

CommInsure Corporate Insurance Superannuation Trust

ABN 49 968 181 565, R1072457

SFDC Australia Pty Ltd ABN 91 1091 829 89

Member Product Disclosure Statement

Dated: 1 August 2020

Part B: Employee Insurance Guide

This is Part B of the Member Product Disclosure Statement consisting of two parts. It should be read in conjunction with Part A: Features.

This Member Product Disclosure Statement describes the main features of the CCIST to enable comparison with other superannuation funds.

Important Information

To be read in conjunction with Part A: Features

This *Employee Insurance Guide* booklet is Part B of the CommInsure Corporate Insurance Superannuation Trust (CCIST) *Member Product Disclosure Statement* (MPDS). The MPDS has been prepared in two parts:

Part A: Features. Issued 1 August 2020 this Part explains the benefits available, and provides other important information such as fees, tax, and administration procedures.

Part B: *Employee Insurance Guide*. This Part outlines the insurance benefits provided under the SFDC Australia Pty Ltd section of CCIST and a summary of the terms and conditions of the Group Life *Policy*.

While every effort has been made to ensure the information in this MPDS is reliable, the CCIST Trust Deed and the *Policy Document* (the *Policy*) between the *Trustee* and the *Insurer* form the basis of the product. All benefits will be determined in accordance with the Trust Deed and relevant *Policy* conditions. No benefits are payable unless the relevant *Policy* conditions are satisfied.

Parts A and B of this MPDS should be read together as it contains important information about *your* membership in the Fund. The information contained in this MPDS is of a general nature only and does not consider any person's individual objectives, financial situation or needs. Before making any decisions the *Trustee* recommends *insured members* obtain professional financial advice.

Any employer which participates in the CCIST for the benefit of its staff must not give financial product advice to any individual or *employee* unless they hold an appropriate Australian Financial Services Licence.

Every care has been taken with the information provided. However, the *Trustee* reserves the right to correct any error or omission. If there is any discrepancy between this document and the CCIST's Trust Deed, the Trust Deed will be the final authority.

The material relating to the Fund may change between the time *you* read this statement and the day *you* acquire this product. Any alterations to the information in this document that are not materially adverse will be made available to *you* in hard copy free of charge on request by calling the Client Service Line on 1300 926 299 or is located on the *Trustee's* website www.diversa.com.au/Trustee. The *Insurer* has consented to be named in the form and context in which they have been named, and have not withdrawn their consent prior to the printing of this MPDS

The current Annual Report for the CCIST is available on the *Trustee's* website. In addition, The *Trustee* is required to disclose certain *Trustee* and Fund information and documentation on a website. Accordingly, the *Trustee's* website (www.diversa.com.au/Trustee) contains the required information and documentation. The information and documentation includes, but is not limited to, the following: the Trust Deed, the Product Disclosure Statement, the most recent Annual Report and the names of each material outsourced service provider to the Fund.

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Section 1 Insurance cover under the CommInsure Corporate Insurance Superannuation Trust

Certain words or expressions shown in *italics* throughout this MPDS document have meanings set out in Section 2.

The insurance cover available under the *SFDC Australia Pty Ltd (SFDC)* section of the CommInsure Corporate Insurance Superannuation Trust (**CCIST**) is death, *terminal illness* and *total and permanent disablement* (TPD) cover.

All insurance cover is subject to the terms and conditions of the *Policy* between the *Trustee* and The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (**the Insurer**).

1.1 What options are available?

Along with a copy of this PDS, *you* will have received a covering letter from Aon Consulting which details *your* options for cover.

1.1.1 Initial offer

When you commence employment with SFDC you will, subject to meeting the eligibility criteria, become a member of the SFDC section of the CCIST. When you become a member, you will automatically be covered for death, terminal illness and total and permanent disablement cover.

If you do not want to become a member of the CCIST, you may elect to opt-out at any time by advising SFDC in writing.

1.1.2 What if I change my mind?

You can elect to opt-out of insurance in the CCIST at any time by advising SFDC in writing. However, if you choose to re-join at a later date, cover will not be automatic. You will only become a member of the CCIST if you meet the eligibility criteria and the Insurer agrees to provide you with cover, i.e. you meet the underwriting requirements of the Insurer. *You* can also elect to opt-out of cover at any time by advising *SFDC* in writing.

You should consider *your* own circumstances when deciding whether to have cover in the CCIST (for example, whether *SFDC* paying the insurance premiums on *your* behalf – which are treated as concessional contributions as explained in Part A of this MPDS – would exceed *your* concessional cap limit). *You* may wish to seek advice from a licensed financial adviser. The premium rates for *insured basic cover* are shown in Appendix A so that *you* or *your* financial advisor can determine the insurance premium (which counts as a concessional contribution) being made by *SFDC* on *your* behalf.

1.2 What are the insurance benefits?

In the event of a *member's* death, a lump sum benefit is payable to the *member's* dependants and/or legal personal representative, in accordance with the procedure described in Part A of the MPDS.

In the event of a *member's terminal illness*, a benefit being the advance payment of the *member's* death benefit is payable to the *member*.

In the event of a *member* becoming *total and permanently disabled*, a lump sum benefit is payable to the *member*.

The amount of benefit is called the *insured cover* and is made up of the *insured basic cover* applying to the *member*. The amount of *insured cover* is subject to a maximum of:

- \$5 million for death and *terminal illness* cover and
- The lesser of \$3 million or the amount of death *insured cover* relating to the *member* for *total and permanent disablement* cover (if applicable).

1.3 What is the *insured basic cover* amount?

The amount of *insured basic cover* is calculated as follows:

15% of Salary x the number of years of future service to age 65.

However, where a *member* has a salary increase of more than 25% in any one year, acceptance of this increase will only be applied to the *member's* cover if the *Insurer* agrees to it in writing.

1.4 When does cover start?

Insured basic cover starts:

- (a) on the date *you* meet the *eligibility criteria* on or after the *policy commencement date*
- (b) the date the *Insurer* agrees in writing to provide cover.

1.5 When does limited cover apply?

If:

- (a) *insured basic cover* starts or restarts under section 1.4; and
- (b) *you* were not in *active employment* on the date cover started or restarted;

the *insured basic cover* received under the *Policy*, from the date the cover started or restarted to the date *you* are in *active employment* with *SFDC* for 2 consecutive months after the cover last started or restarted, is *limited cover*.

A person will also receive *limited cover* if:

- (c) *insured basic cover* starts or restarts under section 1.4; and
- (d) that *insured basic cover* did not start or restart within 120 days of first becoming an *employee* of the *employer*.

Their cover will also be subject to the restrictions set out in section 1.7.

1.6 When does cover not start?

Insured basic cover does not start if:

- *you* were an *employee* of the *employer* on the day before the *policy commencement date* and were not insured under the *previous policy* on that day;
- *you* were an *employee* of the *former employer* on the day before the *takeover date* and were not insured under the *takeover policy* on that day;
- *you* were previously insured under the *Policy* and that cover ended; or
- *you* left *employment* and received cover under a new individual policy by electing to apply for the continuation option.

1.7 When does cover restart?

If your *insured basic cover* under the *Policy* ended:

- (a) due to *you* no longer being an *employee* of the *employer*, or;
- (b) if *you* were no longer a member of the *fund*; or
- (c) if *you* were employed with *SFDC*, *you* went on leave without pay and any of the *leave without pay requirements* are not satisfied, on the date which leave commenced; or;
- (d) if *you* were insured and employed with *SFDC*, *you* went on leave without pay and all of the *leave without pay requirements* are satisfied, on the date which *you* have continuously been on leave without pay for 24 months after the leave commenced; and
- (e) subsequent to the end of that cover *you* met the *eligibility criteria*;

your insured basic cover under the *Policy* restarts. However, *your insured basic cover* only restarts effective from the date on which *you* first met the *eligibility criteria* after cover ended.

If a, b, c or d above applies to *you*, and your *insured basic cover* ended because *you* were no longer a member of the *fund* (but were still an *employee* of the *employer*), *you* will receive *limited cover* from the date cover restarts. *Limited cover* will apply until the *Insurer* agrees in writing to provide *full cover*.

The *Insurer* will not pay a benefit on *limited cover* under this section 1.7 or 1.5(d) if:

- (a) *your death* is due to suicide which happens within 12 months of the cover starting or restarting, whether or not *you* are sane at the time; or

- (b) *you* suffer from a *terminal illness* or, if applicable, *total and permanent disablement* which is due to intentional self-inflicted injury or infection or attempt at suicide, whether or not *you* are sane at the time.

1.8 Only one benefit payable

Except where section 1.9 applies, a benefit is payable only once for a *member* under section 1.2 and the *Insurer* will only pay a benefit for one of the insured events covered by section 1.2, namely the *member's* death or *terminal illness* or, if applicable, *total and permanent disablement*.

1.9 Additional Death Benefit

If:

- (a) a benefit is payable under *total and permanent disablement*;
- (b) *you* die within 12 months of *your total and permanent disablement*; and
- (c) the amount of insured cover for death exceeded *your total and permanent disablement* benefit;

the *Insurer* will pay *you* any excess death benefit that exceeded *your total and permanent disablement* benefit that applied to *you*.

1.10 Is medical evidence required?

Medical evidence is not required for *insured basic cover* which is below the *automatic acceptance limit*. The *automatic acceptance limit* is the lesser of:

- (a) the *insured basic cover* calculated according to the *insured basic cover formula* which applies to the category of *fund* membership to which the person belongs; and
- (b) \$1,500,000

1.11 Cancelling cover

1.11.1 If *you* or *SFDC* applies in writing to cancel *your insured basic cover*, the *Insurer* will cancel that cover in accordance with the application, effective from the date the *Insurer* received the application.

1.12 Interim accident cover

1.12.1 Accidental death or *total and permanent disablement* cover

If *you* apply for cover above the *automatic acceptance limit* or in circumstances where the *automatic acceptance limit* does not apply, or if an application for voluntary cover is made on *your* behalf, interim accident cover applies for the period set out in 1.14.3 below.

Interim accident cover is subject to the same exclusions, limitations, restrictions and claim procedures as apply to *you* under the *Policy*.

In relation to interim accident cover the *Insurer* will pay a benefit if:

- a) *you* die; or
- b) where *total and permanent disablement* cover applies, *you* become *totally and permanently disabled*

as a result of an accident that happens during the interim accident cover period (see 1.13.3). The death or disablement must occur within 120 days of the accident.

Interim accident cover will not apply if the death is due to suicide or self-inflicted injury or infection.

1.12.2 Amount of benefit

The interim accident cover benefit is payable only once for each *member*. The amount is the lesser of:

- (a) the amount of cover applied for; and
- (b) the *maximum accident cover*.

1.12.3 Interim accident cover period

Interim accident cover starts on the date the *Insurer* receives notice of the application for cover and ends on the earliest of:

- (a) the date the application for cover is withdrawn;
- (b) the date the *Insurer* accepts the application for cover;
- (c) the date the application for cover is rejected;
- (d) the date the interim accident cover is cancelled; and
- (e) 120 days from the date the *Insurer* receives the application for cover.

1.13 When does insurance cover under the CCIST stop?

Cover ends on the earliest of the following:

- (a) Subject to section 1.9, the date any benefit becomes payable under the *Policy*;
- (b) when *you* reach the *cover expiry age* (refer to definitions on page 12 for *cover expiry age*);
- (c) when *you* are no longer a *member*;
- (d) when *you* are no longer employed by *SFDC*;
- (e) the date that the *Insurer* agrees with *SFDC* to cancel *your* cover;
- (f) if *you* go on leave without pay and do not meet all the *leave without pay requirements*, the date such leave commences (please refer to '1.20 Does insurance coverage continue if a member is on Leave Without Pay?' section for more details);
- (g) if *you* go on leave without pay and all the *leave without pay requirements* are satisfied, the date *you* have continuously been on leave without pay for 24 months after the leave commenced or, in the case of unpaid parental leave only, the date on which *you* have continuously been on leave without pay for 24 months after the leave commenced;
- (h) the date the *Policy* terminates;

1.14 What is the cost of insurance basic cover?

Premiums for *insured basic cover* are paid for by *SFDC*. *You* are not required to meet the cost of *insured basic cover*. The premium rates for *insured basic cover* are shown at Appendix A so that *you* or *your* financial advisor can determine the insurance premiums which are treated as concessional contributions being made by *SFDC* on *your* behalf.

1.15 If a member leaves employment with SFDC, will they be able to take up a Continuation Option?

When *you* leave *employment* of *SFDC*, *you* may have the option to continue *your* insurance cover for the same type and amount of cover *you* had when *you* left *employment*. The cover is provided under a new individual policy with the *Insurer*, the cost of which is borne directly by *you*.

This option is only available if all of the following criteria are satisfied:

- (a) the *Insurer* receives the application for the continuation option and correct premium payment within 60 days of cover ending under the *CCIST*;
- (b) *you* are no longer an *employee* of *SFDC*;
- (c) *you* were less than 60 years of age at the time the cover ended under the *Policy*;
- (d) if *you* had *limited cover* under the *Policy* under section 1.5, *you* were an *insured member* for a continuous period of at least 2 years when cover ended under the *Policy*;
- (e) *you* were an *employee* of *SFDC* on a *permanent basis* or under an *eligible fixed term contract* and for at least the *minimum hours* when cover ended up the *Policy*;
- (f) no benefit is, or was about to be payable under the *Policy*;
- (g) *you* do not join any armed forces (other than the Australian Armed Forces Reserve) prior to the date the individual policy is issued;
- (h) the *Insurer's* underwriting requirements for occupation, residency and pastimes are met for the individual policy;
 - i) the *Policy* has not ended; and
 - ii) the *Insurer's* minimum policy issue requirements for the individual policy are met.

If *you* meet the requirements detailed above and want to apply for a Continuation Option, *you* should call the Client Service Line on 1300 926 299.

1.16 Does any extended cover apply to membership within the CCIST?

Extended cover will apply if one of the following circumstances occurs:

- (a) If *you* are eligible to exercise the Continuation Option (see 1.18 above) and *you*:
 - i) die; or
 - ii) become *totally and permanently disabled*;

within 60 days of *your* cover ending but before *you* exercised the Continuation Option, a benefit is payable provided such a benefit would have been payable had the cover not ended.

- (b) If *you* are not eligible to exercise the Continuation Option and *you* die or become *totally and permanently disabled* within 60 days of *your* cover ending because *you* are no longer employed by SFDC, a benefit will be payable provided that such a benefit would have been payable had the cover not ended, subject to *you* satisfying the following criteria:
 - i) *you* are less than the *cover expiry age*;
 - ii) the *Policy* has not ended;
 - iii) a benefit is not payable to *you* for *terminal illness* or *total and permanent disablement*;
 - iv) the continuation option has not been exercised; and
 - v) the continuation option does not apply to *you*

The *Insurer* will pay a benefit provided that:

- i) such a benefit would have been payable had *insured cover* not ended; and
- ii) at the time insured cover ended, *you* were no longer an *employee* of *SFDC*.

The amount of the extended cover benefit payable (where either circumstance (a) or (b) above occurs) is the same amount of cover that was in place at the time cover would have ordinarily ceased.

1.17 Does insurance coverage continue while a member is on Leave Without Pay?

If a *member* takes leave without pay, cover under the *Policy* will continue for up to 24 months or the date the leave ceases, provided the following are satisfied:

- (a) *you* are employed on a *permanent basis* immediately before *you* go on leave;
- (b) *SFDC* approves the period of leave in writing, before the leave commences; and
- (c) the premium for *your* cover continues to be paid.

1.18 Insurance coverage outside Australia

Cover applies outside Australia up to the date which is 13 weeks after the end of the *guarantee period*. Further cover is not available unless the *Insurer* agrees to provide such cover to *you* before *you* leaves Australia.

The *Insurer* may apply a premium loading, exclusion, or special condition to *your* cover. *You* may be required to return to Australia for medical assessment in the case of a *terminal illness* or *total and permanent disablement* claim. Payment of any *terminal illness* or *total and permanent disablement* benefit is conditional on the insured *member* returning to Australia for such an assessment.

1.19 War

No benefit is payable in the event of death, *terminal illness* or *total and permanent disability* which is caused directly or indirectly by *war*. However, this does not exclude the payment of a death benefit for *you* if *you* die while on *war service*.

1.20 Pandemic Illness

No benefit is payable if:

- (a) death is caused directly or indirectly by a *pandemic illness* or any other condition which is directly or indirectly caused by, or related to, the *pandemic illness*; and
- (b) the death occurs within 30 days of *your* cover for death:
 - (i) starting;
 - (ii) restarting; or
 - (iii) increasing with *our* written acceptance (but only the increased benefit is not payable).

Pandemic illness means an illness in respect of which a pandemic alert, advisory, notification, declaration or other similar publication is issued by:

- (c) the Australian Government (including a relevant Australian Government department, authority, minister or officer); or
- (d) the World Health Organisation.

1.21 Making a claim

You must provide any evidence that the *Insurer* reasonably considers is necessary for the *Insurer* to assess *your* claim. This evidence includes any reports from *medical practitioners* that have treated *you*.

The *Insurer* may require *you* to undergo medical examinations and tests it reasonably considers to be necessary to assess *your* claim and will pay the *medical practitioner's* fees and the costs of any tests or procedures that *you* undergo at the *Insurer's* request.

Typically, if *your* claim is admitted, any benefit payable will be paid by the *Insurer* to *us* on *your* behalf.

1.22 Anti-money laundering and counter-terrorism financing (AML/CTF) legislation

As part of the *Trustee's* responsibility under AML/CTF laws, the *Trustee, our* associates or service providers to the CCIST may require verification of a *member's* identity. Examples of what *we* may ask *members* to produce include a certified copy of a passport, together with evidence of address and date of birth.

We reserve the right to request whatever information *we* believe is necessary to verify a *member's* identity before any insurance cover is accepted and/or any benefits are paid. *We* may refuse an application to join the CCIST until the identity of the *member* has been verified.

The anti-money laundering laws also impose certain reporting requirements on *us*. *We* reserve the right to report to any reporting body authorised to accept reports under the law, any transaction or activity, proposed transaction or activity, in relation to contributions or redemptions, with or without the *member's* consent.

Section 2 Definitions

active employment

The person:

- (a) is employed by *SFDC* to carry out identifiable duties;
- (b) is actually performing those duties; and
- (c) in the *Insurer's* opinion, is not restricted by illness or injury from being capable of performing those duties on a *full time basis* and the duties of his or her normal occupation on a *full time basis* (even if not then working on a *full time basis*).

A *full time basis* means at least 35 hours per week.

automatic acceptance limit

This is the amount of *insured basic cover* (including *limited cover*) that applies for a person without the *Insurer* requiring medical evidence and giving you written acceptance of that *insured basic cover*.

It is the lesser of:

- (a) the *insured basic cover* calculated according to the *insured basic cover* formula which applies to the category of membership to which the person belongs; and
- (b) the *automatic acceptance limit*, which is \$1,500,000.

cover expiry age

Death, *Terminal illness* and *Total and permanent disablement cover*: Date the *member* attains age 65.

date of disablement

Means the later of:

- (a) the date on which a *medical practitioner* examines the person and certifies in writing that the person suffers from the illness or injury that is the principal cause of the *total and permanent disablement* for which a claim is made; and
- (b) the date the person ceases all work.

However:

- (i) if the definition of *total and permanent disablement* for which a claim is made is that set out under paragraph (a) of the definition, *date of disablement* means the date on which a *medical practitioner* examines the person and certifies in writing that the person suffers from one of the conditions set out in paragraphs (i), (ii) or (iii) of the relevant definition.
- (ii) if a person participates in a rehabilitation program and is incapable of returning to work within 12 months from the date the person commenced his or her absence from work, the *date of disablement* is the date that would have applied if the person had not participated in the rehabilitation program.

The *date of disablement* must occur while the person is insured for *total and permanent disablement* under the *Policy*.

eligibility criteria

The eligibility criteria is as follows:

- (e) the person is an *employee* of the *employer* on a *permanent basis*;
- (f) the person is a member of the *fund*;
- (g) the person's *employer* is paying superannuation contributions on the person's behalf to the *fund* or is accruing a liability to pay superannuation contributions on the person's behalf and subsequently pays those superannuation contributions to the *fund*;
- (h) the person is aged more than 15 years and less than 65 years; and
- (i) the person satisfies such other criteria as we stipulate from time to time.

employee

An *employee* includes a person who satisfies both of the following paragraphs (a) and (b):

- (a) the person is an *employee* under the expanded meaning of that term in section 12(3) of the Superannuation Guarantee (Administration) Act 1992 (Cth) (the "SG Act"); and
- (b) the person is a person for whom *SFDC* or, if applicable, a former employer is taking necessary action to avoid or reduce the superannuation charge payable pursuant to the SG Act.

SFDC or, if applicable, *former employer* referred to in paragraph (b) is regarded as:

- the employer of; and
- being in an employer/*employee* relationship with;

the person for whom *SFDC* or *former employer* is, in terms of paragraph (b), taking necessary action to avoid or reduce the superannuation charge payable pursuant to the SG Act.

full cover

Cover which is not *limited cover*.

fund

The CommInsure Corporate Insurance Superannuation Trust ABN 49 968 181 565.

guarantee period

The *guarantee period* is the period where the underlying premium rates are guaranteed by the *Insurer* not to change. The *guarantee period* is 31 January 2018 to 30 January 2021.

insured basic cover

Insured basic cover is the amount of death, *terminal illness* and, if applicable *total and permanent disablement cover* that is provided by the participating employer under the terms of the *Policy* for the *SFDC* section of CCIST.

insured cover

Insured cover for a *member* is the *insured basic cover* plus any *insured voluntary cover* applying to the *member*. It does not include accidental death cover or interim accident cover and is subject to the full terms of the *Policy*.

insured member

A person who is covered under the *Policy*.

insurer

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809.

leave without pay requirements

The *leave without pay requirements* are as follows:

- (a) the *insured member* is employed on a *permanent basis* or under an *eligible fixed term contract* immediately before he or she goes on leave without pay;
- (b) *SFDC* approves the period of leave in writing before the *insured member* goes on leave; and
- (c) the premium for the *insured member's* cover under the *Policy* continues to be paid.

limited cover

The *member* is only covered for death, *terminal illness* and *total permanent disablement* arising from:

- (a) an illness that first becomes apparent; or
- (b) an injury that first occurs;

on or after the date *insured cover* last started or restarted for the *member* under the *Policy*.

maximum accident cover

The *maximum accident cover* is \$1,000,000 less the amount of any cover in force for the *member*.

medical practitioner

A person, acceptable to the *Insurer*, who is registered and practising as a *medical practitioner* in Australia other than:

- (a) the *member*; or

- (b) the *member's* direct family *member*, including a *spouse* or partner, parent, child or sibling; or
- (c) the *member's* business partner, associate, employer or *employee*; or
- (d) a person who practices in the same medical centre or clinic as the *member*.

The *Insurer* may accept a similarly qualified person who is registered and practising as a *medical practitioner* in another country.

member

A person who meets the *eligibility criteria* and who has been accepted by the *Insurer* for cover in the CCIST.

minimum hours

15 hours per week.

SFDC

SFDC Australia Pty Limited
ABN 91 1091 829 89

permanent basis

Being an *employee* of the *employer* under a single and ongoing contract of employment or contract for personal services that:

- (j) is of indefinite duration or is for a fixed term of no less than 12 months;
 - (k) requires the person to perform identifiable duties;
 - (l) requires the person to work a regular number of hours each week; and
 - (m) requires the *employer* to pay superannuation contributions in respect of the person.

Policy

The group life insurance *Policy* K006500 held with the *Insurer*.

terminal illness

An *insured member* is terminally ill if:

- a) two *medical practitioners* have certified that (despite undergoing curative treatments reasonable in the circumstances) the *insured member* suffers from an injury or illness that is likely to result in death within 24 months; and
- b) at least one of the *medical practitioners* is a specialist practicing in an area related to the injury or illness.

We cannot use certifications that are more than 12 months old to assess the claim.

We must be satisfied with this certification, which may require *you* to provide additional documents such as test results. The illness from which the person suffers must occur, and the date of the certification referred to in paragraph (a) must take place, while the person is insured under the policy.

total and permanent disablement (or totally and permanently disabled)

A person is totally and permanently disabled if one of the following applies:

- (a) the person suffers, as a result of illness or injury:
 - (i) the total and permanent loss of the use of two *limbs*;
 - (ii) *blindness* in both eyes; or
 - (iii) the total and permanent loss of the use of one *limb* and *blindness* in one eye;

and in, *our* opinion, on the basis of medical and other evidence satisfactory to *us*, the person is unlikely to ever be able to engage in any occupation whether or not for reward;

where:

- *limb* means the whole hand below the wrist or whole foot below the ankle; and
- *blindness* means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc as certified by an Ophthalmologist.

or

- (b) the person is, as a result of illness or injury, totally unable to perform without the physical assistance of another person any two of the following activities of daily living:
 - dressing – the ability to put on and take off clothing without assistance;

- toileting – the ability to use the toilet, including getting on and off without assistance;
- mobility – the ability to get in and out of bed and a chair without assistance;
- continence – the ability to control bowel and bladder function without assistance;
- feeding – the ability to get food from a plate into the mouth without assistance;

and in *our* opinion, the person is permanently and irreversibly unable to do so for life and we consider, on the basis of medical and other evidence satisfactory to *us*, the person is unlikely to ever be able to engage in any occupation whether or not for reward;

or

(c) all of the following paragraphs (i), (ii), (iii) and (iv) apply to the person:

- (i) the person was, on the *date of disablement*, aged 65 years or less;
- (ii) the person is absent from all work as a result of suffering *cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis* (each as defined in the Schedule of Medical Condition Definitions set out at the end of the *Policy*);
- (iii) we consider, on the basis of medical and other evidence satisfactory to *us*, the person is unlikely ever to be able to engage in any *occupation*, whether or not for reward; and
- (iv) the person is likely to be so disabled for life;

where *occupation* means an occupation that the person can perform, on a full time or part time basis, based on the skills and knowledge the person has acquired through previous education, training or experience.

or

(d) the person:

- (i) was, immediately before the *date of disablement*, an *employee* of the *employer* on a *permanent basis* and for at least the *minimum hours*;
- (ii) was, on the *date of disablement*, aged 65 years or less; and
- (iii) as a result of illness or injury, has been absent from all work for 3 consecutive months from the *date of disablement* and we consider, on the basis of medical and other evidence satisfactory to *us*, the person is unlikely ever to be able to engage in any *occupation*, whether or not for reward;

where *occupation* means an occupation that the person can perform, on a full time or part time basis, based on the skills and knowledge the person has acquired through previous education, training or experience.

war

Includes any act of *war* (whether declared or not), revolution, invasion, rebellion or civil unrest.

war service

Has the same meaning as for the purposes of the Life Insurance Act 1995 (Cth).

we/our/us/Trustee/Diversa Trustees Limited

Diversa Trustees Limited (ABN 49 006 421 638) as trustee of the CommInsure Corporate Insurance Superannuation Trust (ABN 49 968 181 565).

you/your

A *member* or *employee* applying for cover or whom is covered within the CCIST.

Appendix A – Premium Rates

Annual premium rates per \$1,000 of insured benefit (includes stamp duty, excludes frequency loading).

Age next birthday	Death		Death & TPD	
	Male	Female	Male	Female
16	0.18	0.08	0.19	0.09
17	0.23	0.09	0.24	0.09
18	0.27	0.10	0.30	0.11
19	0.31	0.11	0.35	0.13
20	0.33	0.12	0.39	0.15
21	0.36	0.12	0.43	0.16
22	0.37	0.12	0.46	0.15
23	0.37	0.11	0.48	0.15
24	0.37	0.11	0.49	0.15
25	0.37	0.10	0.50	0.15
26	0.36	0.10	0.50	0.16
27	0.34	0.11	0.50	0.17
28	0.33	0.11	0.50	0.18
29	0.33	0.12	0.50	0.19
30	0.31	0.12	0.49	0.21
31	0.31	0.13	0.50	0.23
32	0.30	0.14	0.50	0.25
33	0.30	0.15	0.51	0.27
34	0.30	0.16	0.51	0.30
35	0.30	0.17	0.53	0.33
36	0.30	0.19	0.55	0.37
37	0.31	0.20	0.58	0.42
38	0.33	0.22	0.62	0.46
39	0.34	0.24	0.66	0.52
40	0.36	0.27	0.71	0.59
41	0.38	0.29	0.77	0.66
42	0.40	0.32	0.83	0.74
43	0.43	0.35	0.90	0.84
44	0.46	0.38	0.98	0.93
45	0.49	0.42	1.08	1.03
46	0.53	0.46	1.19	1.15
47	0.58	0.50	1.32	1.27
48	0.63	0.54	1.47	1.41
49	0.70	0.58	1.65	1.55
50	0.78	0.63	1.86	1.71

51	0.87	0.68	2.11	1.87
52	0.97	0.73	2.39	2.05
53	1.08	0.78	2.71	2.25
54	1.21	0.85	3.09	2.48
55	1.36	0.93	3.53	2.75
56	1.52	1.02	4.01	3.07
57	1.70	1.12	4.55	3.45
58	1.90	1.25	5.17	3.90
59	2.13	1.39	5.88	4.42
60	2.39	1.55	6.69	5.01
61	2.70	1.74	7.67	5.70
62	3.05	1.95	8.80	6.47
63	3.45	2.18	10.11	7.36
64	3.92	2.44	11.63	8.35
65	4.44	2.72	13.37	9.45

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Section 3 Forms

CommInsure Corporate Insurance Superannuation Trust

Please write legibly in block letters and use a black or dark blue pen.

1. Binding beneficiary nomination form *
2. Non-binding beneficiary nomination form *

* Only complete one beneficiary nomination form (i.e. do not complete both forms).

Please return the *original* form to:

CCIST
PO Box 1282
ALBURY NSW 2640

Non-Binding Beneficiary Nomination Form for the CommInsure Corporate Insurance Superannuation Trust

Non-binding Nomination of Beneficiary

Date of birth (DD/MM/YYYY): / / **Member number (if known):**

Title: _____ **Surname:** _____ **Given Name/s:** _____ **Employer:** _____

- a) As a *member* of the CommInsure Corporate Insurance Superannuation Trust (CCIST) *you* may nominate who *you* would like to receive *your* benefit on *your* death. Any nomination made will relate to *your* entire benefit within the CCIST. *Your* nomination is not binding on the *Trustee* although the *Trustee* will have regard to any nomination/s made when deciding how *your* death benefit should be paid. *You* may change *your* nomination at any time by notifying *us* in writing.
- b) *You* can only nominate persons who are dependants for the purposes of superannuation law and/or *your* legal personal representative (i.e. executor of *your* estate). A dependant for superannuation law purposes includes *your spouse*, de-facto *spouse*, same-sex *spouse*, children (of any age), a person with whom *you* have an interdependency relationship and any person who is financially dependent upon *you* at the date of death. See Part A of the MPDS at section 1.2.3 for more important information before completing this form.
- c) Nominating beneficiaries may have taxation consequences. See Part A of the MPDS at section 2.2 for more important information before completing this form.

If you wish to nominate your legal personal representative write 'legal personal representative' and leave all other sections blank.

Surname	First Name	Relationship	% of Benefit
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Total: 100%

Declaration

In signing this Application Form:

I acknowledge that I understand the terms of this **non-binding** nomination and have read both Part A (Features) and Part B (*Employee Insurance Guide*) of the Member Product Disclosure Statement (MPDS) of the Commlnsure Corporate Insurance Superannuation Trust and agree to the conditions specified in the MPDS in respect of any benefit I am entitled to as a *member* of the Commlnsure Corporate Insurance Superannuation Trust

Member's signature: _____ **Date of signing (DD/MM/YYYY):** ____/____/____

Please return this form to:
CCIST, PO Box 1282, ALBURY NSW 2640

Binding Beneficiary Nomination Form for the CommInsure Corporate Insurance Superannuation Trust

Binding Nomination of a Beneficiary			
Date of birth (DD/MM/YYYY):		Client ID:	Employer:
Title:	Surname:	Given Name/s:	
<ul style="list-style-type: none"> As a <i>member</i> of CommInsure Corporate Insurance Superannuation Trust (CCIST), <i>you</i> may nominate one or more dependants and/or <i>your</i> legal personal representative to receive <i>your</i> benefit on death. This nomination, so long as it is valid at the date of <i>your</i> death, binds the <i>Trustee</i> (unlike the non-binding nomination). Any nomination made will relate to <i>your</i> entire benefit within the CCIST. <i>You</i> can only nominate persons who are dependants for the purposes of superannuation law and/or <i>your</i> legal personal representative (i.e. executor of <i>your</i> estate). A dependant for superannuation law purposes includes <i>your</i> spouse, de-facto spouse, same-sex spouse, children (of any age), a person with whom <i>you</i> have an interdependency relationship and any person who is financially dependent upon <i>you</i> at the date of death. See Part A of the MPDS at section 1.2.3 for more important information before completing this form. Nominating beneficiaries may have taxation consequences. See Part A of the MPDS at section 2.2 for more information before completing this form. To ensure <i>you</i> nomination is valid, please ensure that the allocation of percentages totals 100% and all relevant sections are completed 			
In the event of my death, I direct the <i>Trustee</i> to pay my death benefit as follows in accordance with this binding nomination: If you wish to nominate your legal personal representative write 'legal personal representative' and leave all other sections blank.			
Beneficiary 1 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
Beneficiary 2 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
Beneficiary 3 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	
Beneficiary 4 Surname:		Given Name/s:	
Postal Address:			
Suburb:		State:	Postcode:
Relationship (<i>Spouse</i> , Child, Financial Dependent, Legal Personal Representative, Interdependent):			
Date of birth (DD/MM/YYYY):	Allocation:	%	

If *you* wish to nominate more than 4 beneficiaries, please contact the Administrator for an additional form.

In giving *your* binding nomination to the *Trustee*, you make the following Declarations:

- I understand that the *Trustee* has discretion as to how my benefit is paid, i.e. Lump Sum or Pension.
- I understand the terms of this nomination and have read the PDS.
- I understand that the binding nomination ceases to have effect 3 years after the date on which I sign this form. In order to remain binding, my nomination must be confirmed within 3 years after the day it was first signed or last confirmed.
- I understand that if the nomination is valid at the time of my death, then the *Trustee* has no power to vary it, regardless of how my personal circumstances and those of my beneficiaries have changed.
- I understand that the splitting of superannuation benefits between *spouses* on separation may impact on the terms of a binding death nomination. I understand that should any beneficiary nominated as a dependant or legal personal representative in this notice not be a dependant or legal personal representative at the time of my death or after I die this will mean the entire nomination is invalid.
- The proportions I have nominated to each dependant or legal personal representative total 100%.
- I understand that I can revoke this nomination or make a new nomination by providing a signed notice to that effect to the *Trustee*, witnessed in the same manner as this form (by two independent witnesses over 18 years of age).
- I understand that this binding nomination is not valid until received by the *Trustee*.
- I understand that if my binding nomination is not valid, the *Trustee* will have the sole discretion to pay my benefits to my dependents and/or to my legal personal representative as specified in the CCIST Trust Deed and Superannuation Law.
- I understand that if I nominate my legal personal representative to receive all or part of my benefit then it will be dealt with in accordance with my will (subject to any claims).

I hereby declare that I have read the above information and the declarations are true and correct to the best of my knowledge.

I acknowledge that I understand the terms of this binding nomination and have read both Part A (Features) and Part B (*Employee Insurance Guide*) of the *Member Product Disclosure Statement (MPDS)* of the CCIST and agree to the conditions specified in the MPDS in respect of any benefit I am entitled to as a *member* of the CCIST

Member's signature:		Date of signing (DD/MM/YYYY):	/ /
Surname:		Given Name/s:	

(Sign in the presence of two independent witnesses - i.e. cannot be a nominated beneficiary - who are over the age of 18)

Independent Witness Declaration (for binding nominations)

This section must be completed by 2 independent witnesses (i.e. the witnesses are not named as a nominated beneficiary) aged 18 or over.

Independent Witness 1

By signing this declaration I declare that I am over 18 years of age and have witnessed the signing of this document by the *member* whose signature appears on this form.

Witness 1's signature:		Date of birth (DD/MM/YYYY):	/ /
Surname:		Given Name/s:	
Date of witnessing (DD/MM/YYYY):	/ /		

Independent Witness 2

By signing this declaration I declare that I am over 18 years of age and have witnessed the signing of this document by the *member* whose signature appears on this form.

Witness 2's signature:		Date of birth (DD/MM/YYYY):	/ /
Surname:		Given Name/s:	
Date of witnessing (DD/MM/YYYY):	/ /		

Please return this form to:
CCIST, PO Box 1282, ALBURY NSW 2640