

Final Expenses Plan

Combined Product Disclosure Statement
and Financial Services Guide

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Look after your
loved ones with a
Final Expenses Plan

Insuranceline

About this document

This document is designed to help you decide whether to buy an Insuranceline Final Expenses 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 21 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 1800 999 804 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 Final Expenses Insurance?

We know you're always going the extra distance to look after your family. That's why Insuranceline has made it easier for you to care for them no matter what. When the time comes, your loved ones will get a quick payout to help cover any expenses you may have left behind, even your funeral. It's your way of making sure they won't be out of pocket.

Thanks for taking this important step to keep on caring for your family. It's great to know you can leave them without an extra financial worry. You'll find everything you need to know about the Insuranceline Final Expenses Plan in this easy to understand PDS.

With your final expenses 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 \$3.48 per week, ensuring some level of Cover is available for everyone (see page 8).

Up to \$30,000 protection

You choose the level of Cover that suits your budget and needs, a \$15,000 limit will apply for level premiums.

Guaranteed acceptance

If you are a permanent Australian Resident aged 50-75 your acceptance is guaranteed with no medical exams or blood tests (see page 9).

Cover paid out at age 90

If your Policy is in force and up to date at age 90, you pay no more premiums and your Cover amount will be paid to you (see page 17).

Double payout for accidental death

Regardless of the level of Cover chosen, you'll receive double the payout if you suffer an Accidental Death (see page 13).

No risk

If you die within the first 12 or 24 months of any cause of death other than Accidental Death, we'll refund 100% of your premiums paid to date (see pages 8 & 13).

Payout on diagnosis

If you're diagnosed with a Terminal Illness your Cover amount is paid to you immediately (see page 13).

Step 1. Choose who to Cover & the amount of Cover

We provide up to \$30,000 Cover – 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. If either of you die as a result of Accidental Death your Cover amount will be doubled.

When you cover more than one adult, each adult receives a 10% discount off their Final Expenses Plan premium.

Don't forget that if your circumstances change, you have the flexibility to adjust your Cover amount – just give us a call on 1800 999 804.

Step 2. Choose your payment option

We understand how important it is for your Final Expenses insurance Cover to fit within your budget. We've made our policies 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 more flexibility and control.

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

All payments in connection with this Policy must be made in Australian dollars.

To keep your Policy simple, yet flexible, we offer two different kinds of premiums – level or stepped premiums:

- Level premiums are a fixed price premium that stays the same throughout the life of your Policy.
- Stepped premiums start lower and increase each year based on your age. This means that stepped premiums are cheaper than level premiums in the short term, but will rise as you get older.

Below is an example of the same Policy for both level and stepped premium options:

Example age	Male non-smoker		Female non-smoker	
	Level	Stepped	Level	Stepped
50	\$3.82	\$3.57	\$3.70	\$3.48
55	\$5.08	\$4.18	\$4.85	\$4.04
60	\$6.80	\$5.87	\$6.41	\$5.62
65	\$9.58	\$7.91	\$9.08	\$7.56

Example weekly cost of \$5,000 Cover with premiums stepped annually or level, 12 month Accidental Death Period.

Step 3. Choose your Accidental Death Period

For the first 12 or 24 months, depending on your choice, your Final Expenses Plan covers you for Accidental Death only. This period is known as the Accidental Death Period.

If you do pass away from natural causes or illness during this time, we cannot pay your claim but we will fully refund all premiums you have paid to us. After your nominated Accidental Death Period, you're covered for any cause of death, or Terminal Illness.

How can I take out a Final Expenses Plan?

If you're an Australian Resident aged 50 to 75, you can take out Final Expenses Insurance over the phone or request more information online. Just call 1800 999 804 between 8am and 8pm (AEST), Monday to Friday or go to insuranceline.com.au for more information.

Taking out a Final Expenses Plan is quick and easy, and your Cover won't be refused – guaranteed. You'll only need to answer a few easy medical questions to determine how much your Cover will cost.

Even though you must be between 50 and 75 to apply for the Policy, you will be covered until you turn 90 – at which point, we'll pay you the full amount you're covered for.

Duty of disclosure

When applying for insurance, or any increase in Cover, you are bound by law to the duty of disclosure which requires you to answer all of our questions honestly and completely. If you do not answer our questions honestly and completely, we may reduce or refuse to pay a claim or we may cancel all or part of the Policy. We will obtain the necessary medical and/or financial or employment records at the time of any claim to confirm that the statements you make are honest and complete. If they are not, your claim may not be paid and all or part of your Policy may be avoided from inception, which means we will treat all or part of your Policy 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.

What are stepped, five-yearly-stepped and level premiums?

If you choose a Stepped or Five-Yearly-Stepped premium, your premium will be linked directly to your age. Yearly Stepped premiums will increase each year as you get older.

Stepped premiums make your plan more affordable to start but increase as you get older. Five-Yearly-Stepped premiums will remain set for each five year period at a time. Five-Yearly-Stepped premiums enable you to tailor your premiums to your specific personal needs.

If you choose a Level premium, your premium will be set for the duration of your plan. Level premiums can help with budgeting, as you know in advance how much you will be paying.

How do my loved ones make a claim if they ever need to?

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

Step 1.

Call us on 1800 999 804 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 them know what we need when they call us. For example, we will request birth and death certificates or evidence from a Medical Practitioner.

We will need the completed claim form after the Terminal Illness is diagnosed or after the death of the Life Insured 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.

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. If you do not nominate a beneficiary, the claim will be paid into the Policy Owner's estate. For Terminal Illness you receive the benefits payable whether or not you have made a nomination.

Claims information we will need at your expense

You must provide us, at your 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 proof of age of the Life Insured.

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.

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.

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 will be recalculated based on the benefit that the premium would have purchased if the correct age had been provided. If the age of the Life Insured has been overstated we will refund any excess premium paid. Where the terms and conditions of a Benefit Amount vary by the age of the Life Insured, the correct age of the Life Insured, if applicable, will be used to determine whether a Benefit Amount is payable.

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.

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

Benefits

The Benefit Amount details for a Life Insured are shown in the Policy Schedule:

Death Benefit

When a Life Insured, on proof satisfactory to us, dies as a result of an Accidental Death, we will pay double the Benefit Amount in respect of that Life Insured.

If within the Accidental Death Period a Life Insured, on proof satisfactory to us, dies as a result of an Accidental Death we will pay the Benefit Amount in respect of that Life Insured.

If within the Accidental Death Period a Life Insured, on proof satisfactory to us, dies for a reason other than Accidental Death the Benefit Amount will not be paid, however we will pay an amount equal to all premiums paid to the date of death in respect of that Life Insured.

If after the Accidental Death Period, a Life Insured on proof satisfactory to us dies for any reason we will pay the Benefit Amount in respect of that Life Insured.

If two Lives Insured, on proof satisfactory to us, both die as a result of the same accident, we will double the Benefit Amount payable.

If after the Accidental Death Period, on proof satisfactory to us, the Life Insured provides evidence from an appropriately qualified Medical Practitioner at his/her's own expense, that he/she has a Terminal Illness, then we will pay the Benefit Amount in respect of that Life Insured. No further benefits shall then become payable for that Life Insured.

What isn't covered?

During the first 12 or 24 months, depending on your choice, you're covered for Accidental Death only. This period is known as the Accidental Death Period.

If during the Accidental Death Period you die from any cause other than Accidental Death, you will not be covered, however we will refund 100% of your premiums paid.

After the Accidental Death Period you're covered for any cause of death and Terminal Illness.

Accidental Death means a death caused solely by violent, accidental, external and visible means. Accidental Death does not include death by illness or sickness.

Nominated Benefit Recipient

You can nominate one or more persons to receive the benefits payable under this Policy. They are called Nominated Benefit Recipients. Nominated Benefit Recipient can be a Life Insured or a third party. The Nominated Benefit Recipients will be indicated on your Policy Schedule.

In the event that a benefit becomes payable under this Policy due to the death of a Life Insured, the entire proceeds will be paid:

- if the Nominated Benefit Recipient(s) are alive when the Life Insured died: to the Nominated Benefit Recipient(s) in the proportion(s) you have nominated;
- if there was only one Nominated Benefit Recipient, where he/she pre-deceased that Life Insured: in accordance with the Life Insurance Act 1995;
- where, due to Nominated Benefit Recipient(s) pre-deceasing the Life Insured, there is only one surviving Nominated Benefit Recipient: to that surviving Nominated Benefit Recipient;
- where, Nominated Benefit Recipients pre-decease the Life Insured but there are more than one surviving Nominated Benefit Recipients: to those surviving Nominated Benefit Recipients in accordance with the proportions in your nomination, those surviving proportions will be scaled up to total 100% accordingly.
- where no nomination had been made: in accordance with the Life Insurance Act 1995.

For Terminal Illness claims, you will receive the benefits payable whether or not you have made a nomination.

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.

When the benefits are Indexed

Each year, if the Policy Schedule shows that Indexation has been selected, 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. Each year the Benefit Amount will increase by 5% or by the Indexation Factor, whichever is the greater, on each Policy Anniversary. Corresponding increases in premiums will apply, based on the premium rates that apply at that time. If you do not want an increase, tell us within 30 days of the Policy Anniversary immediately and we will reverse the increase.

Can you increase your Cover?

You may apply to increase your Cover prior to the Life Insured's 75th birthday to the lesser of:

- the Cover that you are eligible for; or
- up to \$30,000 plus any Indexation applied.

If you apply to increase your Cover beyond 5% in any one year (inclusive of automatic Indexation increases) you will be asked underwriting questions and may be asked to provide any other information we may require to accept the increase in Cover.

If TAL accepts your application to increase your Cover, an increase in premium will then apply, based on the premium rates that apply at that time. Any increase to the Cover (except Indexation increases) will not apply until it is confirmed in writing by us.

Any increase to the Benefit Amount (except Indexation increases) will not be payable for anything other than Accidental Death unless it has been in place for 12 or 24 months from the date the increase in the Benefit Amount is confirmed in writing by us. During this period, a Benefit will only payable in the event of Accidental Death. You have the option of choosing 12 or 24 months. The period selected by you is known as the Accidental Death Period.

From the Policy Anniversary prior to the Life Insured's 75th birthday Indexation will automatically cease and no further increases will be permitted.

Maximum Benefit per Life Insured

The maximum Benefit that can be paid per Life Insured under all products having the same benefits and conditions is \$40,000 plus any Indexation. This maximum applies unless two Lives Insured, on proof satisfactory to us, both die as a result of the same accident. If this occurs, we will double the Benefit Amount payable.

Can I make alterations to my Policy after it has commenced?

You have the flexibility to make changes to your Policy at any time. For example, you can add additional people to your Policy or remove existing ones or change your Cover amount.

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 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.

Payment of Benefit Amount at age 90

As long as you keep your premiums up to date and pay when due, your Final Expenses Plan is guaranteed to be renewed up until age 90, at which time your Cover amount will be paid to you in full. Cover will also end upon death or Terminal Illness of the Life Insured.

When does my Policy end?

Your Policy starts at the Policy Commencement Date and ends when the earliest of the following events occurs:

- the Life Insured's 90th birthday;
- the death of the Life Insured;
- your Policy is cancelled due to:
 - non-payment of premiums;
 - you making a non-disclosure of misrepresentation at the time of application;
 - you making a fraudulent claim;
- the date we receive a written request from the Policy Owner to cancel the Policy; or
- your Policy is avoided due to you making a non-disclosure or misrepresentation at the time of application.

How are your premiums calculated?

Premiums are calculated separately for each Life Insured and are based on their age, gender, level of Cover, smoking status and any applicable discounts. Once covered, your premiums do not go up just because you get older.

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.

The premium you have to pay in subsequent years is the same as the first year's premium, unless any of the following occur:

- your Benefit Amount is increased in accordance with Indexation – this means your premium will also increase each year;
- your Benefit Amount is otherwise decreased or increased – this means your premium will be altered at that time in accordance with the new Benefit Amount;
- the underlying standard premium rates are ever changed by us or if there are changes in taxes or Government charges that apply to your Policy;
- you change your premium frequency from yearly – your premium will increase because your annual discount will no longer apply; and
- whether you have chosen Stepped, Level or Five-Yearly-Stepped premium options.

We will inform you of your premium each year in your Policy Anniversary letter.

When do you have to pay?

The premium is payable in advance 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.

If you pay premiums yearly, a discount will apply.

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.

Premium end date

Premium payments will cease at age 90, at which time your Benefit Amount will be paid to you and your Policy will cease.

Can we change the standard premium rates?

We cannot change the standard premium rates for your Policy alone, but we can change the standard premium rates or premium calculation factors applying to all Final Expenses Plan policies, or a group of policies under the same table of rates, in the same manner.

A copy of the standard premium rates for the Final Expenses Plan is available on request. If there is any change to these standard premium rates we will notify you in writing at least 30 days before the change becomes effective.

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. 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?

Premiums for the Final Expenses Plan will rise if you add another person to your Policy, increase your level of Cover or select Indexation. In addition, if you have chosen the stepped premium plan, there will be premium increases directly linked to your age.

The underlying premium rates are not guaranteed, but once your Policy has started, you'll never be singled out for a premium increase. Any increase will be applied to all Policy holders to whom the same premium rate table applies, after 30 days written notice.

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 Policy 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.

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.

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.

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!

1800 999 804 8am – 8pm (AEST) Monday to Friday
customerservice@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.

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;
- our Stepped premium Policies do not contain a savings or investment component nor do our Level Premium Policies under \$15,000 at commencement. 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 1800 999 804 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
1800 999 804
customerservice@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 1800 999 804 or email customerservice@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 1800 999 804 or write to Insuranceline Reply Paid 62, Carlton South VIC 3053.

The Glossary defines expressions used in the Policy.

Accidental Death means a death, which is caused solely by violent, accidental, external and visible means, but only if such means occurs after the Commencement Date. It does not include a death caused by illness or sickness.

Accidental Death Period means the period of either 12 or 24 months that the Life Insured is covered for Accidental Death only. The Accidental Death Period starts from the Commencement Date or the date of any requested increase to the Benefit Amount (except for Indexation), in relation to the increased amount only. The Accidental Death Period applying to each Life Insured is stated in your Policy Schedule.

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.

Commencement Date means the date the Policy commences. If a Life Insured is not covered under this Policy at that date, the Commencement Date for that Life Insured is the date we nominate in writing from which they are covered under the Policy.

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.

Index, Indexed and Indexation means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as last published by the Australian Bureau of Statistics or its successors in respect of the 12 month period ending 30 September in each year. If this is not available by 15 November in any year, the percentage increase will be calculated by reference to such other price index as we determine.

Life Insured, Lives Insured means a person or persons whose lives we have agreed in writing to insure under this Policy. Those person or persons accepted initially to be insured under this Policy are shown in the Policy Schedule.

Medical Practitioner means a person who is qualified and registered as a Medical Practitioner, other than:

- you or the Life Insured;
- a business partner of you or the Life Insured; or
- a spouse, partner, de-facto, child, parent or sibling 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 regarded as Medical Practitioners.

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 means each anniversary of the Commencement Date.

Policy Owner means the person/s shown in the Policy Schedule as the person/s to whom the Policy has been issued. Also described as 'you' or 'your'.

Policy Schedule means the document containing details of the Policy Owner and the Life 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 will not survive more than three months.

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 1800 999 804. 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.

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 6, 100 Skyring Terrace
Newstead QLD 4006

Hollard's address is:

Level 12, 465 Victoria Avenue
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 to 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 22 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: 1800 999 804

Fax: 1800 730 099

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

Email: customerservice@insuranceline.com.au

Web: insuranceline.com.au

TALD8125 05/17 ISS8W

1800 999 804 8am – 8pm (AEST) Monday to Friday
customerservice@insuranceline.com.au
Reply Paid 62, Carlton South VIC 3053
insuranceline.com.au

Insuranceline