



Protection twentyfour seven

Lifestyle_

Lifestyle Protection Plan
Product Disclosure Statement
and Policy Document
Issue date_7 May 2007

Brought to you by



Allianz Australia Life Insurance Limited AFS Licence No. 296559
ABN 27 076 033 782 (Allianz) is responsible for 50% Life cover
(Part 1) and 50% Disability cover (Part 2) and TOWER Australia
Limited AFS Licence No. 237848, ABN 70 050 109 450 (TOWER)
is responsible for 50% Life cover (Part 1) and 50% Disability
cover (Part 2).

Contents_

Section A_ About this protection

Product Disclosure Statement	04
Up to date information	04
Benefits of protection	04
About the insurers and the covers they provide	04
What is the Lifestyle Protection Plan	05
Tax implications	06
Eligibility	06
Payment of premium	07
Dispute resolution process – helping you solve any queries	07
How to purchase the Lifestyle Protection Plan	08

Section B_ Cover

The insurers	09
Words with special meanings	09

Part 1 – If you have Life cover

What we will pay	10
When we will not pay your claim	10
Continuation option	10

Part 2 – If you have Disability cover

What we will pay	11
When we will not pay your claim	11
Non-renewable	11

Conditions of cover

Changes to your policy	12
Cooling off and cancellation rights under the policy	12
When your cover ends	12

Making a claim

What must be done to make a life claim	12
What must be done to make a disability claim	12
Provision of information	12

Section C_ Other information

Your Duty of Disclosure	13
Privacy Act 1988 – Information	14
Agent arrangements and agent's fee	14
Phoning for assistance and confirmation of cover	14
Application Form	15
Payment Instruction Form	19

Section A_

About this protection

Product Disclosure Statement

This entire document is your Product Disclosure Statement (PDS) and if you purchase this product it will also be your Policy Document.

It includes general information contained in this Section A, specific cover terms contained in Section B and the other information contained in Section C. A PDS is a document required by the Corporations Act and contains information designed to help you decide whether to buy this protection.

Remember you have a cooling off period. You may cancel your policy for any reason within 14 days of receiving a letter from us confirming we have accepted your application. You will need to return the policy schedule to us, together with a letter asking us to cancel the policy. We will refund the premium paid in full unless an incident has occurred which may result in a claim. Even after this period has ended you still have cancellation rights (see "Conditions of cover" section for details).

Up to date information

The information, including taxation information, contained in this PDS is based on our understanding of relevant laws that apply at the date of issue of this PDS and their continuance.

Certain information that is not materially significant information, which appears in this PDS, is subject to change from time to time. Where we have indicated in the PDS that we will advise you of changes, you will receive these changes in writing. Where other changes not materially adverse or significant occur (such as changes to fax numbers), you can obtain a paper copy of the updated information by calling us on the number shown on the back cover of this PDS.

If there is a materially significant change or omission to this PDS, we will issue a supplementary or replacement PDS. Under law we cannot make adverse changes to the terms or conditions of your policy once your application has been accepted and your policy issued to you.

The information on the Lifestyle Protection Plan contained in the following summary is not a substitute for the policy. To determine the full extent of cover and its limitations, please carefully read this document, in particular Section B.

Benefits of protection

The Lifestyle Protection Plan is designed to provide you with protection on your life and in the event you are unable to work due to injury or illness. This protection will assist you in maintaining your lifestyle, subject to the terms and conditions of the policy.

24 hour cover

You are covered at work, at home, at leisure, worldwide, 24 hours a day, 7 days a week and 365 days a year. See your policy schedule for details of the period of insurance.

About the insurers and the covers they provide

Allianz Australia Life Insurance Limited (Allianz) and TOWER Australia Limited (TOWER) are co-insurers of the Life cover and Disability cover. This means each insurer is only responsible for 50% of the benefit and not jointly liable for the whole of the benefit. The payment by each insurer combined makes up the full benefit payment. All references to the benefit being payable are to the payment by each insurer of 50% of the benefit. For example, in a life claim with a benefit amount of \$500,000, Allianz and TOWER would each pay \$250,000, making up the total benefit payable.

This PDS sets out the terms on which both insurers are providing their separate insurance covers to you. While both insurers are responsible for the accuracy of this PDS, neither insurer is responsible for the liability of the other insurer under the cover provided by them.

Further details of the insurers and the definition of "we" are found on page 09.

No cash or surrender value

The Lifestyle Protection Plan is not a savings plan and therefore has no cash or surrender value if you cancel and doesn't entitle you to share in our profits.

What is the Lifestyle Protection Plan

Purpose of the Lifestyle Protection Plan

The Lifestyle Protection Plan is designed to:

- pay the lump sum benefit you selected, if you should die (this is called Life cover); and/or
- pay the monthly benefit you selected, if you can't work due to an injury or illness (this is called Disability cover).

See Section B_ Cover for full details of the available covers.

All benefit payments are made payable to you for Disability cover and for Life cover the benefit is payable to your estate. The benefit payments are calculated by reference to the amount you selected in your Lifestyle Protection Plan Application Form.

You may use the benefit payments in any way you choose. Below are some examples.

Tom is a plumber with many ongoing financial commitments that he needs to meet even if he can't work. Disability cover under the Lifestyle Protection Plan gives Tom a monthly payment if he can't perform the duties of his usual occupation due to injury or illness. This disability would need to last for longer than 30 days and cover is subject to the terms and conditions of the policy. Tom will receive a monthly benefit for as long as he is off work due to injury or illness, for up to 12 months.

Joe and Sue are married with two children. Although they don't like to think about it, they have ongoing financial commitments that would need to be met if either or both were to die. Life cover within the Lifestyle Protection Plan will provide the estate of Joe and Sue, subject to the terms and conditions of the policy, with a lump sum payment to assist in meeting their financial commitments. While this won't bring their partner back, it will ease the financial disruption if anything were to happen to one or both of them.

During the period of protection, as defined in Section B, the benefit payment options you select in your application will remain in place, even if there are changes to your personal situation.

Choice of cover

You may choose any one of the following combinations of cover:

- Life and Disability;
- Life only; or
- Disability only.

Policy protection amount

You may choose protection up to the amounts shown in the following table.

Cover	Benefit Limit
Life	You can select a life benefit from various amounts, from \$100,000 up to \$750,000, according to your needs. For Life cover, the maximum amount payable, together with any amount payable under all other insurance cover of this type issued by us on the insured, is \$750,000 (unless otherwise agreed in writing by us) (see page 10).
Disability	<p>You can select a monthly disability benefit from various amounts, from \$1,000 up to \$5,000. If you select cover greater than \$3,000, the monthly benefit cannot exceed 75% of your current monthly income at the time of application.</p> <p>We will pay the amount shown in your policy schedule when you make a claim.</p> <p>For Disability cover, the maximum amount payable, together with any amount payable under all other insurance cover of this type issued by us on the insured, is \$5,000 per month (unless otherwise agreed in writing by us).</p> <p>The disability payment will continue for as long as you are totally disabled, up to a maximum period of 12 months in total during the period of insurance, no matter how many times you become totally disabled (see page 11).</p>

The policy sets out the cover with which we are able to provide you. You need to decide if the limits, type and level of cover are appropriate for you and will cover your potential needs.

Section A_

About this protection

The importance of protection

Having adequate protection in place to meet ongoing financial commitments is an important part of planning for your future. Your protection needs should be reassessed on a regular basis.

Continuation option

Within 30 days of this policy expiring, if you have Life and Disability or Life cover only, we will offer you in writing the option to purchase life cover from us without providing further evidence of health. The continuation option is subject to the conditions outlined in Section B_ Cover.

Tax implications

You should seek specialist, independent tax advice in relation to any amounts payable and receivable by you under this policy. As a general rule:

- any life benefit we pay to your estate will not be subject to income tax, and premiums for Life cover are not deductible.
- any disability benefits we pay to you are assessable income for income tax purposes and you may be entitled to a tax deduction in respect of premiums you pay. The deduction in respect of these premiums may need to be apportioned over the period to which your policy relates.

Not everything is covered

Not everything is covered by the Lifestyle Protection Plan – there are limitations.

It is important that you read this document carefully, in particular Section B to understand the extent of cover and its limitations.

Examples:

We will not pay any claim for death or disability which is directly or indirectly caused by any illness or injury or other condition relating to your health:

- of which you were aware or for which you received advice or treatment from a registered medical practitioner or other health professional within the 24 months before the commencement of the period of insurance; or
- of which you or a reasonable person in the circumstances, were aware of symptoms for which a reasonable person would have sought medical advice or treatment during the 24 month period prior to the commencement of the period of insurance.

Eligibility

To be able to apply for the Lifestyle Protection Plan, you must:

- be at least 16 years of age and not have turned 55 years of age at the commencement date;
- be a permanent Australian resident, which means a citizen of Australia or New Zealand or a holder of an Australian permanent residency visa who is permanently residing within the territorial boundaries of Australia at the time of application;
- not be affected by, or not have sought or received medical advice or treatment from a doctor or other health professional within the last 5 years, for conditions relating to any of the following:
 - cancer, leukemia or melanoma (other skin cancers do not affect your eligibility to apply);
 - heart or cardiovascular disease, stroke or circulatory disease (high blood pressure does not affect your eligibility to apply);
 - multiple sclerosis, muscular dystrophy, motor neurone disease, Huntington's disease or Parkinson's disease;
 - HIV/AIDS; or
 - insulin dependent diabetes;
- never have been declined accident, sickness, disability or life insurance, or been issued such insurance which has been deferred, modified, cancelled, refused on renewal or accepted on special terms due to medical reasons or physical impairment (e.g. premium increased from standard rates);
- be in paid employment on a permanent basis in an occupation (this includes self-employment) for a period of 15 hours or more per week (if you wish to apply for Disability cover); and
- not spend more than 10% of your time in your main occupation doing any of the following (if you wish to apply for Disability cover):
 - working underground, underwater, offshore or in the air;
 - handling or transporting firearms, ammunition, explosives, nuclear materials or waste, iodising radiation or asbestos;
 - working at heights of over 15 metres;
 - being a member of the Defence Force (excluding civilian jobs and reserves);
 - fire fighting or participating in search and rescue operations; or
 - being a professional sportsperson.

Other eligibility criteria may apply and we will tell you what they are when you apply.

No medical

A medical examination is not required for obtaining this insurance; however, we will require you to complete personal details on the application form. These details will indicate whether you are eligible for this type of insurance. Please refer to “Your Duty of Disclosure” in this PDS.

If you fail to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the policy in respect of a claim and/or we may cancel your policy. If you have told us something which is fraudulent, we have the option of cancelling your policy from its beginning. For your assistance, we have provided a full explanation of your Duty of Disclosure and the consequences of non-disclosure, under the heading “Your Duty of Disclosure” in this PDS.

Payment of premium

The amount of premium payable for this insurance is based on a variety of factors. The significant factors relevant to your circumstances include:

- the type of cover you have selected (Life/Disability);
- the amount of insurance you have for each cover; and
- your age, gender, smoking status and occupation.

The premium you pay includes amounts in relation to any compulsory government charges (e.g. Stamp Duty and GST) where applicable, as well as other additional charges we tell you of. We will tell you when you apply, what premium is payable, when it needs to be paid and how it can be paid.

When you apply for Life cover and/or Disability cover, you have the option to select either:

1. Upfront 3-year premium

The premium is an upfront payment made at application either by disbursement as part of your property settlement or a credit card acceptable to us.

2. Monthly instalment premium

You can pay your premiums in monthly instalments either by a credit card acceptable to us or by direct debit via a nominated bank account.

The premium payable will be specified in your policy schedule. If you choose the upfront 3-year premium option, the full premium must be paid by the commencement date specified in the policy schedule. For the monthly instalment premium option, the first instalment must be paid by this date and the following instalments by the instalment payment dates notified to you by us.

Dispute resolution process – helping you solve any queries

We strive to do things the right way and keep our customers happy. Please contact us on the number shown on the back cover of this PDS if we can be of assistance. Where complaints or disputes do occur, our objective is to resolve any disagreement as amicably and as quickly as possible.

Here’s what to do if a dispute arises

Regardless of whether the complaint or dispute involves our staff or the intermediary or is in regard to the service we provide, simply contact the number shown on the back cover of this PDS and provide us with the details of the issue concerning you. We will attempt to resolve the complaint or dispute on the spot. If we are unable to do so, we will log your concern and refer it to the appropriate person for resolution.

We have established a complaints and disputes resolution process. This is a free service. It is a system designed to log, track, escalate and monitor complaints received from customers about our services and products. We will write to you within 15 working days of the date your complaint is lodged advising the outcome of the review and reasons for our decision. We do not consider a complaint or dispute to be resolved until a proposed resolution or solution has been communicated to you and you have accepted the resolution or solution.

If you are not satisfied with the outcome of this process and your dispute is:

– in regard to a claim

You or your executors have the option of contacting the Financial Industry Complaints Service on 1300 780 808 or by facsimile on (03) 9621 2291.

This is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint. The Financial Industry Complaints Service will advise you of any complaints it cannot consider when you contact it.

– in regard to another element of your policy

We will advise you of other alternative external independent dispute resolution schemes available in our letter to you.

Section A_

About this protection

How to purchase the Lifestyle Protection Plan

Before the policy may be issued, you must:

- read this Product Disclosure Statement;
- complete and sign our Application form and the required declaration and authority (without amendment) as well as the relevant payment or properly completed payment authority. The information provided forms the basis of our agreement with you; and
- return the completed application form to the address shown on the back cover of this PDS or to the intermediary.

If we accept your application, we issue you with a policy schedule confirming that we have entered into a policy with you. Cover under the policy starts from the commencement date specified in the policy schedule.

If you do not meet the eligibility criteria you will not be covered.

You can call us to confirm any transaction once payment has been made.

Your policy

Your policy consists of (to the extent relevant to each insurer for their respective rights and interests):

- this Product Disclosure Statement and Policy Document; and
- a policy schedule approved by us which sets out who is insured, the cover(s) selected and provided, the period of insurance, the limits of liability and other important information. This is referred to as the policy schedule.

You should carefully read and retain these documents together, as they jointly form the contract of insurance (policy) between you and us. Any new or replacement schedule we may send you, detailing changes to your insurance or the period of insurance, will become the policy schedule, which you should carefully read and keep.

Where we have entered into a policy with you as specified above, we will insure you for the applicable cover(s) specified in the policy schedule for the period of insurance, in accordance with the other terms, conditions and exclusions of your policy.

Section B_

Cover

The insurers

Allianz Australia Life Insurance Limited
AFS Licence No. 296559
ABN 27 076 033 782 (Allianz),
2 Market Street, Sydney NSW 2000.

(Responsible for 50% of the Life cover under Part 1 and 50% of the Disability cover under Part 2)

TOWER Australia Limited
AFS Licence No. 237848
ABN 70 050 109 450 (TOWER),
80 Alfred Street, Milsons Point NSW 2061.

(Responsible for 50% of the Life cover under Part 1 and 50% of the Disability cover under Part 2)

The cover under the policy does not have a cash or surrender value, nor does it entitle you to participate in our profits.

The assets of the No. 1 Statutory Fund of Allianz are liable for the payment of 50% of the Life and Disability benefits contracted under Part 1 and Part 2, which forms a separate policy between you and Allianz.

The assets of the No. 1 Statutory Fund of TOWER are liable for the payment of 50% of the Life and Disability benefits contracted under Part 1 and Part 2, which forms a separate policy between you and TOWER.

Words with special meanings

Some of the words in your policy have special meanings wherever they appear. These words and their meanings are defined below.

“commencement date” means the date your cover will commence as specified in the policy schedule.

“waiting period” means the first 30 days of any disability claim, commencing on the first date you are totally disabled in respect of a claim.

“illness” means illness, sickness or disease which first manifests itself while the policy is in force and does not include an injury.

“injury” means bodily injury caused solely by accidental, external and visible means which first occurs whilst the policy is in force and does not include illness.

“monthly income” means your monthly income from your main occupation (before tax but after business expenses).

“period of insurance” means the period of time commencing on the commencement date and ending on the earlier of the expiry date shown on the policy schedule or the date when your cover ends (see page 12).

“permanent employment” means being in paid employment on a permanent basis in an occupation (this include self-employment) for a period of 15 hours or more per week.

“premium” means the amount paid for this insurance in respect of those parts of the policy which you have selected and which are set out in the policy schedule.

“totally disabled”, “total disability” and “total disablement” mean that, on the advice of a registered medical practitioner, subject to verification by a registered medical practitioner of our choice, you are continuously unable to attend or engage in your usual profession, business or occupation because you have suffered an injury or an illness and are not working at all.

“we”, “us” and “our” means:

- Allianz Australia Life Insurance Limited AFS Licence No. 296559, ABN 27 076 033 782, in respect of 50% of the Part 1 Life cover and 50% of the Disability cover under Part 2 of the policy; and
- TOWER Australia Limited AFS Licence No. 237848, ABN 70 050 109 450 in respect of 50% of the Part 1 Life cover and 50% of the Disability cover under Part 2 of the policy.

“you” or “your” means the insured person named in the policy schedule.

Section B_

Cover

Part 1 – If you have Life cover

Part 1 of the policy applies only if it is noted as applying to you in your policy schedule and you have paid the premium set out in the policy schedule.

What we will pay

In the event that you die during the period of insurance, we will pay to your estate the benefit shown in the policy schedule that is applicable to you, subject to a maximum benefit payable of \$750,000.

When we will not pay your claim

1. Pre-existing injury or illness

We will not pay any claim made during the entire period of insurance for death which is directly or indirectly caused by any illness or injury or other condition relating to your health:

- of which you were aware or for which you received advice or treatment from a registered medical practitioner or other health professional within the 24 months before the commencement of the period of insurance; or
- of which you or a reasonable person in the circumstances, were aware of symptoms for which a reasonable person would have sought medical advice or treatment during the 24 month period prior to the commencement of the period of insurance.

2. Suicide

We will not pay a benefit if your death is as a result of suicide or is caused directly or indirectly by or arises from a deliberately self-inflicted injury.

3. War

We will not pay if your death is caused by or arises from any war, hostilities or warlike operations (whether war be declared or not), rebellion, civil war, revolution, insurrection, military or usurped power, invasion, act of foreign enemy or popular or military uprising.

4. Alcohol or drugs

We will not pay a benefit if your death arises directly or indirectly because you consume or use:

- intoxicating alcohol;
- narcotics; or
- drugs (other than a drug administered by and taken in accordance with the advice of a registered medical practitioner).

5. Criminal activity

We will not pay a benefit if your death arises out of you taking part in a criminal activity.

Continuation option

This policy expires on the day after the third anniversary of the commencement date.

If you have Life and Disability, or Life cover only, we will offer you in writing, no less than 30 days before this policy expires, the option to purchase life cover from us (the “new policy”) without providing further evidence of health, subject to the following conditions:

- your application for the new policy is completed and returned to us, together with the premium required by us, within 30 days of policy expiry;
- the new policy will be subject to the same value of cover last agreed by us under this policy;
- the new policy is based on the terms and conditions which apply to a policy of that type at the time; and
- you have not received a benefit payment of any type under this policy and there is no claim pending.

See also “Conditions of cover” and “Making a claim” on page 12 which apply to this cover.

Part 2 – If you have Disability cover

Part 2 of the policy applies only if it is noted as applying to you in your policy schedule and you have paid the premium set out in the policy schedule.

What we will pay

If you become totally disabled during the period of insurance and your total disablement continues for at least 30 consecutive days, we will pay the disability benefit shown in the policy schedule that is applicable to you.

The disability benefit will accrue from the first day of your total disablement. The disability benefit is payable monthly in arrears.

For example, if you are totally disabled for 45 days, we will pay you 45 days of disability benefit.

This disability payment will continue for as long as you are totally disabled, up to a maximum period of 12 months in total, no matter how many times you become totally disabled during the period of insurance.

When we will not pay your claim

1. Medical advice

We will not pay if you do not obtain or follow the advice of a registered medical practitioner. We may require you to undertake a medical examination or examinations from a registered medical practitioner of our choice.

2. Pre-existing injury or illness

We will not pay any claim made during the entire period of insurance for a disability which is directly or indirectly caused by any illness or injury or other condition relating to your health:

- of which you were aware or for which you received advice or treatment from a registered medical practitioner or other health professional within the 24 months before the commencement of the period of insurance; or
- of which you or a reasonable person in the circumstances, were aware of symptoms for which a reasonable person would have sought medical advice or treatment during the 24 month period prior to the commencement of the period of insurance.

3. Alcohol or drugs

We will not pay a benefit if your total disability arises directly or indirectly because you consume or use:

- intoxicating alcohol;
- narcotics; or
- drugs (other than a drug administered by and taken in accordance with the advice of a registered medical practitioner).

4. Riot and civil commotion

We will not pay a benefit if your total disability arises out of you taking part in a riot, civil commotion, strike or lockout.

5. Criminal activity

We will not pay a benefit if your total disability arises out of you taking part in a criminal activity.

6. War

We will not pay a benefit if your total disability is caused by or arises from any war, hostilities or warlike operations (whether war be declared or not), rebellion, civil war, revolution, insurrection, military or usurped power, invasion, act of foreign enemy or popular or military uprising.

7. Self-inflicted injury

We will not pay a benefit if your total disability is caused directly or indirectly by or arises from a deliberately self-inflicted injury.

8. Waiting period

We will not pay a benefit if the duration of your total disability is less than the waiting period (30 days).

9. Mental condition

We will not pay a benefit if your total disability arises directly or indirectly as a result of any mental health disorder, including anxiety disorders, depression, stress, adjustment disorders, eating disorders, emotional or behavioural disorders, disorders related to fatigue including chronic fatigue syndrome, drug or alcohol abuse, personality disorders, psychosomatic disorders, or any treatment complications.

Non-renewable

This is not renewable insurance cover, and the period of insurance will cease the day after the third anniversary of the commencement date.

After the expiry of the Disability cover, you have the option to submit a new application to us. A new policy will be issued to you, provided that you satisfy the eligibility requirements in place at that time.

See also “Conditions of cover” and “Making a claim” on page 12 which apply to this cover.

Section B_

Cover

Conditions of cover

Changes to your policy

No part of your policy may be changed unless we agree to the changes in writing.

Cooling off and cancellation rights under the policy

- In addition to your cooling off rights, you may cancel the policy or any part of the policy at any time by notifying us in writing.
- We have the right to cancel or avoid the policy where permitted by law:
 - if you have failed to comply with your Duty of Disclosure;
 - where you have made a misrepresentation to us during negotiations prior to the issue of the policy;
 - where you have failed to comply with a provision of your policy, including the term relating to payment of premium; or
 - where you have made a fraudulent claim under your policy.
- For upfront 3-year premium if you or we cancel the policy after the cooling off period, we shall refund a proportion of the premium actually paid by you which is referable to the unexpired period of cover less reasonable costs related to the acquisition and termination of the policy and any government taxes or duties that we cannot recover.

When your cover ends

Unless we agree otherwise, your cover will end at the earliest of the following dates:

- the date the policy expires or is cancelled by you or us;
- the day after the third anniversary of the commencement date; or
- the date we pay the benefit under Part 1.

In addition, if you have Disability cover all claim payments under Part 2 of the policy will stop (unless we agree otherwise) on the date we have paid the maximum benefit payable under Part 2.

Making a claim

What must be done to make a life claim

- The legal personal representative of your estate must apply in writing to us as soon as practicable after your death. This application must be in the form which we require.
- The legal personal representative of your estate can obtain a claim form by contacting us.
- Proof, at the expense of your estate and in a form satisfactory to us, must be provided to us in order to establish to our reasonable satisfaction your identity, the fact and cause of your death.

What must be done to make a disability claim

- You must tell us in writing as soon as you are reasonably able to after you become totally disabled.
- In support of your claim, you must give us any medical information (including medical certificates) which we may reasonably ask you to give us, at your own cost, and remain under the care of and following the advice of a registered medical practitioner.
- We may ask you to have a medical examination relating to a claim. If so, you must give us reasonable assistance in doing so. We will pay the cost of any examination we ask you to have.

Please contact us on the number shown on the back cover of this PDS for further information or a copy of our claim form.

Provision of information

When you make a claim, you must give us all evidence and information we ask for relating to the claim and the circumstances surrounding it. You must also answer any questions we ask you truthfully and fully and give us any other evidence and information that we may reasonably require.

Section C_

Other information

Your Duty of Disclosure

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your cover.

The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary or replace your policy. We set out these two duties below.

You must also tell us if any details given change after you submitted and completed your application up until the time you pay the premium.

Your Duty of Disclosure when you enter into the policy with us

You will be asked various questions when you first apply for the policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to know.

Your Duty of Disclosure when you vary or replace your policy

When you vary or replace the policy, your duty is to tell us, before the variation or replacement is made, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

What you do not need to tell us for either duty

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

What happens if you do not comply with the Duty of Disclosure

If you have not disclosed all relevant matters to us and we would not have entered into the contract of insurance on any terms had we known about those matters, we may avoid the policy from commencement within 3 years of entering into it. If your non-disclosure is fraudulent, we can avoid the contract at any time. If we avoid the contract, this means that we can treat your policy as if it never existed and pay nothing.

Alternatively, we may decide to reduce the sum insured for your cover to an amount we would have been prepared to cover for the premium amount paid, had you disclosed all the relevant facts to us.

Section C_ Other information

Privacy Act 1988 – Information

We collect your personal information directly from you where reasonably practicable or if not, from other sources. We collect it to provide our various services and products (e.g. to market, arrange and administer insurance and to handle and settle claims) and to conduct market or customer research. We also use it to develop, identify and inform you of services of our related companies and alliance partners that may interest you. You can opt out of this by calling us on the number on the back cover of this PDS. If you do not provide the information we require, we may not be able to provide you with this service.

We disclose information to third parties who assist us in the above (e.g. insurers, insurance intermediaries, insurance reference bureaus, related companies, our advisers, persons involved in claims, external claims data collectors and verifiers, your agents and other persons where required by law). We prohibit them from using it for purposes other than those we supplied it for. Where you provide us with information about another person for the above purposes, you must tell us if you don't have their consent to this. If you wish to gain access to your personal information (including to correct or update it), have a complaint about a breach of your privacy or you have any query on how your personal information is collected or used, or any other query relating to Privacy, contact us.

Agent arrangements and agent's fee

Unless you have arranged this insurance directly with us, this insurance has been arranged by an intermediary acting as our agent.

Where this policy has been arranged through an intermediary, the intermediary is paid a commission by us for its introduction of customers and for the provision of services in relation to this insurance.

Our agents are not authorised to provide any personal advice to you on whether this product is appropriate for your specific needs.

Phoning for assistance and confirmation of cover

If you need to confirm any policy transaction or clarify any of the information contained in this document or if you have any other queries, please use the contact details on the back cover of this PDS, to get in touch with us.

Lifestyle_ Protection Plan Application Form

Important information you should know

Read the Product Disclosure Statement (PDS)

Before you sign this application form you should read the Product Disclosure Statement. It contains important information that will help you understand this product and the information provided below so you can decide whether it is appropriate for your circumstances, objectives and needs.

Lifestyle Protection Plan is not compulsory, nor is it a condition of any credit arrangement. You may take out similar insurance with an insurer of your choice.

About the Insurers

The insurers of the Lifestyle Protection Plan are Allianz Australia Life Insurance Limited AFS Licence No. 296559 ABN 27 076 033 782 of 2 Market Street, Sydney, NSW 2000 (Allianz) and TOWER Australia Limited AFS Licence No. 237848, ABN 70 050 109 450 of 80 Alfred Street, Milsons Point, NSW 2061 (TOWER). Each is responsible for 50% of the total cover provided under the insurance.

Your Duty of Disclosure

Before you enter into this insurance with Allianz and TOWER (hereafter “we”, “us” and “our”) the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your cover.

The Act imposes a different duty the first time you enter into the insurance with us to that which applies when you vary or replace your insurance. When you first buy the insurance you must give us honest and complete answers to any questions we ask. You must also tell us if any details given change after you submitted and completed your application up until the time you pay the premium.

Once completed please fax this form to 1300 783 525.

Brought to you by



LIP_002_V001
7 May 2007

Lifestyle_15

Application Number

63 - L7

- LPP

Personal details

Mr Mrs Miss Ms Other

Family name

First name

Date of birth / / Gender M F

Telephone ()

Postal address

Postcode

Main occupation

Monthly income (before tax but after business expenses) \$

Does your main occupation require you to perform manual duties for more than 10% of your time No Yes

Have you smoked tobacco or any other substance in the last 12 months? No Yes

Eligibility

The following sets out the eligibility criteria. If you are not eligible you will not be entitled to the relevant cover, even if you send in the application and pay the premium.

To be eligible for both Life and Disability cover, you must be a permanent Australian resident and be at least 16 years of age and over but not have turned 55 years of age at the commencement of the insurance.

A permanent Australian Resident is a citizen of Australia or New Zealand or a holder of an Australian permanent residency visa who is permanently residing within the territorial boundaries of Australia.

Question 1.

Within the last five years, have you been affected by, or sought or received medical advice or treatment from a doctor or other health professional for conditions relating to any of the following?

- a. Cancer, leukaemia or melanoma (other skin cancers do not affect your eligibility to apply)
b. Heart or cardiovascular disease, stroke or circulatory disease (high blood pressure does not affect your eligibility to apply).
c. Multiple sclerosis, muscular dystrophy, motor neurone disease, Huntington's disease or Parkinson's disease
d. HIV/AIDS
e. Insulin dependent diabetes

No Yes

Question 2.

Have you ever been declined accident, sickness, disability or life insurance, or been issued such insurance which has been deferred, modified, cancelled, refused on renewal or accepted on special terms due to medical reasons or physical impairment (e.g. premium increased from standard rates)?

No Yes

If you have answered "Yes" to Questions 1 or 2, then you are NOT ELIGIBLE for either Life or Disability cover.

You only need to complete Question 3 if you wish to apply for Disability cover.

You must be in paid employment on a permanent basis in an occupation (this includes self-employment) for a period of 15 hours or more per week to be eligible for Disability cover.

Question 3.

Does your main occupation require you to perform any of the following duties for more than 10% of your work time?

- a. Working underground, underwater, offshore or in the air
b. Handling or transporting firearms, ammunition, explosives, nuclear materials or waste, iodising radiation or asbestos
c. Working at heights over 15 metres
d. Being a member of the Defence Force (excludes civilian jobs and reserves)
e. Fire fighting or search and rescue operations
f. Being a professional sportsperson

No Yes

If you have answered "Yes" to Question 3, then you are NOT ELIGIBLE for Disability cover.

Selection of cover

The minimum sums insured available are \$100,000 for Life cover and \$1,000 per month for Disability cover.

The maximum sums insured available are \$750,000 for Life cover and \$5,000 per month for Disability cover.

For Disability cover, if you select cover greater than \$3,000, this level of cover cannot exceed 75% of your current monthly income at the time of application.

Please select an amount of cover:

Life \$
Disability \$ per month

Please select one payment option only:

upfront (3-year premium) monthly

Life premium \$

Disability premium \$

Total premium \$

Payment method

You have the option of selecting one of the 3 payment methods below.

	Upfront (3-year premium)	Monthly
1. Credit Card	✓	✓
2. Direct Debit	X	✓
3. Disbursement	✓	X

Credit card payment

Credit card payment is available for upfront 3-year or monthly premium.

upfront 3-year premium monthly

Please debit my:

Visa MasterCard

Credit card number _____

Expiry date / / _____

Cardholder's name _____

Date payment to be processed / first payment / / _____
(must be within the next 90 days)

This should be the date you want your policy to commence.

This authority enables Allianz Australia Insurance Limited* to debit your credit card for the Total Premium outlined under **Selection of cover**.

Cardholder's signature X _____

Date / / _____

Direct debit from savings or cheque account

Direct debit is available for monthly premium only.

Name of account _____

Bank _____

BSB No. Account No. _____

Date payment to be processed / / _____
(must be within the next 90 days)

This should be the date you want your policy to commence.
Funds will be deducted on or after this date. You should ensure your account has sufficient funds on this date. Inadequate funds may result in a fee from your financial institution.

This authority enables Allianz Australia Insurance Limited* to debit your savings/cheque account for the Total Premium outlined under **Selection of cover**.

Account holder's signature X _____

Date / / _____

Payment disbursed as part of my mortgage settlement

Disbursement as part of your mortgage settlement is available for upfront 3-year premium only. Please complete Payment Instruction Form.

* Allianz Australia Insurance Limited completes the administration and collection of premiums for the insurers of the Lifestyle Protection Plan.

Declaration and authority

I hereby declare by signing this Application that I:

- have been given a copy of and read and understood the Lifestyle Protection Plan Product Disclosure Statement (PDS) and Policy Document before completing this Application and in particular understand and consent to my Duty of Disclosure, Cooling Off and Privacy terms as set out in the PDS, and that my Duty of Disclosure continues until my Policy has been accepted or declined in writing.
- meet the eligibility criteria for the covers specified in this Application and understand that if I do not, no insurance is provided.
- understand that no insurance contract is entered into until the insurers have accepted this Application and issued a policy schedule confirming their agreement to enter into the policy.
- understand that no claim will be paid during the entire period of insurance for death or disablement which is directly or indirectly caused by any illness or injury or other condition relating to my health:
 - of which I was aware or received advice or treatment from a registered medical practitioner or other health professional within the 24 months before the commencement of the period of insurance; or
 - of which I or a reasonable person in the circumstances, was aware of symptoms for which a reasonable person would have sought medical advice or treatment during the 24 month period prior to the commencement of the period of insurance.
- have been truthful and accurate in completing this Application and declaration.
- have completed this Application personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.
- have not received any personal advice on whether this product is appropriate for my personal objectives, financial circumstances or needs by the insurers or their representatives. The decision is mine as to whether the insurance is appropriate for my needs.

By signing this Application, I authorise the insurers to:

- obtain from my previous insurer(s) any information you need about my claims and prior history;
- make enquiries from third parties (including medical practitioners) to verify my claims and prior history and other information disclosed or statements made by me;
- collect, store, use and disclose this information in accordance with the Privacy notice in the PDS.

Signed by Applicant X _____

Date / / _____

Broker reference number and/or stamp

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Lifestyle_ Protection Plan Payment Instruction

Application Number
(See Application Form)

63 - L7 - LPP

This form is to be completed if you wish to pay for your Lifestyle Protection Plan for 3 years upfront and by disbursement as part of your mortgage settlement.

Important information

Please contact us on **1300 787 921** if any of the details on this form change, in particular the proposed commencement date.

Total Premium \$ _____

A copy of this Payment Instruction Form must be provided to your conveyancer/solicitor

Conveyancer/Solicitor's name and address

Postcode _____

Conveyancer / Solicitor's
contact phone number () _____

Estimated Settlement Date
(this is the proposed
commencement date of the insurance) / /
(must be within the next 90 days)

Broker reference number and /or stamp

Checklist:

Before faxing this form please check the following:

- All fields within the form have been completed.
- The form has been signed and dated (by both borrowers where there are two).
- A copy of this form has been provided to your conveyancer/solicitor.
- Your broker code is included in the box above.

Once the above is complete, this form must be faxed to **1300 783 525**.

Important conveyancer/solicitor information

Instructions for mortgage settlement to conveyancer/solicitor

This constitutes your authority to include, as part of the monies to be disbursed at settlement, a payment to Allianz* for the Total Premium above. This premium is in respect to a life insurance product.

Full Name of 1st Borrower _____

Signature of 1st Borrower **X** _____

Date / / _____

Full Name of 2nd Borrower _____

Signature of 2nd Borrower **X** _____

Date / / _____

Conveyancer/Solicitor Payment Option

1. Cheque payments, please mail to:

Payee: Allianz Australia Insurance Limited*
Address: Lifestyle Protection Plan
PO Box 9870
Brisbane QLD 4001

Note: Please attach the cheque to a copy of this Payment Instruction Form.

2. Direct credit funds to:

Bank: Westpac Bank
BSB: 032-003
Branch: Cnr Kent & Market Street, Sydney
Account No: 255582
Account Name: Allianz Australia Insurance Limited*
Reference: Application Number (as identified above)

Conveyancer/Solicitor to complete once funds credited

Date credited _____

Amount _____

Deposit reference _____

Initial _____

Please fax this form to **1300 783 525** once the above is completed. If you have any questions, please contact us on **1300 787 921**.

* Allianz Australia Insurance Limited completes the administration and collection of premiums for the insurers of the Lifestyle Protection Plan.

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**For all enquiries
please call us on
1300 203 065.**

The insurers

Allianz Australia Life Insurance Limited

AFS Licence No. 296559

ABN 27 076 033 782 (Allianz),

2 Market Street, Sydney NSW 2000.

TOWER Australia Limited

AFS Licence No. 237848

ABN 70 050 109 450 (TOWER),

80 Alfred Street, Milsons Point NSW 2061.

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