

Consumer Price Index means the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined using the last published Index for the 12 months ending 31 March each year. The Insurer reserves the right to use the Index published for a more recent 12-month period and/or another index or rate which may more fairly and accurately reflect changes in the cost of living.

Employment refers to your primary source of income and means either permanent employment with an employer or attendance to the duties of the business, trade or profession in which you are permanently engaged as notified to and accepted by the Insurer. To be eligible for TPD and Salary Continuance cover you need to be employed on a permanent basis for an average of at least 15 hours per week.

Salary refers to the main source of your income (as recognised by the Insurer) and means either money generated by a business due to your own activity (after all expenses in earning that income have been deducted) or the total package received from an employer excluding any non-recurring components but including any such regular or recurring components as may be agreed to by the Insurer. Salary does not include investment or interest income. You are only insured for an amount of salary recognised and verified by the Insurer and upon which premiums are based. Salary continuance benefits are calculated on your salary at the time of becoming totally or partially disabled.

Medical care means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and has been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Medical practitioner means a registered medical practitioner who is appropriately qualified to treat you for injury or sickness.

Continuation options

If you cease to be a member or investor of Summit your cover ceases. However, you may apply for an AMP individual insurance plan through a continuation option. Subject to certain conditions, normal health evidence requirements will be waived, however we may request any information we consider relevant that does not relate to your health. The following terms and conditions apply:

- your cover must have terminated for reasons other than disablement (either permanent or temporary)
- you are under the age of:
 - 65 next birthday for Death cover
 - 50 next birthday for TPD cover (Money Master and Super group insurance members only), and
 - 60 next birthday for Salary Continuance cover (Money Master and Super group insurance members only)
- your continuation option form and individual insurance application are received by us within 60 days of ceasing to be covered under the policy.

If you have Salary Continuance cover (Money Master and Super group insurance members only) under your plan and wish to continue your cover under an individual plan, the following additional terms also apply:

- you must be employed full time (at least 25 hours per week)
- the same waiting periods and benefits apply as under the current policy or as specified by the Insurer at the time the option is exercised
- evidence will be required in respect of income, financial status, occupation, pursuits and pastimes.

A continuation option is not available for Trauma cover (Money Master group insurance members only).

The individual insurance plan will be subject to the standard terms and conditions at the time, with the following exceptions:

- any special conditions that applied under the policy will also apply under the individual plan
- the amount of cover will be limited to the sum insured under the current policy at the time of cessation, unless the minimum level of cover under the individual plan is less
- a continuation option is not allowed if you have previously taken out an individual plan by exercising a continuation option with the Insurer.

What else you need to know

Applying for insurance

If you are applying for insurance cover, complete the Insurance application form and personal statement, and include a copy of the insurance quote provided by your financial adviser. Once your application has been forwarded to us, it will be assessed by the Insurer and you will be notified of any further requirements.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

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

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure (or misrepresentation) is fraudulent, the insurer may avoid the contract at any time.

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

Premiums

Insurance premiums are calculated based on your age next birthday as at 1 July each year and are dependent on a range of member information, including the level of cover you require, your gender, age, occupation, smoker status and the waiting period option you select (for Salary Continuance).

Premiums are not guaranteed and may be increased or decreased at any time. You will be given 30 days notice of any change in premiums.

If you have Salary Continuance cover, and are totally disabled and are receiving a benefit from this policy, your premiums for Salary Continuance and Death and TPD (if applicable) will be waived for the period you are totally disabled.

Premiums are deducted monthly from your cash account.

The premiums may include up to a maximum of 20% remuneration for your financial adviser. The actual amount is agreed to between you and your financial adviser.

For a personalised quote and further information on the amount of premiums to be paid please contact your financial adviser.

Note: The final premium may be subject to change depending on the outcome of your assessment.

Commencement of cover

Your insurance cover will commence on the date of your application pending confirmation of acceptance by the Insurer. If your application for insurance cover is declined, the premiums paid will be refunded.

Cooling-off period

You have a period of 14 days (the 'cooling-off' period) during which you can cancel your insurance plan by notifying us in writing, and you will receive a refund of premiums. The 14-day period starts five days after the date of the letter advising that the insurance application has been issued. If you cancel your insurance cover during this period, any premiums repaid may be adjusted to reflect any administrative expenses, and tax or duties payable by us. If the Policy Owner or any of the persons insured exercise a right or power under the terms of the product, such as making a claim, the right to 'cooling-off' terminates immediately.

Indexation benefit

To protect your Death, TPD, Trauma and Salary Continuance cover against the effects of inflation, we will automatically increase your sum insured on 1 July each year. We will not provide the automatic increase to your sum insured after you have turned 65 or where your premium has an additional loading of more than 100% for special conditions.

For Death, TPD and Trauma we will increase your sum insured by the greater of 5% or the increase in the Consumer Price Index (CPI).

For Salary Continuance we will increase your sum insured by the greater of 3% or the increase in the CPI.

Your premium will increase appropriately.

The increase in level of cover due to the Indexation benefit only applies to a claim for injury or sickness that happened after the date of the increase. This means the benefit level payable for that claim will be based on the level of cover that applied at the date you first stopped working due to injury or sickness which gives rise to the claim. If you suffer an injury or sickness before the indexation increase or you are on a claim, indexation will not be applied to your benefit. However, indexation will still be applied on the policy so that when you come off claim and premiums resume you will be charged a premium for the new Indexed sum insured. This increased benefit will be reflected in your premiums.

If you do not wish to retain all or part of the automatic increase in your benefit, please contact your financial adviser to arrange for the indexation benefit to be removed from your account.

If you have taken out Salary Continuance cover, you should note that the level of your benefit paid in the event of a total disability claim will be the lesser of 75% of the salary recognised by the Insurer and the benefit level you have paid for. Therefore, you should keep your financial adviser informed of salary changes on an annual basis to ensure your sum insured remains appropriate.

Taxation

Individual circumstances may differ and therefore taxation information is not provided in this Information booklet.

Please contact your financial adviser or professional tax adviser for advice regarding your personal situation.

Information on your insurance

An annual member statement will be sent to you outlining the current details of your insurance cover and any changes to fees and charges or premium levels.

How the benefit will be paid upon death

Money Master group insurance members

In the event of your death, the death benefit will be paid to your legal personal representative.

Super and Pension group insurance members

You may choose one of the following options for nominating how a death benefit will be paid in the event of your death:

- **Binding death benefit nomination**—The Trustee is bound to pay your benefit to the person(s) you have nominated as long as your nomination is valid.
- **Non-binding death benefit nomination**—The Trustee will consider the nomination provided by you but has discretion to pay your benefit to one or more of your dependants and/or your legal personal representative in proportions it determines.
- **Reversionary pensioner**—You can request that your pension continues after your death by nominating your spouse or child as a reversionary pensioner.

In the event that no nomination is made, your benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or your legal personal representative.

For more information contact your financial adviser or the North Service Centre on 1800 667 841.

Additional information

Privacy collection statement

We will usually collect personal information directly from you, your employer, your financial adviser or other authorised parties as nominated by you. The personal information we collect from you will be used to:

- establish and manage your SignatureSuper account
- administer the products and services provided by us
- verify the identity of you or an authorised party when processing changes, withdrawals or transactions in relation to the account
- ensure compliance with all applicable regulatory or legal requirements
- perform any appropriate related functions
- manage and resolve complaints made
- undertake market research and analysis for product and service improvement
- provide you with information about financial services provided by us, other members of the AMP group or by your financial adviser through direct marketing. If you do not want this please contact us on 1300 423 079 or email askamp@amp.com.au.

If you do not provide the required information, we will not be able to perform the activities above.

We are required or authorised to collect your personal information under various laws including those relating to Superannuation, Taxation and Anti-Money Laundering and Counter Terrorism Financing laws.

We will only share your personal information:

- with other members of the AMP group and external service providers that we need to deal with for the purposes described above
- with another superannuation provider when your benefits are being transferred to another provider. This includes your TFN unless you request your TFN not to be provided to any other superannuation provider
- as required by law or regulations with courts, tribunals or government agencies
- with persons or third parties authorised by you, or if required or permitted by law.

Any health information that is collected from you will only be used by the insurer to assess any application for insurance cover, arranging reinsurance if required or for processing claims.

Some external service providers we need to deal with can be located or host data outside Australia. A list of countries where these providers may be located can be obtained via our privacy policy. We take all reasonable steps to ensure that any data shared with external service providers is shared securely to protect your information.

Where you provide us with the personal information of one or more other individuals, such as beneficiaries and authorised persons, it is your responsibility to:

- a. inform the other individuals that you have provided their personal information to us; and
- b. provide them with a copy of this Privacy Collection Statement.

Our privacy policy provides further information about how you can access or update your personal information or make a complaint about a breach or potential breach of our privacy obligations. You can view our privacy policy online at amp.com.au/privacy or contact us on 1300 423 079 for a copy.

Enquiries and complaints process

If you need any additional information about the operation or management of your account, or if you have a concern or complaint, then please contact:

- your financial adviser
- call the on 1800 667 841
- email us at north@amp.com.au, or
- write to us at:

North Service Centre
GPO Box 2915
MELBOURNE VIC 3001

Our customer service officers are available to answer your enquiries and respond to your complaints. We will try to resolve your enquiry or complaint as quickly as possible. To help us do this, please give us as much information as possible about your complaint, including your name and account number.

We have established procedures to deal with any complaints. If you make a complaint, we will:

- acknowledge its receipt and ensure an appropriate person properly considers the complaint, and
- We are required to address your complaint within 45 days (for Money Master) or 90 days (for Super or Pension) of receipt of your complaint.

If your complaint cannot be resolved at first contact, then we will keep you advised at regular intervals of the status of your complaint.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides you with fair and independent financial services complaint resolution at no cost.

Australian Financial Complaints Authority
GPO Box 3
MELBOURNE VIC 3001

Phone: 1800 931 678

Website: **www.afca.org.au**

Email: **info@afca.org.au**

Time limits apply to certain complaints to AFCA, for example in respect of total and permanent disablement claims. If you have a complaint, you should contact the AFCA immediately to find out if a time limit applies.

Contact us

phone 1800 667 841
web northonline.com.au/summit
email north@amp.com.au
mail North Service Centre
GPO Box 2915
MELBOURNE VIC 3001