

FUNERAL INSURANCE ESSENTIALS

COMBINED PRODUCT DISCLOSURE STATEMENT
AND FINANCIAL SERVICES GUIDE
ISSUE DATE 16 FEBRUARY 2015

FUNERAL INSURANCE FOR GREAT AUSTRALIANS



INSURANCELINE

ABOUT THIS DOCUMENT

This document is designed to help you decide whether to buy InsuranceLine Funeral Insurance Essentials. 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 30 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 452 233 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 35.

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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WHAT IS FUNERAL INSURANCE?

A funeral is a chance for friends and family to gather and say goodbye. Yet even the most modest funeral can cost over \$6,000*. Funeral insurance is simply designed to pay out a benefit to help cover funeral expenses in the event of your death. It can help to ensure your loved ones aren't out of pocket after you've gone.

It's important to make sure your loved ones get the financial assistance they need to cover your funeral costs and other expenses. InsuranceLine is committed to providing flexible and affordable funeral insurance cover with Funeral Insurance Essentials. It's basic funeral cover without the bells and whistles whilst still providing the valuable protection offered by a funeral insurance policy.

Funeral Insurance Essentials offers:

PREMIUMS THAT DON'T INCREASE AS YOU GET OLDER

The premium you pay when you first take out your Funeral Insurance Essentials policy will remain level and not increase each year just because you get older, unless changes are made to your policy or we increase premium rates for all policy holders. You can budget as you'll know how much you need to pay (please see page 27 for more information).

COVER UP TO \$15,000

You can choose a Cover Amount up to \$15,000, which Covers you for Accidental Death straight away, and then for all causes of death after 12 months.

COVER FOR OPTIONAL EXTRAS

You have the option to add additional cover to your Policy for additional peace of mind. You are automatically Covered for Accidental Death straight away however you can increase this Cover by adding Extra Accidental Death Cover to your Policy. You can also choose to add Extra Accidental Injury Cover to give you added financial support for certain Accidental Injuries. See page 9 for more information on these Covers.

*Paying for your funeral - moneysmart.gov.au

1 | CHOOSING THE RIGHT POLICY

Everyone's lifestyle and circumstances are different, and that's why Funeral Insurance Essentials is flexible with different payment options and extra benefits to choose from.

The cost of your Policy depends on your age, gender, whether you smoke and the amount of Cover you choose. Australian Residents from the ages 21 to 80 can take out Funeral Insurance Essentials.

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

STEP 1. CHOOSE THE AMOUNT OF COVER

We provide Cover for funeral expenses from \$2,000 up to \$15,000 – simply choose the amount that best suits you. You can also choose to include other people on your Policy.

Don't forget that if your circumstances change, you have the flexibility to adjust the Cover amount – just give us a call on 1800 452 233.

STEP 2. CHOOSE WHETHER YOU'D LIKE TO ADD EXTRA BENEFITS TO YOUR POLICY

What extra benefits can I choose?

Your Funeral Insurance Essentials Policy Covers you for Accidental Death straight away and any cause of death after 12 months. However, if you'd like even more protection, you can increase your Cover by adding extra benefits such as Extra Accidental Death Cover for a higher payout in the event of Accidental Death, and Extra Accidental Injury Cover for financial protection in the case of your serious or permanent injury. If you choose to add extra benefits to your Policy, these extra benefits will be in place (as long as your premiums are up to date) until the Policy Anniversary after you turn 89. Thereafter, your Funeral Insurance Essentials Policy continues for free but you are no longer eligible for these extra benefits (and won't be charged for them after that time).

+ Extra Accidental Death Cover

Your Funeral Insurance Essentials Policy already Covers you for Accidental Death the minute your application is accepted.

However, if you'd like to be Covered for even more, you can take out up to \$50,000 Extra Accidental Death Cover. We'll pay out the claim if the resulting death occurs within six months of the accident.

This option is available to Australian Residents aged 21 to 80 and you will continue to be Covered until the Policy Anniversary after you turn 89, as long as premiums are paid when they are due.

+ Extra Accidental Injury Cover

Extra Accidental Injury Cover gives you added financial support if you're out of action due to an Accidental Injury. You will receive fixed dollar payouts of up to \$50,000, depending on the type of injury. These include common Accidental Injuries such as broken bones, bed care confinement, burns and serious impairments such as paralysis and blindness that are the result of an accident. Your Registered Medical Practitioner will need to certify the nature of your injury and how it affects you.

Australian Residents aged 21 to 80 may be eligible for Extra Accidental Injury Cover. Once you are accepted, as long as you keep your premiums up to date, you will continue to be Covered until either the full Cover amount of \$50,000 has been paid out, until you chose to cancel this Cover, or until the Policy Anniversary after you turn 89 (whichever happens first).

STEP 3. CHOOSE WHETHER TO INCLUDE OTHERS UNDER YOUR POLICY

We never know what lies ahead for ourselves or our loved ones. Which is why your Policy allows you to hold Cover for others – adults under age 80 and children under age 21.

We know every customer has different needs which is why we have extra benefits that you can choose to add to your Policy. The diagram below shows you how you can add extra benefits or people to your Policy.

FUNERAL INSURANCE ESSENTIALS POLICY	ACCIDENTAL DEATH	EXTRA ACCIDENTAL DEATH COVER	EXTRA ACCIDENTAL INJURY COVER
1 Adult only	Included	Optional Extra	Optional Extra
+ Add Adults on Policy	Included	Optional Extra	Optional Extra
+ Add Children on Policy	Included	Does not apply	Does not apply

STEP 4. CHOOSE YOUR BILLING SCHEDULE AND DATE

Not every household budget is the same, which is why we've also made it easier for you to budget Funeral Insurance Essentials into your lifestyle, with a choice of billing options.

We offer you the flexibility of paying by direct debit (fortnightly, monthly or annually) or by credit card (monthly).

The table below shows you some examples of weekly costs based on the Cover amount and extra benefits chosen.

	Single	Single	Joint	Joint
Customer	Norman	Kate	Sally	Phil
Age	56	75	69	50
Gender	Male	Female	Female	Male
Smoking Status	No	No	Yes	No
Funeral Insurance Cover Amount	\$5,000	\$3,000	\$6,000	\$8,000
Extra Accidental Death Cover Amount	No	\$10,000	No	\$25,000
Extra Accidental Injury Cover	No	No	No	Yes
Funeral Insurance Weekly Premium	\$5.87	\$8.73	\$18.30	\$6.91
Extra Accidental Death Cover Weekly Premium	n/a	\$0.76	n/a	\$0.72
Extra Accidental Injury Cover Weekly Premium	n/a	n/a	n/a	\$3.20
Total	\$5.87	\$9.49	\$18.30	\$10.83

Please note: you can add children (under 21) to your policy for \$3 per month for \$10,000 cover.

2 | TAKING OUT COVER

HOW CAN I TAKE OUT FUNERAL INSURANCE ESSENTIALS?

Funeral Insurance Essentials may be offered to Australian Residents aged 21 to 80. Just call 1800 452 233 between 8am and 6pm (AEST), Monday to Friday for more information.

Taking out Funeral Insurance Essentials is quick and easy, you can be accepted in just a few minutes. You're Covered on the spot for Accidental Death (other causes of death are not Covered in the first 12 months).

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

WORLDWIDE COVER

Cover is available under this Policy 24 hours a day and is not restricted by the geographical location of either the Life Insured or the residence of any Life Insured.

All correspondence from us to you will be mailed to an Australian postal address, even if you are residing in a country other than Australia.

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 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.

3 | MAKING A CLAIM

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

A Funeral Insurance Essentials Policy 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.

Call us on 1800 452 233 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 financial assistance.

STEP 2.

Either you or your representative must 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 contact us. For example, we may request birth and death certificates or evidence from a Medical Practitioner.

Claims are paid once we've received the completed claims requirements. We will make sure we keep them informed throughout the process.

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 to the Policy Owner or the Policy Owner's estate.

MISSTATEMENT OF AGE

Proof of age must be provided using a birth certificate, passport or drivers licence. If the age of the Life Insured has been understated on the application for this Policy, then the Benefit 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 vary by the age of the Life Insured or the Insured Child, the correct age of the Life Insured or the Insured Child, if applicable, will be used to determine whether a Benefit is payable.

EXTRA ACCIDENTAL DEATH CLAIMS

For Extra Accidental Death claims, we will require proof of the accidental nature of the death of the Life Insured for which the claim is being made, evidenced by a certified copy of the Death Certificate, Medical Attendant's Certificate or Coroner's report as required by us. We will require proof of the injury sustained by the Life Insured for which the claim is being made, evidenced by (and not limited to):

- (a) appropriate evidence from a Medical Practitioner, including confirmatory investigations such as clinical, radiological, histological and laboratory evidence, and
- (b) if the condition requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary.

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 Funeral Insurance Essentials Policy, so here are a few things you need to know before you take out your Cover.

FUNERAL INSURANCE ESSENTIALS

Funeral Insurance Essentials provides for an amount to be payable on the death of the Life Insured.

If a Life Insured dies as a result of Accidental Death, on proof satisfactory to us whilst the Funeral Benefit is in force, we will pay the Funeral Benefit Amount in respect of that Life Insured.

If, within the Accidental Death Period, a Life Insured dies as a result of anything other than an Accidental Death, on proof satisfactory to us, the Benefit Amount will not be paid. We will however, pay an amount equal to all Funeral Benefit premiums paid to the date of death in respect of that Life Insured. The premium refund however, does not include premiums paid for Extra Accidental Death and Extra Accidental Injury.

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

The maximum Benefit Amount available for a Life Insured is \$15,000. The Benefit Amount cannot be increased to more than \$15,000 for any Life Insured.

Cover under Funeral Insurance Essentials for a Life Insured ceases on the earliest of the following Policy events:

- your Policy being cancelled;
- the Benefit Amount being paid in full for the Life Insured;
- an amount being paid for that Life Insured in accordance with a refund of premiums because the Life Insured died within the first 12 months as a result of anything other than an Accidental Death; or
- the cancellation of all Adult Lives Insured on the Policy.

ACCIDENTAL DEATH EXTRA

If a Life Insured is Covered for the Accidental Death Extra Benefit, it will be shown in the Policy Schedule. The Accidental Death Extra Benefit, if selected and shown on your Policy Schedule, is payable if the Life Insured dies as a result of an Accidental Death, or within six months of the physical injury leading to the Life Insured's death on proof satisfactory to us. The Accidental Death Extra Benefit for a Life Insured starts on the date that Policy Schedule is issued and stops at the earliest of:

- the cancellation of the Accidental Death Extra Benefit for that Life Insured;
- your Policy being cancelled;
- the Accidental Death Extra Benefit Amount being paid in full for that Life Insured;
- the cancellation of the Funeral Benefit for that Life Insured; or
- the Policy Anniversary following the Life Insured turning 89.

ACCIDENTAL INJURY EXTRA

If a Life Insured is Covered for the Accidental Injury Extra Benefit, it will be shown on the Policy Schedule. The Accidental Injury Extra Benefit is payable in the amount specified if the Life Insured suffers an Accidental Injury event as listed in this document, on proof satisfactory to us. The maximum cumulative Benefit Amount is \$50,000 for all Accidental Injury Extras paid for a Life Insured under the Policy, for example, you make a claim for a Life Insured's fractured hip and receive a payout of \$2,500. Your future claimable Benefit Amount is now \$47,500.

The Accidental Injury Extra Benefit for a Life Insured starts on the date the Policy Schedule is issued and stops at the earliest of:

- the cancellation of the Accidental Injury Extra Benefit for that Life Insured;
- the maximum cumulative Benefit of \$50,000 being paid in respect of that Life Insured;
- your Policy being cancelled;
- the death of the Life Insured;
- the cancellation of the Funeral Benefit for that Life Insured; or
- the Policy Anniversary following the Life Insured turning 89.

Only one Accidental Injury claim will be paid at a time. If the Life Insured suffers two or more injuries, as listed in this Policy, as a result of the same event, for any resulting claim, only the higher Benefit Amount will be paid.

Only one Accidental Injury claim is payable per event per year.

Here's a list of the Accidental Injury payouts you could receive:

Fracture of the:	Definition	Amount Payable
Leg (below the knee), knee cap, upper arm, shoulder bone or jaw, forearm (above the wrist), collarbone or heel, foot other than toe, ankle, hand other than finger or thumb, elbow or wrist	Fracture of the leg below the knee (tibia or fibula), knee cap, upper arm (humerus), shoulder bone (scapula) or jaw; Fracture of the forearm (radius or ulna), collarbone (clavicle) or heel; Fracture of the foot (other than toe), ankle, hand (other than finger or thumb); Fracture of the elbow or wrist as a direct result of an accident requiring fixation, immobilisation or plaster/fibreglass cast treatment by a Medical Practitioner for the affected area within 48 hours of the Accident.	\$1,000
Hip, thigh (leg above the knee), pelvis, skull or spine	Fracture (either femoral neck or intertrochanteric), dislocation or subluxation of the hip; Fracture of the leg above the knee (femur) or pelvis; Fracture of the skull or spine as a direct result of an Accident requiring fixation, immobilisation or plaster/ fibreglass cast treatment by a Medical Practitioner for the affected area within 48 hours of the Accident.	\$2,500
Bed Confinement		
Any injury requiring the Insured to be confined to bed for at least 120 hours	As a direct result of an Injury, the Life Insured is confined to bed for a period of at least 120 consecutive hours (5 days) or longer as advised by a Medical Practitioner.	\$2,500
Temporary Incapacity due to accident		
If the Life Insured is seriously incapacitated for longer than 30 consecutive days due to an Accidental Injury and is unable to perform at least two of the Regular Daily Activities listed in the definition without the physical assistance of another person	Regular Daily Activities means: - Bathing - the ability to shower and bathe; - Dressing - the ability to put on and take off clothing; - Toileting - the ability to get on and off, and use, the toilet; - Mobility - the ability to get in and out of bed and a chair; - Feeding - the ability to get food from a plate into the mouth.	\$2,500
Burns		
If the Life Insured suffers 3rd degree burns to at least 2.5% of the body surface	Means tissue injury caused as a direct result of an Accident by thermal, electrical or chemical agents resulting in 3rd degree burns to at least the following percentages of the body surface as measured by Lund & Browder body surface chart.	2.5% to 4.9% \$2,500 5% to 9.9% \$5,000 10% to 19.9% \$20,000 ≥20% \$50,000

Loss of Use of:	Definition	Amount Payable
One leg or arm	Means the total and irrecoverable loss of use of one leg or one arm as a direct result of an Accident.	\$25,000
One foot or hand or sight in one eye	Means the total and irrecoverable loss of any one of the following – foot, hand and sight in one eye as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> - the use of the foot or hand from the ankle or wrist joints; or - sight to the extent that visual acuity in either eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$25,000
Both feet or hands or sight in both eyes	Means the total and irrecoverable loss of both feet or hands or sight in both eyes as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> - the use of both feet or hands from the ankle or wrist joints; or - sight to the extent that visual acuity in both eyes, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$50,000
Any combination of two of a hand, a foot and sight in one eye	Means the total and irrecoverable loss of any two of the following: hand, foot and sight in one eye as a direct result of an Accident. 'Loss' in this instance means the total and permanent loss of: <ul style="list-style-type: none"> - the use of the hand or foot from the ankle or wrist joints; or - sight to the extent that visual acuity in either eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60. 	\$50,000
Serious Impairments		
Paralysis	Means the total and permanent loss of function of two or more limbs as a direct result of an Accident causing permanent damage to the nervous system.	\$50,000
Major Head Trauma	Means an accidental head injury resulting in neurological deficit causing at least a permanent 25% impairment of Whole Person Function as diagnosed by a Medical Practitioner who is a specialist in the relevant field as approved by us.	\$50,000
Blindness	Means the total and irrecoverable loss of sight (whether aided or unaided) in both eyes to the extent that visual acuity in both eyes, on a Snellen Scale less than 6/60, as a result of an Accident.	\$50,000
Deafness	Means the total and irrecoverable loss of hearing, in both ears as a direct result of an Accident – 91 db HL or greater.	\$50,000

WHAT ISN'T COVERED?

Funeral Insurance Essentials

For the first 12 months of your Funeral Insurance Essentials Policy, the Life Insured is Covered for Accidental Death only. After that, you're Covered for any cause of death – with no exceptions.

Extra Accidental Death Cover

If you choose to add the Extra Accidental Death Cover, please be aware that the Life Insured is not Covered for that Extra Accidental Death Cover in any of the following circumstances:

- actual or attempted intentional self-injury or suicide;
- participation in any criminal or unlawful activity;
- being under the influence of alcohol (over the prescribed legal limit for driving a motor vehicle according to the relevant state of territory limit) or any drug not prescribed by a Medical Practitioner and taken in the correct dosage;
- war, hostilities or war-like operations (whether war is declared or not), civil commotion, civil war or rebellion, but not terrorism, outside of Australia or New Zealand;
- undertaking Dangerous Occupations; or
- participation in Dangerous Pastimes.

If the Accidental Death Cover is not paid, we will not refund the Premiums you have paid in respect of the Benefit.

Extra Accidental Injury Cover

If you choose to add the Extra Accidental Injury Cover, please be aware that a Life Insured is not Covered for that Extra Accidental Injury Cover in any of the following circumstances:

- an Accidental Injury, which occurred prior to the start date of your Policy;
- any intentionally self-inflicted act, including attempted suicide;
- participation in any criminal or unlawful activity;
- being under the influence of alcohol (over the prescribed legal limit for driving a motor vehicle according to relevant state of territory limit) or any drug not prescribed by a Medical Practitioner and taken in the correct dosage;
- any Injury directly brought about by any cause other than an Accident;
- war, hostilities or war-like operations (whether war is declared or not), civil commotion, civil war or rebellion, but not terrorism, outside of Australia or New Zealand;
- undertaking Dangerous Occupations; or
- participation in Dangerous Pastimes.

If the Accidental Injury Cover is not paid, we will not refund the premiums you have paid in respect of the Benefit.

WHAT IS ACCIDENTAL DEATH?

Accidental Death means death from a physical injury caused directly by violent, external and visible means. You're Covered for Accidental Death from the minute you take out your Policy.

Accidental Death does not include and we will not pay any Accidental Death Benefit for a death caused by:

- actual or attempted intentional self-injury or suicide;
- sickness, medical or surgical treatment; or
- the taking of intoxicating liquor or drugs other than those prescribed for the Life Insured and taken in the correct dosage.

WHAT IF I PASS AWAY IN THE ACCIDENTAL DEATH PERIOD?

If you pass away from a non-accidental death within the first 12 months, we will refund all the premiums that had been paid towards your Funeral Benefit. The premium refund however, does not include premiums paid for Extra Accidental Death and Extra Accidental Injury.

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 additional people to your Policy or remove existing ones, change your Cover amount, change your billing schedule or change your billing information.

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. 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.

INCREASES

Benefit Amount increases can be made to the Funeral Benefit and the Accidental Death Extra Benefit, and the premium you have to pay will be increased correspondingly. The Accidental Injury Extra Benefit has a predetermined Benefit Amount that cannot be increased.

You may increase the Funeral Benefit Amount for each Life Insured to a maximum amount of \$15,000 prior to the Life Insured attaining 80 years of age.

Any increase to the Funeral Cover Benefit Amount will be subject to the 12 month Accidental Death Period for the increased portion. In the event of a claim for any reason other than Accidental Death, any increase to the Funeral Benefit will not be payable during the 12 month Accidental Death Period for the increased amount.

You may increase the Accidental Death Extra Benefit Amount for each Life Insured to a maximum amount of \$50,000 prior to the Life Insured attaining 80 years of age.

DECREASES

Benefit Amount decreases can be made to the Funeral Benefit and Accidental Death Extra Benefit, and the premium you have to pay will be decreased accordingly. The Accidental Injury Extra Benefit has a predetermined Benefit Amount that cannot be decreased.

BENEFICIARY/IES

If you are the sole Life Insured and Policy Owner under this Policy, you can nominate one or more people to receive the Funeral Benefit and Accidental Death Extra Benefits payable under this Policy. They are called the Beneficiaries. A Beneficiary can be a Life Insured or a third party. If there are one or more Beneficiaries under this Policy:

- (a) this will be indicated on your Policy Schedule; and
- (b) the Beneficiary will receive the proceeds of this Policy in the proportions indicated on your Policy Schedule if a claim is paid by us.

If no nomination has been made, the proceeds will be paid to the Policy Owner or the Policy Owner's estate.

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 a written confirmation to you.

MAXIMUM BENEFIT PER LIFE INSURED

The maximum Funeral Benefit that can be paid per Life Insured is \$15,000. The maximum Accidental Death Extra Benefit that can be paid per Life Insured is \$50,000. The maximum Accidental Injury Extra Benefit that can be paid per Life Insured is \$50,000.

CHILDREN TURNING 21

Insurance Cover for any child on this Policy will continue as an Adult Life Insured as part of this Policy, on the Policy Anniversary after that child turns 21. At that time, you will be advised of any change in premium, and any other Benefits which may be available.

MORE THAN ONE LIFE INSURED

Your Funeral Insurance Essentials Policy can Cover more than one Life Insured, subject to entry age requirements. All Lives Insured will be shown individually on your Policy Schedule.

If more than one Life Insured is Covered under this Policy, a reference to a Life Insured means each respective Life Insured individually.

The 30 day Cooling Off Period applies only once when you first receive your Policy. No further Cooling Off Periods will apply for additional Lives Insured.

You may add a new Life Insured to your Policy after the Commencement Date. If a new Life Insured is added, a new Policy Schedule will be sent to you listing all of the Lives Insured then Covered under this Policy, effective as at the Issue Date of the Policy Schedule. Lives Insured added after the Commencement Date will be subject to an Accidental Death Period of 12 months from the Issue Date of the Policy Schedule.

WHEN DOES MY POLICY END?

As long as you keep your premiums up to date and pay when due, you'll continue to be Covered. Funeral Insurance Essentials has no specific end date.

Your Policy starts at the Policy Commencement Date and ends on the first to occur of:

- cancellation for non-payment of premiums for that Life Insured;
- the death of the last remaining Adult Life Insured under the Policy;
- the date we receive a written request from the Policy Owner to cancel the Policy altogether.

If you choose to add the Extra Accidental Death Cover or Extra Accidental Injury Cover to your Policy, please be aware that these additional extra benefits will only Cover you while premiums are up to date until the Policy Anniversary after you turn 89.

5 | PREMIUMS

THE PREMIUM YOU HAVE TO PAY

The total first year's premium, or the first instalment of that premium, you have to pay is shown in your Policy Schedule.

Your premium will change when any of the following events occur:

- if your Benefit Amount is increased or decreased;
- if you add or remove a Life Insured from your Policy;
- if a Policy has more than one Adult Life Insured and Cover ends as a result of the death or the removal of one or more Adult Lives Insured, such that premiums remain payable only in respect of one Adult Life Insured.

HOW ARE THE PREMIUMS CALCULATED?

Premiums are calculated separately for each Life Insured and are based on age, gender, whether they smoke, and level of Cover. Once Covered, premiums will remain level and do not go up just because the Life Insured gets older.

If you miss a payment and your Cover lapses and you take out new Cover, your new Cover will be repriced based on your age at the time the new Cover commences. You'll continue to pay your premiums until the Policy Anniversary after you turn 89, and after that, your Cover continues for free. Over time, it is possible to pay more in premiums than the amount you are Covered for.

CHANGES TO PREMIUM RATES

We can change the premium rates applying to all Funeral Insurance Essentials Policies. If we do change them you will be given 30 days' notice of the change prior to it taking effect.

No individual Policy can be singled out for an increase in premium rates because of an adverse change in your health or circumstances, once the Cover has commenced.

WHEN DO YOU HAVE TO PAY?

The premium is due at the frequency shown in the Policy Schedule. The specific dates for the coming year are also outlined in your Policy Schedule which will be sent out at each Policy Anniversary.

You can change the frequency of premium payments at any time. An updated Premium Schedule will be sent for your records.

If you are paying by direct debit or credit card, the premium will be deducted from the account that you have authorised us to debit, on the agreed date and frequency. Depending on weekends and public holidays, the deduction will be made on the next business day. If we are unable to debit on the agreed date due to insufficient funds we will, subject to the relevant debit authority, attempt to debit again.

UNPAID PREMIUM 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 is the first premium, the Policy will be cancelled and be treated as if it had not operated at all; or
- if the unpaid premium is 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.

WHAT HAPPENS IF I STOP PAYING?

Your Cover only continues while premiums are paid when due, so if you stop paying, your Cover will end. As Funeral Insurance Essentials 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.

Of course, we understand that today's financial demands can be tough, so if you're having trouble paying, please contact us immediately to talk it over. We may be able to provide an alternative that better suits your budget, whilst allowing you to help maintain the financial assistance your loved ones could receive if you were to pass away.

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 PDS 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 3 months after the date that the unpaid amount became due, on such terms and conditions as we may require including, but not limited to, the following:

- outstanding premiums will need to be paid before a Policy can be reinstated;
- reinstatement is not guaranteed;
- reinstatement may be in the form of a new Policy, with a new Policy number and contract conditions.

PREMIUM END DATE

Premium payments for the Funeral Benefit in respect of a Life Insured will cease at the Policy Anniversary after the Life Insured turns 89.

From this point, the Funeral Benefit will continue for free for the remaining life of the Life Insured.

Premiums for the Accidental Death Extra and/or Accidental Injury Extra Benefits are independent of the Funeral Benefit and are payable until the Policy Anniversary after the Life Insured turns 89, at which time, Cover under these Benefits ends.

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 2014, 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! Here's how to contact us:

1800 452 233 8am – 6pm (AEST) Monday to Friday
questions@insuranceline.com.au
Reply Paid GPO Box 5380, Sydney NSW 2001

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 you to put your questions in writing.

SURRENDER VALUE

Your Funeral Insurance Essentials Policy does not contain a surrender value or cash value, and no premiums or refunds will be payable to the Policy Owner or Lives Insured in the event of Policy cancellation, except within the 30 day Cooling Off Period.

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 to the assets of TAL or any other TAL statutory fund.

CURRENCY

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

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 1800 452 233 or write to us at InsuranceLine, Reply Paid GPO Box 5380, Sydney NSW 2001 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 1300 780 808 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 GPO Box 5380, Sydney NSW 2001
1800 452 233
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, or if you would prefer to receive telephone calls at certain times or days, please contact us on 1800 452 233 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 1800 452 233 or write to InsuranceLine Reply Paid GPO Box 5380, Sydney NSW 2001.

7 | GLOSSARY

Accident means an event where injury is caused solely and directly by violent, external and visible means.

Accidental Death means a death as a result of physical injury caused solely and directly by violent, external and visible means, while Cover is in force. It does not include death arising from:

- actual or attempted intentional self-injury or suicide;
- sickness, medical or surgical treatment;
- the taking of intoxicating liquor or drugs other than those prescribed for the Life Insured and taken in the correct dosage.

Accidental Death Extra/Extra Accidental Death is an optional Benefit which if taken out is payable in the event of the Accidental Death of a Life Insured to an amount shown on the Policy Schedule.

Accidental Death Period means the period of time that the Life Insured is Covered for Accidental Death only under the Funeral Benefit. The Accidental Death Period begins at the Commencement Date of the Funeral Benefit or the effective date of any increase to the Benefit Amount in relation to the increased amount.

Accidental Injury means a new physical injury caused solely and directly by violent, external and visible means, resulting in serious incapacity as confirmed by a registered Medical Practitioner, while Cover is in force. It does not include the exacerbation of a previous injury, or injury arising from:

- attempted intentional self-injury or suicide;
- sickness, medical or surgical treatment;
- the taking of intoxicating liquor or drugs other than those prescribed for the Life Insured and taken in the correct dosage.

Accidental Injury Event means the specific injury sustained by a Life Insured that is Covered by Accidental Injury Cover as outlined on pages 18-21 of this document.

Accidental Injury Extra/Extra Accidental Injury is an optional Benefit where the amount payable in the event of an Accidental Injury is set out on page 18.

Adult means an adult person over the age of 21.

Australian Residents means an Australian or New Zealand citizen, or an Australian permanent resident, who is currently residing in Australia and who has received this PDS in Australia.

Beneficiary means the person/s, institution or estate selected by you to receive, in the proportion nominated, the Benefit Amount payout in the event of your death.

Benefit or Benefit Amount means the amount payable on the death 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 on which your Policy starts and is the date from which you are able to claim against the Policy in the event of the death of a Life Insured in accordance with the contents of this document. Where we have agreed to add additional Lives Insured to the Policy after the Commencement Date the Commencement Date of any such additional Life Insured will be deemed to be the Issue Date of the Policy Schedule we send to you confirming the addition of that Life Insured.

Cover or Covered 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.

Dangerous Occupations are those occupations that involve an inherent degree of danger and increased risk, including but not limited to work and activities:

- at heights above 20 metres;
- underground or underwater, or working offshore;
- at speeds above 130 kilometres per hour, other than as a fare-paying passenger on commercial transportation;
- that involve the performance of stunts; or the handling of weapons, explosives, hazardous materials, chemicals or substances;
- in the police, protective or custodial services; as a fire-fighter; or while on active duty in the armed services;
- flying in an aircraft, except as a fare paying passenger on a commercial airline;
- in the sex or adult entertainment industry;
- undertaken professionally in any sport, including any sports involving the use of animals.

Dangerous Pastimes are those pastimes, sports and activities that involve an inherent degree of danger and increased risk, including but not limited to:

- engaging in or training for sporting activities or stunts that are undertaken professionally;
- engaging in or training for sporting activities involving animals or the use of weapons;
- boxing, competitive fighting, martial arts or combative sports of any kind;
- solo hang gliding, skydiving or parachuting;
- flying in an aircraft, except as a fare-paying passenger on a commercial airline;
- being at depths below 30 metres underground or underwater;
- speed racing or contests of any kind involving any type of motor vehicle, motor cycle, or power boat;
- the riding of trail, dirt, pit or motocross bikes; quad bike riding; or riding any other type of power-assisted off-road buggy, kart or other vehicle;
- rock fishing, back-country skiing or snowboarding, extreme white-water canoeing or kayaking, mountain climbing, BASE (buildings, antennas, spans and earth) jumping, abseiling, canyoning, being at heights above 20 metres.

Funeral Benefit is the core benefit of the Policy payable in the event of the death of a Life Insured, excluding the Accidental Death Extra Benefit and the Accidental Injury Extra Benefit.

Immediate Family Member means a spouse, de facto, partner (same or opposite gender), child, grandchild, parent, grandparent, sibling, aunt, uncle, cousin, niece or nephew.

Injury means an accidental bodily injury suffered by the Life Insured after the Cover Commencement Date or in the case of an increase to a Benefit, after the commencement of the increase. The Injury must be caused directly and solely by an Accident.

Issue Date means the date on which a new Policy Schedule is issued due to changes made to your Policy. This is the date from which you are able to claim against the Policy for Lives Insured or additional Benefits added after the Commencement Date.

Level Premiums are calculated for each Life Insured based on the age of the Life Insured at the Commencement Date, the gender of the Life Insured and whether the Life Insured smokes. Level premiums will not go up each year just because the Life Insured gets older.

Life Insured or **Lives Insured** means a person or persons that we have agreed in writing to insure under this Policy as stated 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.

PDS means the Funeral Insurance Essentials Product Disclosure Statement and Policy Document.

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 Conditions means the Policy terms and conditions as set out in this document.

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 which will be provided to you by us, containing details of the 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/or
- any changes made by us in accordance with these Policy Conditions.

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.

TAL Life Limited 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 452 233. 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 the product issuer TAL Life Limited under an agreement to provide administration services for Funeral Insurance Essentials policies.

FINANCIAL SERVICES GUIDE

This Financial Services Guide (FSG) is supplied by TAL Direct Pty Limited.

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 Pty Limited acts for itself when providing a financial service and is authorised and responsible under its Australian Financial Services Licence to:

- provide general financial product advice about life and general insurance products to retail clients, and
- deal in life and general insurance products to retail clients.

Funeral Insurance Essentials is issued by TAL Life Limited by way of an arrangement called a "binder" which allows TAL Direct to issue the product on behalf of TAL Life Limited. TAL Direct is acting for the insurer in these circumstances and does not act on your behalf.

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

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 FINANCIAL PRODUCT ADVICE MEAN?

It is important that you understand that we do not provide personal advice or make recommendations about the suitability of the product for you. Therefore, you should carefully review the 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 31 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 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. 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.

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 452 233

Mail: InsuranceLine, Reply Paid
GPO Box 5380, Sydney NSW 2001

Email: insuranceline@insuranceline.com.au

Web: insuranceline.com.au

1800 452 233 8am – 6pm (AEST) Monday to Friday
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