

LIFE INSURANCE PLAN

COMBINED PRODUCT DISCLOSURE STATEMENT
AND FINANCIAL SERVICES GUIDE
ISSUE DATE 24 DECEMBER 2015

LIFE INSURANCE FOR
GREAT AUSTRALIANS



INSURANCELINE

ABOUT THIS DOCUMENT

This document is designed to help you decide whether to buy an InsuranceLine Life Insurance Plan. The document comprises the combined Product Disclosure Statement and Policy Document (PDS), and InsuranceLine Financial Services Guide (FSG). The information contained in this document is general information only and does not take into account your individual objectives or financial situation. Therefore, you should consider how appropriate this insurance is with regard to your objectives, financial situation, and needs before making a decision whether to buy this product.

If you take out a Policy, please keep a copy of this document with your Policy Schedule in a safe place as together with your application they form the contract between TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life Limited) and the Policy Owner. The PDS sets out all of the terms and conditions for the Policy and the Policy Schedule sets out your Policy details and any additional terms and conditions applicable to you. Please read the PDS and the Policy Schedule carefully to understand how your Policy operates and to ensure all of your details in the Policy Schedule are correct. These documents will be required in the event of a claim.

There are risks involved with taking out insurance and you should be aware of these. Please refer to page 20 for more information. From time to time updates about our products which are not materially adverse to you, may be found on the InsuranceLine website at insuranceline.com.au. You can call us on 1300 880 750 if you would like a copy to be sent to you.

In this document, some words and expressions have special meaning. They normally begin with capital letters and their meaning is explained in the Glossary on page 25.

Also in this document, references to you and your mean the Life Insured and/or the Policy Owner as the context requires. References to we, us and our mean TAL Life Limited or TAL Direct Pty Limited ABN 39 084 666 017 AFSL 243260 (TAL Direct) as applicable.

The Policy is subject to and governed by the laws of Australia. The singular includes the plural and vice versa. Words of one gender include the other gender. Headings are only for convenience. Apart from the Glossary, headings do not affect the interpretation of the words of the Policy.

ABOUT THE ISSUER OF THE PDS

TAL Life Limited of Level 16, 363 George Street, Sydney NSW 2000 is the issuer of the life insurance benefits outlined in this document. TAL Life Limited is responsible for the entirety of this PDS.

ABOUT THE DISTRIBUTOR

InsuranceLine, a trading name of TAL Direct, promotes and distributes the product outlined in this document. TAL Direct is responsible for the entirety of the FSG. TAL Direct and TAL Life Limited are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

If you take out a Policy, please keep a copy of this document with your Policy Schedule in a safe place as together with your application they form your contract of insurance.

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WHY LIFE INSURANCE?

We understand that you want your family to be looked after, even if you're no longer around to watch over them. That's why InsuranceLine has made it easier to help secure your family's financial future if you die or become terminally ill. So no matter what the future holds, you've got a financial safety net in place.

Thanks for taking this important step to keep on caring for your family. It's great to know you can continue to help look after the people you love after you've gone. You'll find everything you need to know about InsuranceLine Life Insurance Plan in this easy to understand PDS.

With your Life Insurance sorted, you can get on with being great in so many other ways.

These are the benefits you can expect:

AFFORDABLE COVER

Lower levels of Cover can be taken out for as little as \$4.62 per fortnight, ensuring some level of Cover is available for everyone (see page 8 for a table of premium rates).

SIMPLE APPLICATION

No medical tests required for Australians aged 18-65 and, once accepted, we'll offer you Cover up until age 80.

COVER UP TO \$1,000,000

You can choose Cover right up to \$1,000,000. There are lower premiums for non-smokers and discounts when you insure both partners, and for Cover over \$500,000.

AUTOMATIC PROTECTION AGAINST INFLATION

To ensure your Cover amount is adjusted in line with increasing living costs over the years, we increase your Cover each year in line with the change in the cost of living, or 5%, whichever is higher. This will reflect in an increase in premiums. Of course you can opt out of this and your Cover will remain unaltered (see page 19).

PREMIUM FREEZE

You can freeze the amount you pay in premiums when you need to, for example, to help relieve financial pressures. Your Cover amount will reduce to the level that can be purchased by the premium you're paying (see page 19).

ADVANCE PAYOUT

You'll receive a \$10,000 advance payout on approved claims to help with legal or other unexpected costs (see page 11).

1 | CHOOSING THE RIGHT POLICY

Everyone's lifestyle and circumstances are different, and that's why our Life Insurance Plan is flexible with your choice of Cover amount and how premiums are paid.

The cost of your Policy depends on your age, sex, the amount of Cover you choose, and your health and lifestyle. From here, you can choose the payment option to best suit your needs.

STEP 1. CHOOSE WHO TO COVER & THE AMOUNT OF COVER

We provide cover from \$100,000 up to \$1,000,000 – simply choose the amount that best suits your financial requirements. You can also add your partner or another adult to your Policy. Each of you can have different Cover amounts if required.

When you cover more than one adult, the second Life Insured receives a \$3.50 discount off their Life Insurance Plan premium. If the amount insured is over \$500,000, then you receive a further discount of 25% off the premium for the Cover amount over \$500,000.

Don't forget that if your circumstances change, you have the flexibility to adjust your Cover amount – just give us a call on 1300 880 750.

STEP 2. CHOOSE YOUR PAYMENT OPTION

We understand how important it is for your Life Insurance Plan to fit within your budget. We've made our plans flexible so you can choose how frequently you pay premiums, whether it be fortnightly, monthly or annually.

This gives you the convenience of paying premiums in line with the days you get paid, providing you with more flexibility and control.

Plus, if you pay annually, you'll get one month's Cover free each year!

Fortnightly Rates per \$100,000 Cover

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
18-35	5.54	8.31	4.62	6.46
36	5.54	9.69	4.62	6.46
37	5.54	10.15	4.62	6.46
38	5.54	10.62	4.62	6.46
39	6.00	11.08	4.62	6.46
40	6.00	12.00	4.62	6.92
41	6.46	12.46	5.08	7.85
42	6.92	13.38	5.54	8.31
43	7.38	14.31	6.00	9.23
44	7.85	15.23	6.46	10.15
45	8.31	16.15	6.92	11.08
46	8.77	17.54	7.38	12.00
47	9.69	18.92	7.85	12.92
48	10.62	20.77	8.77	13.85
49	11.54	23.08	9.23	14.77
50	12.92	25.38	10.15	16.15
51	13.85	27.69	11.08	17.08
52	15.69	30.46	12.00	18.46
53	17.54	34.15	12.92	19.85
54	19.85	37.85	13.85	21.23
55	22.15	41.54	15.23	23.08
56	24.92	45.69	16.62	25.38
57	27.69	50.31	18.46	27.69
58	31.38	54.92	20.77	30.46
59	35.54	60.46	23.08	33.23
60	40.62	66.92	25.85	36.46
61	46.62	74.77	29.08	40.62
62	53.08	83.54	32.77	44.77
63	60.46	93.23	36.92	49.38
64	68.77	104.31	41.54	54.46
65	78.46	116.77	46.62	60.00

*Rates over 65 up until 80 are available.

Monthly and annual rates are also available.

After assessing your application, your premiums may increase depending on your health and lifestyle.

Premiums increase each year with age and Cover and continue to age 80. Other ways they can also increase are explained on page 19. Discounts apply for joint policies and on Cover amounts over \$500,000. For more information, please call us.

2 | TAKING OUT COVER

HOW CAN I TAKE OUT A LIFE INSURANCE PLAN?

If you're an Australian Resident aged 18 to 65, you can take out a Life Insurance Plan over the phone or request more information online. Just call 1300 880 750 between 8am and 8pm (AEST), Monday to Friday or go to insuranceline.com.au for more information.

Taking out Life Insurance is quick and easy, and you're covered 24/7, anywhere in the world, up to age 80. You're covered on the spot for all causes of death except suicide in the first 13 months. After signing up, we'll send you some important information such as the Policy Schedule and, if applicable, the details of any special conditions agreed with you when you applied for Cover. Please take a moment to read it and put it in a safe place, so your loved ones can easily find it if they need to.

DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty, to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms.

You have this duty until we agree to provide the insurance.

You have the same duty if you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you don't tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have provided the insurance if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract we may at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides cover on death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided we may at any time, vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

ACCURATE MEDICAL INFORMATION

When taking out your Policy please ensure that all medical information provided is accurate. We are in the business of paying claims, and the more information you provide to us the easier that is for us.

IF I CHANGE MY MIND, AM I ENTITLED TO A REFUND?

We offer a full 30 day money back guarantee (Cooling Off Period), giving you time to go over your Policy, and make sure it's the right one for you. There are no hidden catches – cancel your Policy within 30 days and you'll get a full refund.

If you do cancel your Policy after 30 days, you won't receive your money back. Life Insurance works just like your car and home insurance – it's not a savings plan and has no cash value.

3 | MAKING A CLAIM

HOW DO MY LOVED ONES MAKE A CLAIM IF THEY EVER NEED TO?

A Life Insurance Plan helps take the financial difficulty out of what can be a very stressful time. That's why, if your loved ones need to make a claim, we've kept the process as straightforward as possible:

STEP 1.

Your loved ones can call us on 1300 880 750 and we will send a claim form or go to insuranceline.com.au to download one. The sooner a claim is made, the sooner your loved ones can receive the financial assistance they need.

STEP 2.

Complete the relevant form and return it, together with any requested documents we need to validate the claim. Depending on the claim, we'll let the the person making the claim know of any requirements we need when they call us. For example, we will request birth and death certificates and may require information from a Medical Practitioner.

WHO RECEIVES THE CLAIM PAYOUT?

You can nominate one or more beneficiaries over the age of 18 to receive the claim payout if you were to pass away. Any nomination is binding on us. However, you may revoke or change a nomination at any time. Any nomination, revocation or change in the details of a beneficiary has no effect unless we have issued written confirmation to you. If you do not nominate a beneficiary, the claim will be paid into the Policy Owner's estate. Once the claim is approved we will offer a \$10,000 advance payout of the Benefit Amount to assist in any expenses that may need to be paid to help finalise the estate. Claims are payable in Australian currency for an Australian bank account unless we agree otherwise.

CLAIMS INFORMATION WE WILL NEED AT YOUR EXPENSE

Your loved ones must provide us, at their own expense, with any information and documentation supporting the claim that we reasonably require. We will contact you within a reasonable time of the submission of your claim and inform you of any additional information and/or documentation that we require in order to assess your claim. We will also provide you with the necessary forms in order to obtain this information.

In order to assess your claim, we also require the following:

- proof of age of the Life Insured; and
- a current Policy Schedule.

CLAIM REQUIREMENTS AT OUR EXPENSE

We reserve the right to obtain any additional information that we deem necessary.

Should we request any further information in excess of the initial requirements in order to assess your claim, these requirements will be met at our expense.

MISSTATEMENT OF AGE

If the age of the Life Insured has been understated on the application for this Policy then the Benefit Amount payable in respect of a Life Insured covered under this Policy will be calculated on the basis of the Benefit Amount that the premium would have purchased if it had been calculated on the correct age. If the age of the Life Insured has been overstated we will refund any excess premium paid.

We may also vary the end date of the Policy to what it would have been had the correct date of birth been provided by the Life Insured.

ADDITIONAL CLAIM INFORMATION

We will need the completed claim form as soon as possible after the Life Insured's death or diagnosis of Terminal Illness so that we can assess whether the conditions necessary for a claim have been met. We may not be able to do this effectively if the claim form is delayed.

INFORMATION WE WILL NEED

You or your representative must provide us, at your own expense, with any information and documentation supporting the Terminal Illness or death claim that we reasonably require. We will contact you or your representative within a reasonable time of the submission of your claim and inform you of any additional information and documentation that we require in order to assess your claim.

If additional information and documentation is required this must be provided within 90 days of the Terminal Illness or death of the Life Insured or any other period as agreed in writing between the parties. We may not consider a claim at all if we have not received this information and documentation within 12 months of the Life Insured's Terminal Illness diagnosis or death. We will require proof of age of the Life Insured if it has not already been provided.

DUTY OF DISCLOSURE

Claims may be declined in full or in part and the Policy may be avoided in full or in part where a Life Insured fails to comply with the Duty of Disclosure, as stated on page 9, or makes a misrepresentation while applying for Cover or any alteration in Cover.

FRAUDULENT CLAIMS

We will refer any suspected fraudulent claims or illegal activity to the relevant law enforcement authorities and will, to the extent permissible by law, seek to recover any monies paid, expenses or damages incurred in obtaining such evidence as may be required to protect our rights. We are able to cancel your Policy and no claim will be payable if you make a fraudulent claim.

4 | BENEFIT TERMS AND CONDITIONS

With InsuranceLine, there's no small print or nasty surprises. We encourage our customers to make sure they understand all aspects of their Life Insurance Benefits, so here are a few things you need to know before you take out your Cover.

YOUR POLICY

Your Policy provides benefits based on your application and the declaration you and each Life Insured make as part of the application process. It also comprises:

- the Policy Schedule which sets out your details, details of each Life Insured or Lives Insured, your Benefit Amount, the total amount payable as your first premium and any special conditions or exclusions that apply to your Policy; and
- this combined PDS and Policy Document which contains the terms and conditions of the Life Insurance Plan and explains how the Benefits work.

DEATH BENEFIT

The Life Insured's Death Benefit details are shown in the Policy Schedule. The Benefit Amount can change through Indexation or if you apply to increase or decrease your Cover.

The Death Benefit is payable if a Life Insured dies or is diagnosed as having a Terminal Illness except as otherwise stated in the Policy. If the Benefit Amount is paid in full as a result of diagnosis of Terminal Illness, then no further benefits shall become payable for that Life Insured. All Benefit Amounts will be paid to the Policy Owner or, if a nomination has been made, to the Nominated Benefit Recipient. We will pay your claim once we have received proof acceptable to us of your entitlement to be paid under this Policy. Upon our admission of a claim for the Death Benefit, and to help with legal and other expenses, we may pay \$10,000 as an advance payment. The balance of the Death Benefit will be paid upon a Grant of Probate or Letters of Administration.

MAXIMUM BENEFIT PAYABLE PER LIFE INSURED

If a Life Insured is also covered with any other TAL insurance Cover (except Funeral Insurance, Insurance Plan for Over 55s or Income Protection Insurance) the maximum Benefit Amount that can be paid upon death under all policies is \$1.2 million, plus any Indexation accrued to a maximum of \$2.5 million.

WHAT ISN'T COVERED?

No benefit is payable on the Terminal Illness or death of a Life Insured if either is the direct or indirect result of suicide or an intentional self-inflicted act within 13 months of:

- the Policy Commencement Date;
- the date of any benefit increase, but only in respect to that increase; or
- the date of the latest reinstatement.

Other conditions or exclusions may also apply to your Policy. If so, these are stated on the Policy Schedule.

If a benefit is not paid, we will not refund the premiums you have paid.

WHEN THE BENEFITS ARE INDEXED

Each year your Benefit Amount will increase automatically at your Policy Anniversary to ensure that it keeps pace with rising costs in living. We call this increase Indexation and the rate of increase will be 5% or the Indexation Factor as set out in the Glossary. The Benefit Amount shown in your Policy Schedule will be Indexed if your Policy Schedule shows that Indexation applies.

Indexation is not compulsory so if you do not wish to have your Benefit Amount increase each year, you must write to us with 30 days of receiving your Policy Anniversary letter. If you ask us to Index the Benefit Amount for three successive years, no further Indexation applies for the Policy. In any event, Indexation stops after the Policy Anniversary immediately before the Life Insured turns 70.

The maximum Death Benefit that can result after Indexation is \$2,500,000.

If you apply to increase your Cover beyond any automatic Indexation increases, then you will be asked underwriting questions and may be asked to provide other information that we may require to accept the increase in Cover.

Any increase in Cover (except Indexation increases) will not apply until it is confirmed in writing by us.

NOMINATED BENEFIT RECIPIENT

If you are the sole Life Insured and Policy Owner under this Policy, you can nominate to whom the Death Benefit will be paid on your death. They are called Nominated Benefit Recipients.

Any nomination of benefit recipients under this condition is binding on us once we receive it and send written confirmation of the nomination back to you. However, you can ask us to change or revoke a nomination at any time.

If a nomination is made, details of the Nominated Benefit Recipient/s will be shown in the Policy Schedule. If a change or revocation is made in relation to a nomination, a new Policy Schedule will be issued as confirmation of the change or revocation.

In the event a Nominated Benefit Recipient predeceases the Life Insured, the nomination of that benefit recipient is invalidated.

If there are other surviving Nominated Benefit Recipients then the benefits will be paid to them in accordance with the proportions in your nomination, but with those surviving proportions being scaled up to total 100%.

If there is no surviving Nominated Benefit Recipient, then the Death Benefit will be paid to you, or if you have died, to your legal personal representative or a person we are permitted to pay under the Life Insurance Act 1995.

CAN I MAKE ALTERATIONS TO MY POLICY AFTER IT HAS COMMENCED?

You have the flexibility to make changes to your Policy after it has commenced. For example, you can add an additional person to your Policy who is aged 65 or younger or remove existing ones or change your Cover amount prior to age 65.

Please note these changes may have an impact on your Policy. By adding people to your Policy or increasing your Cover amount, your premiums will go up, however if the Cover you need reduces then your premiums will likely reduce in line with this. We understand that situations can change. If you find yourself having trouble budgeting for your Policy, please call us – we'll go through your options and work out the best way for you to manage your premiums, while still keeping your Cover.

ALTERATIONS AND VARIATIONS

This Policy can only be changed by us in writing. No other person or company including our agent of TAL has the right to change any part of the Policy.

SPECIAL CONDITIONS AND EXCLUSIONS

It is important that you read the Policy Schedule to confirm the details are correct and to note any special conditions or additional exclusions which may apply to this Policy.

WHEN DOES MY COVER END?

Your Cover starts at the Policy Commencement Date and ends in respect of a Life Insured when the earliest of the following events occurs:

- the date your Policy is cancelled;
- the date your Policy lapses due to non payment of the premium;
- when the Benefit Amount is paid in full for that Life Insured; or
- the Cover End Date.

5 | PREMIUMS

The total first year's premium, or the first instalment of that premium, you have to pay is shown in your Policy Schedule. The premium is payable on the premium due dates shown in the Policy Schedule. We will inform you of your premium each year in the Policy Anniversary letter we send you.

WHEN DO YOU HAVE TO PAY?

The premium is payable on the premium due dates shown in the Policy Schedule. You can at any time change the frequency of premium payments.

If you are paying by direct debit, the premium will be deducted from the account that you have authorised us to debit.

Depending on weekends and public holidays, the deduction will be made around the due date.

UNPAID PREMIUMS AND PREMIUM DISHONOURS

If you don't pay the premium when due, or the premium deduction from your account can't be made, then:

- if the unpaid premium was the first premium, then there will be no Cover under the Policy at all; or
- if the unpaid premium was a premium other than the first premium, we will allow 30 days from the due date to make this payment. If we have not received payment by this time, we will send you a notice telling you that we will cancel your Policy if the premium then due is not paid by the date shown in the notice. This date will be at least 28 days from the date of the giving of this notice. If you do not pay the premium by that date, we will cancel the Policy and the insurance Cover stops.

No benefits will be paid if the Policy is cancelled. If however, a benefit is payable after the date the premium is due, but before we cancel the Policy, we will pay the benefit in accordance with Policy conditions after deducting the outstanding premiums.

If your Policy is cancelled, you may apply to us to have it reinstated at any time within one year after the date that the unpaid premium became due. If you do this, we may ask for information about the health, occupation and lifestyle of each Life Insured. We can refuse to reinstate the Policy or we may offer to reinstate the Policy on special terms.

WHAT HAPPENS IF I STOP PAYING?

Your Cover is only valid while premiums are paid when due, so if you stop paying, your Cover will end. As Life Insurance is an insurance Policy, not a savings plan, it works in the same way as other insurance, such as car insurance. If you stop paying or cancel outside of the first 30 days, there will be no refund of any of the money you've paid in premiums.

WILL MY PREMIUMS GO UP?

Your premium rate is not guaranteed, but once your Cover has started you will never be singled out for a premium rate increase. If there is an increase it will be done across the board for all Policy holders to whom the same premium rate table applies and you'll be given 30 days' written notice. Premiums will increase as the Life Insured moves to the next age band or if you increase your Cover amount. Unless you've requested otherwise, your premiums also increase each year to allow for automatic adjustment for inflation for your payout, so whilst you pay more, you're also Covered for more. See Indexation Factor on page 15. If you change your premium from yearly to monthly, your premium will increase because your annual discount will no longer apply.

PREMIUM FREEZE OPTION

At any time after the Policy Commencement Date, you may request a premium freeze, so that neither Indexation or age step premium increases will be applied at subsequent Policy Anniversaries. This generally means that your Benefit Amount will reduce each year. If the premium freeze is applied to your Policy, we will confirm in writing your new Benefit Amount for the year ahead at each Policy Anniversary.

ARE MY PREMIUMS TAX DEDUCTIBLE?

Generally, the premiums paid will not be tax deductible nor will the benefits be assessable for income tax purposes. The taxation information in this Product Disclosure Statement is based on the continuation of present laws and their current interpretation and is a general statement only. For comprehensive advice regarding taxation please contact your registered accountant or the Australian Taxation Office.

REINSTATEMENT

If this Policy lapses it may be reinstated at our sole discretion at any time within one year after the date that the unpaid amount became due, on such terms and conditions as we may require. Outstanding premiums will need to be paid before a Policy can be reinstated.

GOVERNMENT DUTIES

We reserve the right to pass on to you any Government duties, taxes or other charges that are or become payable by us or you in respect of this Policy.

6

IMPORTANT INFORMATION

WHY INSURANCELINE?

InsuranceLine is Australia's number one choice for direct life insurance*. Why? Because above all, we believe that all Australians have the right to be protected and that this peace of mind should not be a luxury, but an affordable part of everyday life.

*Source: Direct Life Insurance 2015, Rice Warner Actuaries' Pty Ltd.

ANY QUESTIONS?

If there's anything we haven't answered for you here, or even if there's anything you're not completely sure about, please don't hesitate to contact us. We'd love to hear from you!

1300 880 750 8am – 8pm (AEST) Monday to Friday
questions@insuranceline.com.au
Reply Paid 62, Carlton South VIC 3053

For legal purposes and quality control, all phone calls are recorded. If you don't want your call recorded, please tell us. In this case, we may ask that your request be put in writing.

STATUTORY FUND

The assets of TAL's Statutory Fund Number 1 will alone be liable for the payment of the benefits under this Policy. You have no rights in the assets of any other TAL Statutory Fund.

RISKS

There are risks involved with taking out insurance that you should be aware of. These include:

- you may not select the right insurance product and Cover level for your needs;
- it is possible to pay more in premiums than the amount you are Covered for;
- if you are replacing another insurance contract, you should consider the terms and conditions of each insurance contract before deciding to make the change; and
- our policies do not contain a savings or investment component, which means that if you cancel your Policy after the 30 day Cooling Off Period, you will not receive any money back.

You should consider if the Policy meets your needs both now and in the future. You may need to seek assistance from a financial adviser to assist you to determine if the terms are consistent with your objectives, financial situation and needs.

DISPUTE RESOLUTION PROCESS

InsuranceLine offers an internal dispute resolution service in relation to any concerns you may have about your Policy, our services or your privacy. If a dispute is not resolved to your satisfaction through our internal dispute resolution service, you may then refer your concern to an external dispute resolution service. These are free of charge to you.

INTERNAL DISPUTE RESOLUTION SERVICE

In the first instance, we hope that our representatives can handle any concern you may have. Please call us on 1300 880 750 or write to us at InsuranceLine, Reply Paid 62, Carlton South VIC 3053 or via email at insuranceline@insuranceline.com.au. If you are not satisfied with our initial response, please ask to speak to the Complaints Officer who will handle your matter personally, or write to our Complaints Officer.

EXTERNAL DISPUTE RESOLUTION SERVICE

In the event that we are unable to resolve your concern, you have the right to contact the Financial Ombudsman Service (FOS) which is an independent complaints resolution body. Call FOS on 1800 367 287 or write to G.P.O Box 3, Melbourne Victoria 3001. FOS is an independent body and its service to you is free. Different terms of reference are applied by FOS depending on whether your complaint relates to a life insurance product or a general insurance product. Please refer to FOS for details.

To use FOS, you must have firstly attempted to use our internal dispute resolution service.

YOUR PRIVACY

Personal and sensitive information is collected from you or about you to enable us to provide our insurance products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance Policy or at claim time when we may need to collect financial and health information about you to process the claim.

If you do not supply the required information to us we may not be able to provide our products and services to you or pay your claim.

OUR PRIVACY POLICY

The way in which we collect, use and disclose your information is described in our Privacy Policy available at www.insuranceline.com.au/Privacy-Policy or is free of charge on request.

Our Privacy Policy contains details about the following:

- the kinds of personal information that we collect and hold;
- how we collect and hold personal information;
- the purposes for which we collect, hold, use and disclose personal information;
- how our customers may access personal information about them which is held by us and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

CONTACTING US ABOUT PRIVACY MATTERS

If you have any questions regarding privacy related matters, about how we manage your information or a complaint relating to privacy please contact us using the contact details below:

Reply Paid 62, Carlton South VIC 3053

1300 880 750

questions@insuranceline.com.au

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know using the communication methods above.

ADDITIONAL INFORMATION ABOUT PRIVACY ISSUES

The website of the Privacy Commissioner which is available at <http://www.oaic.gov.au/> is a useful source of additional information about both the privacy rights of individuals and the privacy laws imposed on organisations such as ours. This website also contains sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology. We take no responsibility for the contents of this Government run website.

ACCESS TO INFORMATION HELD ABOUT YOU

Under the current privacy legislation, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself.

If, for any reason we decline your request to access and/or update your information, we will provide you with details of the reasons. In some circumstances it may be appropriate to provide copies of complex medical information to a treating GP rather than directly to our customer so that the medical terminology can be explained.

There are some limited exemptions where TAL would be unable to provide the personal information that we hold about you and these include the following circumstances:

- If the access would have an unreasonable impact on the privacy of other people; or
- If the access request is frivolous or vexatious; or
- If giving access would be unlawful.

DISCLOSURE OF INFORMATION

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as the reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

DIRECT MARKETING AND OPT OUT

From time to time we and our related entities or business partners may use your personal information for the purpose of marketing our products and services, together with the products and services of third parties that we think may be of interest to you. If you do not want us to use or disclose your personal information for these marketing purposes please contact us on 1300 880 750 or email questions@insuranceline.com.au

CONTACT FROM US

From time to time we may contact you by telephone about your Policy. If you do not want to receive calls from us at all, or would prefer to receive calls at certain times or days, please contact us by calling 1300 880 750 or write to InsuranceLine Reply Paid 62, Carlton South VIC 3053.

7 | GLOSSARY

The Glossary defines expressions used in the Policy.

Australian Resident means an Australian or New Zealand citizen or Australian permanent resident, currently residing in Australia who has received the PDS in Australia.

Benefit Amount means the amount payable on the death or Terminal Illness diagnosis of the Life Insured, subject to the terms of Cover outlined in this document, with any respective increases or Indexation applicable shown in the Policy Schedule.

Cover refers to the circumstances in which a Benefit Amount is payable in accordance with this document. The Cover your Policy provides is shown in your Policy Schedule.

Cover End Date means the Policy Anniversary following the Life Insured's 80th birthday.

Immediate Family Member means a spouse, partner (including a same-sex partner), de facto partner, child, parent and/or sibling of a Life Insured or Policy Owner.

Index, Indexed, Indexation and Indexation Factor means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as published by the Australian Bureau of Statistics or its successors in respect of the 12 month period ending 30 September in each year. If a Consumer Price Index is not published, we will select another similar indication of inflation. A minimum Indexation Factor of 5% will be used to increase benefits when the published Consumer Price Index is below 5%.

Life Insured means a person that we have agreed in writing to insure under this Policy and is named in the Policy Schedule.

Medical Practitioner means a person who is registered as a Medical Practitioner in Australia, other than:

- you or the Life Insured;
- a business partner of you or the Life Insured; or
- an Immediate Family Member of you or the Life Insured.

If practising other than in Australia, the Medical Practitioner must be approved by us and have qualifications equivalent to Australian standards.

NOTE: Chiropractors, physiotherapists and alternative therapy providers are not considered Medical Practitioners unless also registered to practise medicine in Australia.

Nominated Benefit Recipient means the person or persons nominated by you to receive the benefit payments. Any nomination is binding on us. However, you may revoke or change a nomination at any time. Any nomination, revocation or change in the details of a Nominated Benefit Recipient has no effect unless it is in writing and we have issued a written confirmation to you.

Policy means the legal contract between the Policy Owner and us. This document, the application, the personal statements, the Policy Schedule and any special conditions or endorsements make up the Policy.

Policy Anniversary(ies) means each anniversary(ies) of the Policy Commencement Date.

Policy Commencement Date means the date the Policy commences and is shown in the Policy Schedule.

Policy Owner(s) mean the person(s) shown in the Policy Schedule as the person or persons to whom the Policy has been issued.

Policy Schedule means the document containing details of the Policy Owner(s) and the Life or Lives Insured under this Policy.

Your Policy Schedule will be updated by us as a result of:

- any changes you make to your Policy and agreed to by us; and
- any changes made by us in accordance with these Policy conditions, such as Indexation and premium rate changes.

Terminal Illness means an illness or condition where, after having regard to the current treatment or such treatment as the Life Insured may reasonably be expected to receive, the Life Insured is unlikely to survive more than 12 months as confirmed by a registered Medical Practitioner approved by us.

INSURANCELINE DIRECT DEBIT SERVICE AGREEMENT

This Agreement is issued by TAL Life Limited. It sets out the conditions for using direct debit to pay your insurance premiums. Please keep this Agreement in a safe place for future reference.

HOW DIRECT DEBIT WORKS

On the day your premiums are due, we send a request to your financial institution to debit the payment from your nominated account.

It usually takes between one to three days for the funds to be deducted — so make sure you keep enough money in your account during this time. If there are insufficient funds in your account to Cover your premium payment, your bank may charge you a dishonour fee, and your insurance Cover may lapse.

InsuranceLine does not charge a dishonour fee for missed payments, but we may cancel your Cover if your premiums remain unpaid.

WHEN WE DEDUCT YOUR PAYMENTS

Usually we'll deduct your payment on the day it is due. Here are the exceptions:

- **Weekends** — we'll deduct your payment the next business day, usually Monday.
- **National public holidays** (Christmas Day, Boxing Day, New Year's Day, Australia Day, Easter Friday, Easter Monday, and Anzac Day) — we'll deduct your payment the next business day.

For public holidays that do not apply in all States, we'll deduct your payment the day it's due.

OUR PROMISE TO YOU

We promise to:

- Give you at least 14 days' written notice of changes to this Agreement.
- Keep your nominated account information confidential, except where conducting direct debits with your financial institution, or otherwise as required by law.

YOUR COMMITMENT TO US

You agree that:

- You've given us the correct account details (please check a recent account statement to confirm).
- The account you've nominated allows direct debit payments.
- All account holders are party to this Agreement.
- Sufficient funds will be available on the due dates to Cover your direct debit payments.

HOW TO MAKE CHANGES

To make a change to your direct debit arrangement, please contact us on 1300 880 750. Our Customer Care Team can help you with:

- Changing your nominated account details.
- Delaying, stopping or suspending any debits.
- Cancelling the Agreement completely.

We'll need **at least two business days' notice** before your next payment for these changes to take effect.

If you delay, suspend, stop or cancel your direct debit payment, you'll need to make alternative payment arrangements to ensure your insurance Cover can continue.

This Service Agreement is administered by InsuranceLine on behalf of TAL Life Limited.

FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) is provided by TAL Direct Pty Limited ABN 39 084 666 017 (“TAL Direct”). TAL Direct holds an Australian Financial Services Licence 243260 and is related to the insurer TAL Life Limited ABN 70 050 109 450 (“TAL Life”). TAL Direct and TAL Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (“TAL”). TAL Direct is responsible for the content of this FSG and has authorised its distribution. For the purpose of this FSG references to we, us and our mean “TAL Direct.”

PURPOSE OF THIS FINANCIAL SERVICES GUIDE

We are required by law to provide you with this FSG. This document outlines important legal information as required by the Corporations Act 2001. It contains important information about the authorised services we offer, the remuneration received by us, our service providers and our internal and external dispute resolution services. This FSG is designed to assist you in deciding whether to use any of the authorised services.

OUR SERVICES AND WHO WE ACT FOR

TAL Direct is authorised and responsible under its Australian Financial Services Licence to:

- Provide financial product advice about life risk and superannuation products to retail clients;
- Provide general advice only in relation to general insurance products to retail clients;
- Deal in life and general insurance products to retail clients; and
- Arrange superannuation products to retail clients.

When our representatives provide financial product advice, arrange for the insurer to issue policies or renew policies they are acting for TAL Direct. TAL Direct is also authorised to issue and administer policies and pay claims on behalf of certain insurers under an arrangement called a “binder”. These insurers are; for life cover, TAL Life Limited; for Involuntary Unemployment Cover, St Andrew’s Insurance (Australia) Pty Ltd, ABN 89 075 044 656 AFSL 239649 (St Andrew’s) and for Pet Insurance, The Hollard Insurance Company Pty Ltd, ABN 78 090 584 473 AFSL 241436 (Hollard). When TAL Direct does this we will tell you and, in these circumstances, TAL Direct is also acting for the insurer.

The Insurer's registered address is:
TAL Life Limited
Level 16, 363 George Street
Sydney NSW 2000

TAL Direct's address is:
Level 16, 363 George Street
Sydney NSW 2000

St Andrew's address is:
Level 17, 259 Queen Street
Brisbane QLD 4000

Hollard's address is:
Level 12, 465 Victoria Ave
Chatswood NSW 2067

WHO ARE OUR REPRESENTATIVES?

Our representatives have been appointed by TAL Direct to provide a financial service over the telephone. These people have received specialist training to discuss the products we offer.

WHAT DOES GENERAL ADVICE MEAN?

It is important that you understand that we will not provide personal advice or make recommendations about the suitability of the product for you. Therefore, you should carefully review the Product Disclosure Statement "PDS", having regard for your own objectives, financial situation and needs before deciding to purchase.

The PDS sets out the important information you should consider when deciding to acquire a certain product, including the insurer and the benefits, features and associated costs of the product.

You can read the PDS prior to receiving a call from our representative or if you like, you can ask our representative to read it to you.

DISPUTE RESOLUTION PROCESS

InsuranceLine offers a dispute resolution service in relation to any concerns you may have about your Policy, our services or your privacy. Please refer to page 21 for details of the Internal and External Dispute Resolution processes.

DISCLOSURE OF REMUNERATION

When insurance is arranged for you, you will be required to pay a premium and this will be paid to the insurer of the product. The premium includes any commission payable by the insurer for distributing the product so you do not need to pay any extra.

Where Involuntary Unemployment Cover is arranged for you, St Andrew's will pay a commission to TAL of up to 35% of the Involuntary Unemployment component of each premium paid. Currently GST of 10% is applied to amounts paid to TAL.

Where a representative arranges a policy for you over the telephone, that representative may in addition to their salary receive a commission from TAL. The amount of commission is dependent on a number of factors including the number of policies issued and the quality of the representative's conduct.

If we provide you with a financial service you are entitled to request details of this remuneration, and may do so by contacting us on the number specified in this FSG. There may be circumstances where additional commissions, bonuses and non-cash incentives are paid and these will accrue from time to time. These are not an additional cost to you. TAL may also pay referral fees or commissions to people or organisations that refer new customers to us. The referral fee may be paid in the form of an upfront commission fee and/or periodical trail fees. This will be at no additional cost to you. In addition to paying referral fees, TAL may from time to time give other non-cash benefits to referral partners.

PI INSURANCE

TAL Direct is part of TAL and we confirm that TAL retains professional indemnity (PI) insurance to Cover the activities of licensees within TAL, including TAL Direct. This PI Cover is maintained in accordance with the law, is subject to its terms and conditions and provides indemnity up to the sum insured for the activities of the representatives of TAL and TAL Direct.

How to contact us.

Phone: 1300 880 750

Fax: 1800 730 099

Mail: InsuranceLine, Reply Paid 62,
Carlton South VIC 3053

Email: insuranceline@insuranceline.com.au

Web: insuranceline.com.au

1300 880 750 8am – 8pm (AEST) Monday to Friday
questions@insuranceline.com.au
Reply Paid 62, Carlton South VIC 3053
insuranceline.com.au

