



Business Loan Protection Insurance

Policy Document
(Product Disclosure Statement)



ALPHERA
Financial Services

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Section A – About this insurance

Welcome

Allianz and Allianz Life utilise local expertise, combined with global experience, to offer a range of highly featured products and services to our customers. As members of the worldwide Allianz Group, we are committed to the continuous improvement of our products and services and strive to achieve this through knowledge transfer within the Group, dedicated technical research units, sharing globally new product developments and a wide range of risk management services. We also aspire to Insurance Industry best practice procedures in all aspects of our business.

Preparation Date: 19/03/2009.

About the insurers

Allianz Australia Insurance Limited is the insurer of the disability cover (see Part 2) and involuntary unemployment cover (see Part 3) and is only responsible for these covers.

Allianz Australia Life Insurance Limited is the insurer of the trauma and death cover (see Part 1) and is only responsible for this cover. Allianz acts as Allianz Life's agent in offering and administering the trauma and death cover.

Full details of the insurers are found on page 16. References to “we”, “our” or “us” only apply to Allianz and Allianz Life for the cover they are responsible for.

What is the purpose of this insurance?

The purpose of this insurance is to pay (up to the maximum policy benefits):

- part of your loan repayments if you are unable to work due to a defined injury or illness (we call this **disability cover**),
- part of your loan repayments if you become involuntarily unemployed (we call this **involuntary unemployment cover**),
- the outstanding balance of your loan if you should die or suffer a defined trauma (we call this **trauma and death cover**). The trauma and death cover does not have a surrender value and does not entitle you to participate in our profits.

This insurance covers you for the period of insurance stated on the policy schedule or until the policy ends (see “When the policy ends” on page 29), whichever happens first. If there is a general increase in the interest rate charged by your financial institution resulting in the term of the loan being extended, the expiry date shown on the policy schedule will be extended by up to 6 months, free of charge.

While the policy is in force you are covered 24 hours a day, 7 days a week, and 365 days a year.

Choice of cover

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

- trauma and death, disability and involuntary unemployment,
- disability and involuntary unemployment,
- trauma and death and disability,
- disability only, or
- trauma and death only.

(See “Applying for cover” on pages 8 to 11 on how to apply).

Benefit payments

We make all benefit payments directly to the financial institution you have your loan agreement with. They are calculated by reference to the amount you owe under the loan agreement to which your policy relates.

Maximum benefits

The maximum policy benefits we pay for the cover(s) you have been provided with, no matter how many people are covered or how many claims are made, are shown in the following table. The information is a basic summary only and does not set out the full details of the benefits.

Cover	Maximum Policy Benefits
Trauma and Death	<p>The maximum benefit is the lesser of the net balance due and payable under the loan agreement at the date of your death or trauma or \$200,000.</p> <p>We only pay one claim under either trauma or death even if there is more than one insured person. Other limitations apply (see Part 1 – Trauma and Death cover).</p>
Disability	<p>We will pay a daily benefit at the rate of one-thirtieth of the minimum monthly repayment amount required under your loan agreement for each day you are totally disabled after the 7 day elimination period up to a maximum monthly amount of \$3,000.</p> <p>Our payment will continue for as long as you are totally disabled or until the policy ends, whichever happens first.</p>

Cover	Maximum Policy Benefits
	<p>The maximum total benefit payable during the entire period of insurance, no matter how many times you become totally disabled and for claims by all insured persons combined, is \$200,000. No amount is paid for the 7 day elimination period. Other limitations apply (see Part 2 – Disability cover).</p>
<p>Involuntary Unemployment</p>	<p>We will pay a daily benefit at the rate of one-thirtieth of the minimum monthly repayment amount required under your loan agreement for each day you are involuntarily unemployed after the 7 day elimination period up to a maximum of \$8,000 per claim.</p> <p>Our payment will continue for as long as you remain involuntarily unemployed up to a maximum period of 120 days or until the policy ends, whichever happens first.</p> <p>The maximum amount payable during the entire period of insurance is \$30,000 for claims by all insured persons combined. No amount is paid for the 7 day elimination period. Other limitations apply (see Part 3 – Involuntary Unemployment cover).</p>

Make sure you understand what is and is not covered

Section B of this document sets out the cover(s) we are able to provide you with. You need to decide if the limits, type and level of cover(s) are appropriate for you and will cover your potential loss. If they are not, you may be underinsured and have to bear part of any loss you are not covered for yourself.

Not everything is covered by this insurance and there are limitations. It is important that you read this document carefully, so that you can understand what we cover and the limitations.

Read “Words with special meanings” (see pages 13 to 16) to ensure you understand what we mean by terms used in relation to the cover we provide. For example “total disablement”, “involuntary unemployment” and “net balance due and payable” are defined terms that affect what we cover you for.

Read each cover part which will tell you the events we can cover. For example:

- your death, trauma, total disability or involuntary unemployment must occur during the period of insurance;
- your total disability and involuntary unemployment must be for longer than the 7 day elimination period; and
- no benefits are payable from the time the policy ends.

Make sure you understand what we specifically exclude. Each cover has specific exclusions that apply to it. For example, we do not cover you for certain pre-existing illnesses or injuries, or for self-inflicted injuries (including suicide). See “When we will not pay” for each cover on pages 18 to 19 (Part 1 – Trauma and Death cover), 20 to 23 (Part 2 – Disability cover) and 24 to 27 (Part 3 – Involuntary Unemployment cover) for full details of the exclusions that apply.

Make sure you comply with the relevant conditions of your policy. If you don't we may refuse to pay or reduce any claim and/or cancel the policy.

For full details of what we do and do not cover please read this document together with your policy schedule once issued.

Applying for cover

Eligibility

You are eligible to apply for this insurance if you:

- are at least 16 years of age at the effective date and not more than 64 years of age during the period of insurance, and
- not be suffering from nor in the past have suffered from, any injury or illness that precludes you from eligibility according to our guidelines, and
- have no knowledge or warning of any proposed or actual termination or decrease in work available to you and are actively employed in a paid permanent occupation for not less than 20 hours per week if you wish to apply for disability cover or involuntary unemployment cover, and
- are not self-employed and are in permanent employment if you wish to apply for involuntary unemployment cover, and
- are applying for a new loan, at least 50% of which will be applied toward business or investment purposes.

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

No medical

You do not need a medical examination to apply for this insurance. All we require is your confirmation that the information and answers given by you in your application are true and accurate.

Not compulsory and free choice of insurer

The purchase of this insurance is not compulsory, nor is it a condition of your loan agreement approval.

You should also be aware that you can arrange similar insurance through different insurers if you wish.

Your premium

We calculate your premium for the insurance you apply for after taking a variety of factors into account. Some of these factors include our costs, the level of cover you select, your loan amount and other information you provide to us when applying for this insurance.

Your premium also includes amounts that take into account our obligation to pay any relevant compulsory government charges, taxes or levies (for example, Stamp Duty and GST where applicable) in relation to your policy. These amounts will be set out separately as part of the total premium payable.

The policy schedule contains the details of the premium and any government charges, taxes or levies.

The application and acceptance process

Before you make a decision and buy this insurance you must:

- read this document to ensure you are eligible and to decide whether the insurance is right for you, and
- answer all questions in your application truthfully and accurately and provide it to the motor vehicle dealer or broker acting as our agent. Please refer to your Duty of Disclosure set out in “Section C – Other important information” on page 32. 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 or we may cancel your policy. If you have told us something which is fraudulent, we may cancel your policy from its commencement.

We enter into a policy with you when you are issued with a policy schedule confirming the applicable cover(s), who is insured, the period of insurance, cover restrictions and other important information. It will be issued by us or the motor vehicle dealer or broker acting as our agent. See “Section B – Your cover” on pages 12 to 31 for details of what makes up your policy with us once issued and the basis on which we insure you.

Any new or replacement policy schedule you may receive from us, detailing changes to your policy or the period of insurance will become the policy schedule.

Non-Renewable

This is non-renewable insurance, and the period of insurance will not continue beyond 6 years. Please be aware that all benefits will cease when the policy ends irrespective of the amount already paid or the date on which you become totally disabled or involuntarily unemployed (see “When the policy ends” on page 29).

Cooling off and cancellation rights

You can cancel your insurance or any of the covers chosen for any reason within 14 days of receiving a policy schedule from us (we call this the cooling off period).

To exercise this right you must return the policy schedule to us, together with a cancellation letter within the above period. We will refund the premium paid in full unless an incident has occurred which may result in a claim.

In addition to cooling off you have cancellation rights (see “Cancellation of the policy” on page 28 for full details of your cancellation rights).

Commission

Our agents receive a commission for arranging this insurance. In arranging this insurance an agent is acting as our agent and not as your agent. The aggregate commission payable to all agents is a percentage of the total premium amount payable, excluding Stamp Duty and government charges.

Section B – Your cover

What the policy consists of

Where we have agreed to cover you (as described in “The application and acceptance process” in Section A on pages 9 to 10), your policy will consist of:

- this printed Product Disclosure Statement and Policy Document, which sets out details of your cover and its limitations; and
- a policy schedule approved by us which sets out who is insured, the cover selected, the period of insurance, the limits of cover and other important information.

You should carefully read and retain this document and your policy schedule. These documents should be read together as they jointly form the contract of insurance between you and us. Any new or replacement policy 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 retain.

Our agreement with you

Where we have agreed to cover you (as described in “The application and acceptance process” in Section A on pages 9 to 10) we will insure you for the cover(s) specified on the policy schedule for the period of insurance on the basis:

- that you have paid, or agreed to pay us the premium for the cover(s) you selected when you applied for this insurance and which the policy schedule indicates are in force,
- of the verbal and/or written information provided by you which you gave having been advised of your Duty of Disclosure either verbally or in writing.

If you failed to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or we may cancel your policy. If you have told us something which is fraudulent, we also have the option of avoiding your policy from the effective date stated on the policy schedule.

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” on page 32.

Words with special meanings

The following words have the meaning set out below when they appear in this document and your policy schedule.

“**cancer**” means the presence and diagnosis of one or more internal malignant cells or tumours, including Leukaemia, Lymphoma and Hodgkin’s Disease, that is confirmed by pathology tests and requires treatment by surgery, radiotherapy, hormone therapy or chemotherapy. Included are any malignant tumours considered too advanced or too serious for specific treatment to be warranted. Excluded are:

- tumours classed as carcinoma in situ, including cervical dysplasia classified CIN 1, CIN 2 or CIN 3, or pre-malignant tumours; or
- tumours treated by endoscopic procedures alone; or
- prostatic or bladder cancers which are historically described as TNM classification T1 (including T1a or T1b) or another equivalent or lesser classification; or
- all hyperkeratosis or basal cell carcinomas of the skin and all squamous cell carcinomas of the skin unless there is evidence they have spread to other organs; or

- Kaposi's Sarcoma or other tumours caused by or associated with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) as defined by the World Health Organization from time to time, or in the absence of any such definition, by any other recognised governmental health organisation selected by us.

“coronary artery by-pass” means coronary artery by-pass grafting surgery performed via a thoracotomy.

“date of your trauma” means the date on which, in our opinion, the trauma has been conclusively diagnosed for the first time.

“effective date” means the effective date shown on the policy schedule.

“elimination period” means the first 7 days of any claim commencing on the first date you are totally disabled or involuntarily unemployed in respect of a claim. We pay no benefits for or during this period.

“financial institution” means the financial institution shown on the policy schedule.

“heart attack” means death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The basis for diagnosis shall include:

- a. new and permanent electrocardiographic (ECG) changes associated with a Myocardial Infarction;
- b. elevation to at least twice the upper normal level of cardiac enzymes consistent with a Myocardial Infarction.

“illness” means illness, sickness or disease which manifests itself during the period of insurance and does not include any injury.

“injury” means bodily injury caused solely by accidental, external and visible means which occurs during the period of insurance and does not include any illness.

“involuntary unemployment” and **“involuntarily unemployed”** means a period during which you are registered and certified as unemployed by Centrelink or such other equivalent Commonwealth Government Authority following a termination of your employment which was not by your choice.

“loan agreement” means the written agreement between you and the financial institution shown on the policy schedule, under which the financial institution provides you the finance upon you making regular specified payments to the financial institution for a specified term.

“major stroke” means any infarction of brain tissue as a result of a cerebrovascular incident that is associated with evidence of neurological dysfunction that causes permanent functional impairment of at least 25% of whole person function, which is confirmed by a consultant neurologist. It excludes any:

- infarction of brain tissue as a result of bodily injury caused by accidental, external and visible means, or
- vascular disease affecting the nerve(s), or
- transient ischaemic attacks, or
- cerebral symptoms due to migraine.

“net balance due and payable” means the amount outstanding under the loan agreement at the date of your death or date of trauma (where trauma and death cover applies) or the date you are totally disabled (where disability cover applies) plus any credit charges accrued for up to 2 months after that date. This amount does not include any arrears in loan repayments in excess of 2 months.

“period of insurance” means the period of time beginning on the effective date shown on the policy schedule and ending on the earlier of the expiry date shown on the policy schedule or the date the policy ends (see “When the policy ends” on page 29). If there is a general increase in the interest rate charged by your

financial institution resulting in the term of the loan being extended, the expiry date shown on the policy schedule will be extended by up to 6 months, free of charge. The period of insurance will not continue beyond 6 years from the effective date.

“permanent employment” means being employed on a regular basis for a period of not less than 20 hours per week for remuneration or reward.

“premium” means the amount paid or payable by you for the cover(s) shown as applicable on the policy schedule.

“registered medical practitioner” means a person who is legally entitled to practice medicine by virtue of appropriate registration with the appropriate authority in the relevant State or Territory in which they are providing the relevant medical advice.

“totally disabled”, “total disability” and “total disablement” means where a registered medical practitioner has advised that you are unable to attend or engage in your usual profession, business or occupation because you have suffered an injury or an illness and where requested by us, this advice has been verified by a registered medical practitioner chosen by us.

“trauma” means cancer, coronary artery bypass surgery, heart attack or major stroke.

“we”, “our” or “us” means:

- Allianz Australia Insurance Limited, AFS Licence No. 234708, ABN 15 000 122 850 in respect of the disability and involuntary unemployment covers under Parts 2 and 3 of the policy,
- Allianz Australia Life Insurance Limited, AFS Licence No. 296559, ABN 27 076 033 782 in respect of the trauma and death cover under Part 1 of the policy.

“you” or “your” means either the insured person, persons or entity named on the policy schedule.

Part 1 – Trauma and Death cover

Part 1 – Trauma and Death cover only applies if the policy schedule shows that it applies and you have paid or agreed to pay the premium set out on the policy schedule for it. Allianz Life is the insurer of this cover. This trauma and death cover forms part of the No. 1 Statutory Fund of Allianz Life and it does not have a surrender value, nor does it entitle you to participate in our profits.

1. What we will pay

Death benefit

If you die during the period of insurance we will pay your financial institution the net balance due and payable by you under your loan agreement as at the date of your death, up to a maximum amount of \$200,000 during the period of insurance.

Trauma benefit

If you are diagnosed during the period of insurance with one of the following traumas:

- cancer,
- coronary artery bypass surgery,
- heart attack, or
- major stroke;

we will pay your financial institution the net balance due and payable by you under your loan agreement as at the date of your trauma, up to a maximum amount of \$200,000 during the period of insurance.

2. When we will not pay

We will not pay:

a. More than one person

more than one claim under this cover in the period of insurance even if the policy is in the name of more than one insured person.

b. Illness during the first 90 days of cover

if the illness which gives rise to the trauma manifests itself during the first 90 days of the period of insurance.

c. Pre-existing injury or illness

for any claim for your trauma or death that is directly or indirectly caused by any injury or illness or other condition relating to your health:

- of which you were aware or received advice or treatment from a registered medical practitioner or health professional for, within the 6 month period before the period of insurance commenced; 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 within the 6 month period before the period of insurance commenced; and
- where you required treatment for the same condition within the 6 month period after the commencement of the period of insurance.

If however, you previously held a policy with us that has been cancelled and we agreed to replace it with this insurance and it would have covered your claim, we will cover you under this insurance and pay the lesser of:

- the relevant benefits payable under this insurance, or
- the benefits that would have been payable under the cancelled policy for the period of insurance provided by that policy.

d. Self-inflicted injury or illness

if your trauma or death is caused directly or indirectly by or arises from a deliberately self-inflicted injury or illness (including suicide or attempted suicide) that occurs within 13 months of the effective date.

e. Criminal activity

if your trauma or death arises out of you taking part in a criminal activity.

f. War

if your trauma or 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 rising.

Other terms and conditions apply to this cover. See “Conditions of cover” on pages 28 to 29 and “How to make a claim” on pages 30 to 31 for the details of these terms and conditions.

Part 2 – Disability cover

Part 2 – Disability cover applies only if the policy schedule shows that it applies and you have paid or agreed to pay the premium set out on the policy schedule for it. Allianz is the insurer of this cover.

1. What we will pay

In the event you become totally disabled during the period of insurance we will pay your financial institution a daily benefit at the rate of one-thirtieth of the minimum monthly repayment amount required under your loan agreement for each day you are totally disabled after the elimination period up to a maximum monthly amount of \$3,000.

Our payment will continue for as long as you are totally disabled or until the policy ends, whichever happens first.

The maximum total benefit we will pay during the period of insurance, no matter how many times you become totally disabled and for claims by all insured persons combined, is \$200,000.

2. When we will not pay

We will not pay:

a. More than one insured

in respect of more than one insured person for the same period of total disablement.

b. Failure to follow medical advice

if you do not obtain or follow the advice of a registered medical practitioner.

c. Pre-existing injury or illness

for any claim for your total disability that is directly or indirectly caused by any injury or illness or other condition relating to your health:

- of which you were aware or received advice or treatment from a registered medical practitioner or health professional for, within the 6 month period before the period of insurance commenced; 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 within the 6 month period before the period of insurance commenced; and
- where you required treatment for the same condition within the 6 month period after the commencement of the period of insurance.

If however, you previously held a policy with us that has been cancelled and we agreed to replace it with this insurance and it would have covered your claim, we will cover you under this insurance and pay the lesser of:

- the relevant benefits payable under this insurance, or
- the benefits that would have been payable under the cancelled policy for the period of insurance provided by that policy.

d. Self-inflicted injury or illness

if your total disablement is caused directly or indirectly by or arises from a deliberately self-inflicted injury or illness (including attempted suicide) that occurs within 13 months of the effective date.

e. Liquor or drugs

if your total disablement arises directly or indirectly because of your consumption or use of:

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

f. Criminal activity

if your total disablement arises out of you taking part in a criminal activity.

g. Riot and civil commotion

if your total disablement arises out of you taking part in a riot, civil commotion, strike or lockout.

h. Professional sports

if your total disablement is caused by professional racing of any kind (other than foot racing), or any form of professional football, boxing or wrestling.

i. War

if your total disablement 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 rising.

j. Nuclear

if your total disablement is caused directly or indirectly by or arises from ionising radiation or contamination by radioactivity from:

- any nuclear fuel or nuclear waste,
- the combustion of nuclear fuel (including any self-sustained process of nuclear fission), or
- nuclear weapons material.

k. Terrorism

if your total disablement arises directly or indirectly out of or in any way connected with:

- a. any act of terrorism arising directly or indirectly out of or in any way connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion; or
- b. any action in controlling, preventing, suppressing, retaliating against, or responding to any act referred to in (a) above.

An act of terrorism includes, but is not limited to, any act, preparation in respect of action or threat of action, designed to:

- a. influence a government or any political division within it for any purpose, and/or
- b. influence or intimidate the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose.

Other terms and conditions apply to this cover. See “Conditions of cover” on pages 28 to 29 and “How to make a claim” on pages 30 to 31 for the details of these terms and conditions.

Part 3 – Involuntary Unemployment cover

Part 3 – Involuntary Unemployment cover applies only if the policy schedule shows that it applies and you have paid or agreed to pay the premium set out on the policy schedule for it. Allianz is the insurer of this cover.

1. What we will pay

In the event you become involuntarily unemployed during the period of insurance we will pay your financial institution, a daily benefit at the rate of one-thirtieth of the minimum monthly repayment amount required under your loan agreement for each day you are involuntarily unemployed after the elimination period up to a maximum of \$8,000 per claim.

Our payment will continue for as long as you remain involuntarily unemployed up to a maximum period of 120 days or until the policy ends, whichever happens first (see “When the policy ends” on page 29).

The maximum amount payable during the entire period of insurance is \$30,000 for claims by all insured persons combined.

2. When we will not pay

We will not pay:

a. More than one person

in respect of more than one insured person for the same period of involuntary unemployment.

b. Permanently or self-employed

if you were not engaged in paid permanent employment or were self-employed immediately before or on the effective date of the period of insurance.

c. 14 days employment prior to claim

if you were not engaged in paid permanent employment for at least 14 consecutive working days immediately prior to any period of involuntary unemployment.

d. Involuntary unemployment during the first 14 days of cover

if you become involuntarily unemployed during the first 14 days of the period of insurance.

e. Involuntary unemployment of which you were aware

if you become involuntarily unemployed and before this contract was entered into you had knowledge or warning of any proposed or actual termination or decrease in work available to you.

f. Seasonal employment

if your involuntary unemployment is caused by the seasonal or irregular nature of your work.

g. Contract employment

if your involuntary unemployment is caused by the end of a non-renewable contract which was limited to a specified work period.

h. Voluntary unemployment

if you voluntarily become unemployed.

i. Injury or illness

if your involuntary unemployment is caused by any bodily injury, illness, sickness or disease.

j. Misconduct

if your involuntary unemployment arises out of misconduct of any kind.

k. Liquor or drugs

if your involuntary unemployment arises directly or indirectly because of your consumption or use of:

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

l. Criminal activity

if your involuntary unemployment arises out of you taking part in a criminal activity.

m. Riot and civil commotion

if your involuntary unemployment arises out of you taking part in a riot, civil commotion, strike or lockout.

n. War

if your involuntary unemployment 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 rising.

o. Nuclear

if your involuntary unemployment is caused directly or indirectly by or arises from ionising radiation or contamination by radioactivity from:

- any nuclear fuel or nuclear waste,
- the combustion of nuclear fuel (including any self-sustained process of nuclear fission), or
- nuclear weapons material.

p. Terrorism

if your involuntary unemployment arises directly or indirectly out of or in any way connected with:

- a. any act of terrorism arising directly or indirectly out of or in any way connected with biological, chemical, radioactive, or nuclear pollution or contamination or explosion; or
- b. any action in controlling, preventing, suppressing, retaliating against, or responding to any act referred to in (a) above.

An act of terrorism includes, but is not limited to, any act, preparation in respect of action or threat of action, designed to:

- a. influence a government or any political division within it for any purpose, and/or
- b. influence or intimidate the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose.

Other terms and conditions apply to this cover. See “Conditions of cover” on pages 28 to 29 and “How to make a claim” on pages 30 to 31 for the details of these terms and conditions.

Conditions of cover

1. Changes to your policy

Nothing in your policy with us may be changed unless we agree to the changes in writing.

2. Cancellation of the policy

- a. In addition to your cooling off rights (see “Cooling off and cancellation rights” on page 10), you may cancel your policy with us or any part of it at any time by notifying us in writing. If the policy has been issued to more than one person each person must sign the notice.
- b. We have the right to cancel your policy with us where permitted by law. For example, we can cancel your policy with us:
 - if you have failed to comply with your Duty of Disclosure, or
 - where you have made a misrepresentation to us during negotiations prior to the issue of the policy, or
 - where you have failed to comply with a provision of your policy, including the term relating to premium payment, or
 - if you have made a fraudulent claim under your policy or under some other contract of insurance that provides cover during the same period of time as your policy.
- c. If you or we cancel the policy after the cooling off period, we may deduct a proportion of the premium for time on risk and reasonable administrative costs related to the acquisition and termination of the policy in accordance with any relevant legislation, together with any government taxes or duties that we cannot recover.

3. When the policy ends

Unless we agree otherwise, the policy will cease to be in force and all future claim payments under the policy will stop at the earliest of:

- a. the expiry date shown on the policy schedule;
- b. the date the policy is cancelled;
- c. the date the loan under the loan agreement is repaid;
- d. the date the loan agreement is cancelled;
- e. the sixth anniversary of the effective date of the period of insurance;
- f. the date your indebtedness under the loan agreement is transferred to someone else;
- g. the date you turn 65 years of age. When this policy insures joint insureds, cover for each individual insured will cease when that person turns 65 years of age;
- h. the date of your trauma or death;
- i. the date you no longer permanently reside in Australia;
- j. the date we pay to your financial institution the lesser of the net balance due and payable by you under the loan agreement or \$200,000.

Each of the above conditions apply only to the extent that the relevant insurer of the cover in question is able to rely on the condition in relation to the cover provided by them.

How to make a claim

1. How to make a death claim

- a. Your financial institution or the legal personal representative of your estate must apply in writing to Allianz (acting as agent of Allianz Life) as soon as practicable after your death. This application must be in our required form.
- b. The legal personal representative of your estate can obtain a claim form by contacting Allianz.
- c. Proof, at the expense of your estate and in a form satisfactory to us, must be provided to us as to your identity, the fact and cause of your death and the existence of the loan agreement.

2. How to make a trauma claim

- a. You must apply in writing to Allianz (acting as agent of Allianz Life) as soon as you are reasonably able to after the date of trauma.
- b. You can obtain a claim form by contacting Allianz.
- c. In support of your claim, you must, at your own expense, give us any medical information or any other evidence (including medical certificates) which we may reasonably ask for.
- d. We may ask you to attend a medical examination relating to a claim. If so, you must reasonably assist us in doing so. We will pay the cost of any examination we ask you to attend.

3. How to make a disability claim

- a. You must tell Allianz about your total disability in writing as soon as you are reasonably able to.
- b. You can obtain a claim form by contacting Allianz.

- c. In support of your claim, you must, at your own expense, give Allianz any medical information (including medical certificates) which we may reasonably ask for.
- d. We may ask you to attend a medical examination relating to a claim. If so, you must reasonably assist us in doing so. We will pay the cost of any examination we ask you to attend.

4. How to make an involuntary unemployment claim

- a. You must tell Allianz about your involuntary unemployment in writing as soon as you are reasonably able to.
- b. You can obtain a claim form by contacting Allianz.
- c. In support of your claim, you must give Allianz any documents or other information (including a certificate of unemployment from Centrelink) which we may reasonably ask for. You must bear the cost of obtaining such documents.

5. Provision of information

When making a claim you or the legal personal representative of your estate must give us all evidence and information we ask for about the claim and the surrounding circumstances. You are also required to answer any questions we ask you truthfully and fully and provide us any other evidence that we may reasonably require.

Section C – Other important information

Your Duty of Disclosure

What you must tell us

We will ask you various questions when you apply for cover. When you answer those questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else that you want to be covered by the policy.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

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 and identify services of our related companies and alliance partners that may interest you (but you can opt out of this by calling the Allianz Direct

Marketing Privacy Service Line on 13 2664 EST 8am-6pm, Monday to Friday or indicate your decision in the appropriate area of the Privacy section of our website at www.allianz.com.au). 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, our agents and other persons where required by law). We also provide this information to financiers and motor vehicle manufacturers if we have relationship or insurance scheme in place with them under which you purchased your policy. 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 haven't got 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 on 13 2664 EST 8am-6pm, Monday to Friday.

Complaints and disputes

We have a complaints resolution process that can be accessed by contacting us. If this process doesn't resolve the matter, we will give you information about how to access our external dispute resolution scheme, the Financial Ombudsman Service Limited (FOS).

FOS is independent, free of charge and binding on us but they will only review disputes that have been through our internal dispute resolution process and are within their terms.

They can be contacted at:
GPO Box 3, Melbourne VIC 3001
Phone 1300 780 808 (National Toll Free)
Fax (03) 9613 6399
www.fos.org.au

General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry.

Allianz keenly supports the standards set out in the Code and they apply to the disability and involuntary unemployment covers it provides.

You can obtain more information on the Code of Practice and how it assists you by contacting us.

General Product Disclosure Statement information

This document is also a Product Disclosure Statement (PDS) under the Corporations Act.

Allianz and Allianz Life both take full responsibility for the content of this document for the purposes of the PDS requirements of the Corporations Act. However, each only insures you for the cover they are responsible for and can only exercise rights under the policy that relate to the cover provided by them.

We may need to update this PDS from time to time if certain changes occur where required and permitted by law. We will issue you with a new PDS or a Supplementary PDS to update the relevant information except in limited cases. Where the information is not something that would be materially adverse from the point of view of a reasonable person considering whether to buy this insurance, we may issue you with notice of this information in other forms or keep an

internal record of such changes (You can get a paper copy free of charge by calling us).

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.

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“Part 2 – Disability cover” and “Part 3 – Involuntary Unemployment cover” are provided by Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 (Allianz).

“Part 1 – Trauma and Death cover” is provided by Allianz Australia Life Insurance Limited AFS Licence No. 296559 ABN 27 076 033 782 (Allianz Life). Allianz acts as Allianz Life’s agent in offering and administering the Part 1 – Trauma and Death cover.

This insurance is issued by Allianz Australia Insurance Limited, AFS Licence No. 234708 ABN 15 000 122 850 (Allianz). In arranging this insurance Alphaera Financial Services, a division of BMW Australia Finance Limited ABN 78 007 101 715 and authorised dealers act as agents of Allianz and not as your agent.

If you need help, ask your Alphaera Dealer,
or ring our Alphaera Insurance Customer
Contact Centre on 1300 80 80 50.