

FIRST QUEST



Death Only

Death & Total and Permanent Disablement

Salary Continuance

Insurance Protection



Important information

Change of product issuer and policy ownership

As at the issue date of this Product Disclosure Statement (PDS) the insurance products offered in this document are issued by Synergy Capital Management Ltd (Synergy) ABN 19 062 264 108 AFS Licence No. 222173.

The insurance products are offered through group insurance policies owned and administered by Synergy. Synergy is a 100% owned subsidiary of AXA Asia Pacific Holdings Limited (AXA Group) ABN 78 069 123 011.

The issuer of the group life policies and group salary continuance policies (group insurance policies) is TOWER Australia Limited (TOWER) ABN 70 050 109 450 AFS Licence No.237848.

From 1 July 2010 N.M. Superannuation Proprietary Limited (NM Super) ABN 31 008 428 322 will become the Trustee of the Superannuation Fund and NMMT Limited (NMMT) ABN 42 058 835 573 will become the responsible entity of the Schemes. NM Super and NMMT will become joint issuers of this PDS. Both NM Super and NMMT are also 100% owned subsidiaries of AXA Asia Pacific Holdings Limited.

NM Super will become the owner of the group insurance policies for insurance cover offered through the eligible superannuation products. NMMT will become the owner of the group insurance policies for insurance cover offered through the eligible investment products.

Synergy will continue to administer the insurance products. For more information on the insurance products available and the eligible products through which the insurance products can be obtained, please refer to the sections titled 'Throughout the PDS' on this page and 'About this product disclosure statement' on page 2 of this PDS.

Sponsor

First Quest Capital Pty Ltd, a 100% owned subsidiary of AXA Asia Pacific Holdings Limited, is the sponsoring company responsible for distributing and marketing First Quest Insurance Protection. As sponsor, it is committed to providing simple, flexible and sound investment solutions.

First Quest Capital Pty Ltd has given, and before the date of this PDS not withdrawn, its written consent to be named as sponsor of First Quest Insurance Protection.

Contact details

First Quest Capital Pty Ltd
ABN 97 085 338 183

Level 10, 750 Collins Street
Docklands VIC 3008

www.firstquest.com.au

N.M. Superannuation Proprietary Limited

ABN 31 008 428 322
AFS Licence No. 234654

750 Collins Street
Docklands VIC 3008

Client Service Centre and Administration Centre

GPO Box 584
Hobart TAS 7001
Telephone: 1800 550 188
Facsimile: 1300 309 644

NMMT Limited

ABN 42 058 835 573
AFS Licence No. 234653

750 Collins Street
Docklands VIC 3008

Synergy Capital Management Limited

ABN 19 062 264 108
AFS Licence No. 222173

Level 1
27 Elizabeth Street
Hobart TAS 7000
Telephone: 1800 245 636
Facsimile: 1300 309 422

www.scml.com.au

TOWER Australia Limited

ABN 70 050 109 450
AFS Licence No.237848

80 Alfred Street
Milsons Point NSW 2061
Telephone: 02 9448 9000
Freecall: 1800 226 364
Facsimile: 02 9448 9100

Throughout the PDS

References to	To be read as
'Trustee', 'responsible entity', 'our', 'us', 'we'	Synergy, NM Super or NMMT
Insurer	TOWER Australia
Group insurance policies	Group Life Policies and Group Salary Continuance Policies
Insurance products	Death Only insurance cover Death & Total and Permanent Disablement (TPD) insurance cover Salary Continuance insurance cover
Superannuation Fund, Fund	First Quest Retirement Service (ABN 96 873 087 231) Synergy Superannuation Master Fund (ABN 64 924 606 651)
Superannuation products	First Quest Retirement Service First Quest Personal Retirement Service
Scheme, Fund	First Quest Investment Service (ARSN 098 113 207) Synergy Investment Service (ARSN 093 503 818)
Investment products	First Quest Investment Service First Quest Personal Investment Service
Eligible Products	Collectively refers to the 'superannuation products' and 'investment products' listed above
'Member', 'Investor', 'you', 'your'	Refers to you as a member/investor or anyone acting on your behalf.
'Financial Adviser'	A financial adviser holding an Australian Financial Services Licence or acting as an authorised representative of an Australian Financial Service Licensee.

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About this document

This publication has been prepared to provide you with general information only. It is not intended to take the place of professional advice and you should not take action on specific issues in reliance on this information. In preparing this information, we did not take into account the investment objectives, financial situation or individual needs of any particular person. Before making an investment or insurance decision, you need to consider whether this product is appropriate to your needs, objectives and circumstances and consult with your financial adviser. You should obtain a copy of the relevant PDS before making a decision to invest in any financial product. Copies of our PDSs can be obtained from your financial adviser or by calling the Client Service Centre on 1800 550 188. Applications for insurance will only be accepted on receipt of an

application form accompanying a current PDS. Detailed information about the product is contained in the PDS. This information is provided for persons in Australia only and is not provided for the use of any person who is in any other country.

Changes to the information in this document

As the information in this document may change from time to time, you can obtain updated information simply by visiting www.firstquest.com.au or by calling us on 1800 550 188 to request a free copy of the updated information. If the change to the information is materially adverse, we will issue a new PDS or Supplementary PDS.

About this Product Disclosure Statement (PDS)

Superannuation Products

This PDS is Part 2 of the PDS for the following superannuation products and should be read in conjunction with Parts 1, 4 and the Information Guide for that product. Insurance cover under the group insurance policies is available to new and existing members of these products:

- First Quest Retirement Service – Superannuation (Fund ABN 96 873 087 231)

Employer Superannuation

If you are an employer and are interested in making insurance cover available to your employees you can do so via an employer group arrangement. If you are an employer you must also consult Part 3 of the PDS (Employer Super PDS). More information on group arrangements can be found on page 10 of Part B and pages 12 and 13 of Part C of this PDS.

Investment Products

This PDS is Part 2 of the PDS for the following investment products and should be read in conjunction with Parts 1 and 3 for that product. Insurance cover under the group insurance policies is available to new and existing investors of these products:

- First Quest Investment Service (ARSN 098 113 207)

Closed Products

This PDS is also for existing members/investors of the following eligible products who wish to apply for new insurance cover and/or amend existing insurance cover. These products are currently closed to new members/investors:

- First Quest Personal Retirement Service – Superannuation (Synergy Superannuation Master Fund ABN 64 924 606 651)
- First Quest Personal Investment Service (Synergy Investment Service ARSN 093 503 818)

About the Insurer

The Insurer is TOWER Australia Limited (TOWER), ABN 70 050 109 450 AFSL 237848.

With over 130 years experience, TOWER is one of Australia's leading life insurance specialists.

TOWER is widely acknowledged in the market as a provider of quality products with superior service and has been the recipient of a number of industry based awards, most recently Super Review's Inaugural Group Insurer of the Year (2009) and winner of the Australian Banking & Finance's Insurance Awards (2009).

TOWER is not responsible for the production of this PDS and does not accept any liability in connection with any of the eligible products described in this PDS.

TOWER is the Insurer under the group insurance policies and no benefit will be paid by us unless TOWER accepts the claim.

Part A: General information about your insurance cover

The information provided in this section applies to all insurance products (Death Only, Death & TPD and Salary Continuance) unless otherwise specified. More information on Death Only and Death & TPD insurance cover can be found on pages 9 to 11. Further information on Salary Continuance insurance cover is provided on pages 12 to 14.

Important information

The full terms of your insurance cover are detailed in the group insurance policies which explain the important terms and conditions. This PDS provides a summary of these important terms and conditions. A copy of the group insurance policies outlining the full terms and conditions can be obtained by calling the Client Service Centre on 1800 550 188.

It is important to note that there are some events and circumstances where the group insurance policies will not provide you with a benefit. These are detailed in the sections in Parts B and C of this PDS titled 'Exclusions' (see pages 10 and 14), which you should read carefully.

You should retain a copy of this document for future reference.

Different levels of insurance for different life stages

Your insurance needs will vary at different stages in life, because your circumstances change. For example:

- your financial goals may shift as your lifestyle changes
- level of debt or savings may change
- income may fluctuate with different jobs
- children may become more independent, or
- maybe you are starting a family.

When these changes occur, we recommend that you discuss them with your financial adviser.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could be reasonably expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if the failure (or misrepresentation) had that not occurred, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, then the insurer may avoid the contract at any time and the insurer will retain all premiums paid.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but instead to reduce the sum that you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your privacy

The privacy of your personal information is important to you and also to us. We will only collect information about you and your immediate family background that is necessary for the purposes of assessing your application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle.

If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your application for insurance and any subsequent claim we may need to disclose your personal information to other parties, such as reinsurers, service providers, medical and financial professionals, judicial or dispute resolution bodies and AXA Group companies.

Part A: General information about your insurance cover

In the future, we may contact you about new products or special offers. If, at any time, you do not want to receive this information, you can opt out by telephoning the Client Service Centre on 1800 550 188. Unless you contact us, you will be taken to have consented to these uses and disclosures.

You are entitled to request reasonable access to information we have about you. Our policy on privacy is available from www.axa.com.au or by calling the Client Service Centre on 1800 550 188.

If you have any complaints or questions about the privacy of your personal information, please contact our Privacy Officer by writing to:

Group Privacy Officer
AXA Australia
PO Box 14330
MELBOURNE VIC 8001

If your complaint is not resolved by us to your satisfaction, you may write to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner
GPO Box 5128
SYDNEY NSW 2001

Premiums and charges

All of the charges relating to the insurance cover available are described in this section. The insurance cover is optional and you will not be required to pay any of the fees or charges described in this section if you do not elect to have insurance cover.

Premiums

If you elect to take out insurance cover, your annual insurance premium may include your base premium, any commission negotiated with your financial adviser, applicable stamp duty and an administration fee. For more information please refer to the following sections titled 'Financial adviser remuneration', 'Government stamp duty' and 'Administration charges'.

Your base premium, which is paid to the Insurer, will be determined by a number of factors that include the amount of the benefit sought, your age, smoking status, occupation and possibly other factors such as your health history or if you undertake some form of dangerous pastime.

To be provided with an example of the premiums applicable in your circumstances, please ask your financial adviser.

The amount of your annual insurance premium will be disclosed on your certificate of insurance that we will forward to you once the Insurer has approved your application for insurance cover.

Your first insurance premium is calculated from the commencement of your insurance cover to 30 June of that year and deducted from your account upon acceptance by the Insurer. For subsequent years your annual insurance premium will be calculated and deducted from your account effective 1 July each year. Should your account balance be insufficient to meet the annual premium that is due, you will be advised before the renewal date for your insurance cover. If there are still insufficient funds to meet your annual premium, your insurance cover will cease 30 days after payment was due (1 July each year).

The base insurance premium for your insurance cover is guaranteed not to change at any time other than the group policies review date which occurs on 1 July of each year. Should such a change occur, then it will apply to all members/investors who have insurance cover. Any change to the annual premium would only apply after all members/investors who have insurance cover have been notified of the new changes.

If we believe it is in the best interests of members/investors, your insurance cover may be transferred to a different life insurance company, for example, if the premiums applicable under the group policies increase significantly on the review date and there are comparable insurance products with a lower premium. You will be given at least 30 days notice of any change.

Financial adviser remuneration

If you elect to obtain insurance cover, you may negotiate with your financial adviser to pay remuneration of up to 55% (inclusive of GST) of the base insurance premium as a result of advice provided by your financial adviser. The amount of remuneration is calculated and paid annually from your account as part of your annual premium.

Government stamp duty

A government stamp duty may be imposed on annual insurance premiums. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased. The stamp duty will be included in, or in addition to, the annual insurance premium. If the stamp duty is charged in addition to

the insurance premium, it will be shown as a separate deduction from your account. State governments may change the rate of stamp duty from time to time, and any change may affect the amount you pay.

Administration charges

Each individual member/investor who elects to obtain insurance cover must pay an annual fee of \$41.00 which is paid annually from your account as part of your annual premium. The annual fee for members of employer group plans is \$15.37. These annual fees are for administration services provided by us to members in relation to the insurance cover.

Corporate remuneration

Synergy will receive up to 16.5% of the base annual insurance premium paid to the Insurer for providing administration services in relation to the insurance products. For example, Synergy will receive \$16.50 per \$100 base annual premium. This is not an additional charge to you.

Goods and services tax (GST)

All charges are inclusive of GST and the benefit of Reduced Input Tax Credits (RITC) if they apply (certain insurance charges may or may not include GST and/or RITC). Where RITC is available, 75% of the GST applying to fees can be and is claimed by the Fund and passed on to members/investors. As a result, rather than the full amount of GST applying to fees being 10%, the net impact of the GST is 2.5% (10% minus RITC of 75% = 2.5%). Fees are disclosed to two decimal places throughout this document but are calculated to four decimal places.

Refund of Premiums

If you terminate your insurance cover after the 'cooling-off period' has expired, we will refund any premiums relating to a period of unused insurance cover. For more information please refer to the following section titled 'Cooling-off period'.

Cooling-off period

You have a period of 14 days (the 'cooling-off' period) during which you can cancel your insurance cover by notifying us in writing, and you will receive a refund of any premiums paid. The 14-day period starts five days after the date of the letter advising that the insurance cover has been issued. If you cancel your insurance cover during this period, any premiums repaid may be adjusted to reflect

any administrative expenses, and tax or duties payable by us. If you or any of the persons insured exercise a right or power under the terms of the insurance cover, such as making a claim, the right to 'cooling-off' terminates immediately.

Commencement of insurance cover

Your insurance cover will commence on the date that the Insurer issues an acceptance advice to us. We will provide you with a certificate of insurance confirming the acceptance by us and the Insurer. The certificate will outline the amount and type of benefit payable.

If there are not sufficient cleared funds within your account to satisfy your first insurance premium within 30 days of the acceptance of your insurance cover by the Insurer, your insurance cover may be cancelled.

Insurance cover through a superannuation product

Payment of benefits

In the event of your death, the Insurer will pay the death benefit to us. The Trustee will then provide the proceeds to any beneficiaries you have nominated as a binding nomination within your Superannuation product. In the event that no binding nomination is made, your death benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or your legal personal representative.

Where a claim has been submitted for TPD, the Insurer will need to be satisfied that you meet the definition of total and permanent disablement as defined in the group insurance policies. If you do not meet the definition, your TPD claim will be declined and will not be paid. You will be advised in writing regarding the outcome of your claim. Where a claim has been accepted, the Insurer will pay any benefit to us. The Trustee will need to be satisfied that a condition of release, e.g. permanent incapacity as defined under the Superannuation Industry (Supervision) Act 1993 (SIS), has been met prior to making any payment from the superannuation product. If you do not meet a condition of release, the TPD benefit must remain in the superannuation product until a condition of release has been met.

Where a claim has been submitted for Salary Continuance, the Insurer will need to be satisfied that you meet the definition of total

Part A: General information about your insurance cover

disability or disablement as defined in the group insurance policies. If you do not meet the definition, your Salary Continuance claim will be declined and your benefit will not be paid. You will be advised in writing regarding the outcome of your claim. Where a claim has been accepted for Salary Continuance, the benefit will be paid directly to you after the Trustee has been satisfied that a condition of release has been met. The benefit paid by the Insurer may be less any applicable Superannuation Guarantee Contribution amounts which will be applied to your superannuation account.

Membership of the Fund

To be eligible for insurance cover you must be a member or will become a member of one of the superannuation products. Your membership will be governed by the terms and conditions of the Trust Deed of the superannuation product (as amended from time to time).

The benefits to which you are entitled are limited to those specified under group insurance policies. Payment of any benefit to you by the Trustee is subject to acceptance of a claim by the Insurer. Payment of insurance premiums beyond age 65 is subject to you remaining eligible to contribute to superannuation and meeting the eligibility for insurance cover requirements as detailed on page 9 of the PDS.

Taxation

The tax information contained in this PDS is based on our understanding of current legislation and of current Australian Taxation Office (ATO) practice as at the date of this PDS. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances. Therefore you should seek professional advice concerning your own taxation position.

Death & TPD insurance premiums are generally not tax deductible. Depending on your circumstances, tax deductions or rebates for superannuation contributions used to fund the insurance premiums may be available. Tax deductions (subject to certain restrictions) may be available for contributions paid by employers, employees who receive no employer support and the self-employed or substantially self-employed.

If the insurance cover is part of a superannuation fund, any benefits payable on your death are treated as death benefits. Death benefits paid to your dependants (defined to include a spouse or former spouse including a de facto spouse, any of your children under 18 years of age and any person who is financially dependent on you and living with you) are tax free. Lump sum life insurance benefits paid directly to a person who is not a dependant (as defined under

the Tax Act) are treated as a superannuation lump sum benefit and taxed accordingly.

The tax payable on TPD benefits will vary due to a number of factors such as your age, length of service and amount of benefit. For a full explanation, you should consult a specialist taxation adviser.

The benefits paid under Salary Continuance insurance cover are paid out as taxable income, the same as salary and wages. Any payments will therefore be made after normal Pay As You Go (PAYG) amounts have been deducted by the Insurer. If you receive these benefits, you will be asked to provide your tax file number to the Insurer, otherwise the tax deducted from benefit payments will be at the maximum personal tax rate applicable at the time.

Premiums are deducted from your superannuation account and they are not a tax deduction to you personally. However, the superannuation fund is able to claim a tax deduction of up to 15% for certain fees and charges such as administration fees and certain insurance premiums. Any tax deductions received by us will be rebated back to you.

Insurance cover through an investment product

Payment of benefits

In the event of your death, the Insurer will pay the death benefit to us, and we will then provide the proceeds to your estate and/or your legal personal representative. Where a claim has been submitted for TPD, the Insurer will need to be satisfied that you meet the definition of total and permanent disablement as defined in the group insurance policies. If you do not meet the definition, your TPD claim will be declined and will not be paid.

You will be advised in writing regarding the outcome of your claim. Where a claim has been accepted for TPD, the benefit will be paid directly to you.

Where a claim has been submitted for Salary Continuance, the Insurer will need to be satisfied that you met the definition of total disability or disablement as defined in the group insurance policies. If you do not meet the definition, your Salary Continuance claim will be declined and your benefit will not be paid. You will be advised in writing regarding the outcome of your claim.

Where a claim has been accepted for Salary Continuance, the benefit will be paid directly to you.

Membership of the Fund

To be eligible for insurance cover you must be an investor or will become an investor of one of the investment products. Your membership will be governed by the terms and conditions of the governing deed of the investment product (as amended from time to time).

The benefits to which you are entitled are limited to those specified under group insurance policies. Payment of any benefit to you by us is subject to acceptance of a claim by the Insurer.

Taxation

The tax information contained in this PDS is based on our understanding of current legislation and of current Australian Taxation Office (ATO) practice as at the date of this PDS. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances. Therefore you should seek professional advice concerning your own taxation position.

Personal taxation deductions are not generally available in respect of premiums payable under ordinary death and/or TPD insurance cover within an investment product. Tax deductions may be available for self managed superannuation funds that are using an investment product to provide life insurance for their members.

In some business arrangements, premiums may also be deductible; however, this would need to be determined by you after receiving professional taxation advice on your particular circumstances.

Generally, your Salary Continuance insurance premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997. As such, any premiums paid will reduce the taxable income of your investment portfolio. Should the premium cost exceed the taxable income of your investment portfolio in any year, you may claim the difference as a personal tax deduction.

The benefits paid under Salary Continuance insurance cover are paid out as taxable income, the same as salary and wages. Any payments will be made after normal PAYG amounts have been deducted by the Insurer. If you receive these benefits, you will be asked to provide your tax file number to the Insurer, otherwise the tax deducted from benefit payments shall be at the maximum personal tax rate applicable at the time.

How do I apply for insurance cover?

To apply for insurance cover please complete the application form included within this PDS and forward it to the following address:

First Quest Administration

GPO Box 584
HOBART TAS 7001

This application will then be forwarded to the Insurer, who will consider your application.

By completing and signing the application you acknowledge and confirm that:

- you currently hold an eligible product and that you have read and understood the relevant PDS as described in the section 'About this product disclosure statement' on page 2 and agree to have annual insurance premiums deducted from this product or
- you have completed the application form in Part 1 of the PDS for an eligible product and you have read and understood all applicable parts of the PDS for that product.

Please note: Your insurance cover will not commence until a final acceptance advice has been issued by the Insurer to us. We will then provide you with a certificate of insurance confirming your acceptance.

If you have not completed your application correctly or insurance premiums remain due and unpaid then your insurance cover may be cancelled. Please refer to the section titled "When will your insurance cover cease?" on page 11 of Part B and page 14 of Part C.

How do I make a claim?

For us to forward you the required claim forms please contact your financial adviser or the Client Service Centre on 1800 550 188. You may also write to us at the following address:

First Quest Administration

GPO Box 584
HOBART TAS 7001

We will send you the applicable forms that you must complete and return to us. We will then forward your claim to the Insurer for assessment. If the Insurer requires further details to assess your claim, we or the Insurer will request these details from you.

Part A: General information about your insurance cover

Completing the claim forms

Before the Insurer can assess your eligibility for benefits, you will need to complete the applicable claim forms. These forms provide the key information regarding the nature of your claim application. To avoid delays, it is important that you complete and return the relevant forms as soon as possible.

Please ensure that all details requested on the claim forms are complete and accurate. You will also be required to provide proof of identity, and where requested, any supporting documentation relevant to your application for benefits. Submission of incomplete claim forms will result in delays in your application being assessed.

To apply for a benefit or for assistance completing the claim forms, please contact your financial adviser, or the Client Service Centre on 1800 550 188.

Claims after your insurance cover has ceased

If your insurance cover has ceased you may still be entitled to make a claim for an event which happened before the insurance cover ceased.

How do I make an enquiry or complaint?

If you have an enquiry, please contact your financial adviser or the Client Service Centre on 1800 550 188 from anywhere in Australia.

If you have a complaint, please let us know by writing to:

Enquiries and Complaints Officer
Synergy Capital Management Limited
GPO Box 852
HOBART TAS 7001

Please include in your letter the exact nature of your complaint, your name and your eligible product account number. We are required to address your complaint within 45 days (for investment products) or 90 days (for superannuation products) of receipt of your complaint.

If you are dissatisfied with our response to your enquiry or complaint, you may contact the following:

Investment products

Financial Ombudsman Service

The Financial Ombudsman Service is governed by an independent council which reports directly to the Federal Minister for Consumer Affairs.

The complaints service can be contacted on 1300 780 808. Alternatively, you can write to:

Financial Ombudsman Service
GPO Box 3
MELBOURNE VIC 3001

Superannuation products

Superannuation Complaints Tribunal

The Superannuation Complaints Tribunal (SCT) is an independent body set up by the Federal Government to help members or their dependants resolve superannuation complaints. You may only approach the SCT if you have first been through the Fund's internal complaint procedure.

The SCT can be contacted as follows:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO MELBOURNE VIC 3001
Phone: 1300 780 808
Website: www.sct.gov.au

Part B: Death Only and Death & TPD

What are the significant features and benefits?

Death Only insurance cover

Death Only insurance cover provides a lump sum benefit in the event of your death. Exclusions apply and are documented on page 10.

Interim accidental cover

To give you some protection while your application is being assessed, you are provided with interim accidental cover for your accidental death. The amount payable on accidental death is the lesser of \$500,000 and the amount of death benefit applied.

If your insurance cover is via an employer group arrangement your interim accidental cover will be lesser of \$500,000 and the amount you will receive under your employer benefit formula.

Interim accidental cover starts from the date we receive your fully completed personal statement.

Interim accidental cover automatically ends as soon as one of the following happens:

- your application for insurance cover (including automatic acceptance or counter offer acceptance) is accepted or declined by the Insurer
- you withdraw your personal statement
- we advise you that the Insurer has cancelled the interim accidental cover, or
- 90 days pass from the date the Insurer receives your fully completed personal statement.

Death & TPD insurance cover

Death & TPD insurance cover provides a lump sum benefit in the event of your death or that you become totally and permanently disabled. Exclusions apply and are listed on page 10.

Please note that where a benefit is paid for TPD, it will reduce any related death insurance cover by the amount paid.

TPD defined

To be considered for a total and permanent disability claim you must have suffered an injury or illness causing you to be totally disabled for a continuous period of six months, and at the end of this time, you must be unable to return to any work for which you are reasonably suited, based on your education, training and experience at the time.

You are considered totally and permanently disabled for insurance purposes based on the following definition:

'Total and permanent disability' and 'Totally and permanently disabled' means that the insured person suffers an injury or illness and the Insurer is satisfied that he or she:

- a) has suffered total and irrecoverable loss of the:
 - i. use of two limbs; or
 - ii. sight of both eyes; or
 - iii. sight of one eye and the loss of the use of one whole hand, or whole foot; or
- b) has been absent from employment due to illness or injury for a continuous period of six months and in the Insurer's opinion is so disabled that he or she will never be able to perform his or her own occupation or any other occupation for which they are reasonably suited by education, training or experience.

Eligibility for insurance cover

Type of cover	Who is eligible
Death	Members/Investors of an eligible product aged 17–70 next birthday Renewable to age 70
TPD	Members/Investors of an eligible product aged 17–64 next birthday and employed on a permanent basis of at least 15 hours per week To be taken out in conjunction with Death insurance cover Renewable to age 64

Part B: Death Only and Death & TPD

Level of insurance cover

Individuals

If you are obtaining Death Only insurance cover or Death & TPD insurance cover as an individual member, and not as an employee of an employer that makes superannuation contributions on your behalf then, subject to approval by the Insurer, you can choose the level and type of insurance cover best suited to your situation.

Employer Superannuation

If you are obtaining Death Only insurance cover or Death & TPD insurance cover via an employer group arrangement which your employer has implemented then your insurance cover will be subject to the automatic acceptance limits described in the following table. You should consult your employer to find out which level of insurance cover will apply to you.

You may be able to obtain additional insurance cover above these automatic acceptance limits subject to the completion of a personal health statement and the Insurer underwriting and accepting your application.

The maximum allowable automatic acceptance limits that apply in relation to Death Only insurance cover and Death & TPD insurance cover are as follows:

Number of lives	Maximum sum insured
5–9	\$200,000
10–19	\$250,000
20–29	\$300,000
30–49	\$350,000
50–74	\$400,000
75–99	\$450,000
100 and over	Subject to advice

World-wide cover

Your Death and/or TPD insurance cover will cover you anywhere in the world 24 hours per day.

Continuation of insurance cover

If you are under age 60 and cease to hold an eligible product, you may elect to transfer your existing death insurance cover to a new policy of insurance directly with the Insurer in your own name. The new policy will be for the same value of insurance cover and any special conditions, premium loadings or endorsements that were previously applied will be applied to the new policy. The new policy must meet the Insurer's minimum premium requirements and you must be within the Insurer's normal minimum/maximum age range. The new policy will be based on the terms and conditions that apply to a policy of the type to be issued at the time. The Insurer may refuse your request for continuation of your death insurance cover if you are leaving the eligible product for reasons of ill health. This facility is not available for TPD insurance cover.

This election can be made by completing a continuation option form and returning to the Insurer within 60 days of ceasing to hold the eligible product. The continuation form can be obtained by calling the Client Service Centre on 1800 550 188.

Risks for you to consider

Exclusions

As with most forms of insurance cover, there are some circumstances where your Death Only insurance cover or Death & TPD insurance cover will not provide you with a benefit.

The exclusions applicable to Death Only insurance cover and Death & TPD insurance cover that are not issued under automatic acceptance provisions are as follows:

- if your death occurs during the first 13 months after your insurance cover commences or is reinstated after having lapsed, and the cause of death is determined as a deliberately self-inflicted act, then no benefits will be payable
- if you suffer a total and permanent disability as a consequence of a deliberately self-inflicted injury, then no benefit will be payable at any time, or
- any other exclusion which is specific to you and noted on your certificate of insurance.

When will your insurance cover cease?

Once your application for insurance cover has been accepted, the Insurer cannot cancel your individual insurance cover. Your insurance cover will continue while you maintain an account in an eligible product and will only cease in the event that one of the following occurs:

- you request that your insurance cover is cancelled
- you close your account and cease to hold an eligible product
- your insurance premium remains due and unpaid for a period of 30 days, or
- you attain the age of 70 years for Death Only insurance cover, or in the case of Death & TPD insurance cover, age 64 when your TPD insurance cover will cease and age 70 when your Death insurance cover will cease.

Part C: Salary Continuance

What are the significant features and benefits?

Salary Continuance insurance cover

Salary Continuance insurance cover is designed to provide an income to individuals who suffer an injury or illness that causes them to be off work for an extended period. These benefits commence after a certain period of time has elapsed, usually either 30 or 90 days after the person has first suffered an injury or illness that prevents them from working.

Benefits are payable from the expiration of the relevant waiting period and will continue to be paid while you remain disabled for a maximum period of up to two years from the date payments commence, or until you reach 65 years of age, whichever is the earlier.

Benefits are calculated annual and paid monthly in arrears. If a benefit is payable for a period of less than one month, the amount payable will be calculated pro rata.

Interim accidental cover

To give you some protection while your application is being assessed, you are provided with an interim disability benefit. The amount payable to you is the lesser of \$15,000 per month and the requested amount of benefit.

If your salary continuance insurance cover is via an employer group arrangement your interim disability benefit will be the lesser of \$15,000 per month and the amount you will receive under your employer benefit formula.

Interim accidental cover automatically ends as soon as one of the following happens:

- your application for insurance cover is accepted conditionally or unconditionally by the Insurer
- you withdraw your personal statement
- we advise you that the Insurer has cancelled the interim accidental cover, or
- 90 days pass from the date the Insurer receives your fully completed personal statement.

Total disability defined

To qualify for a benefit under your Salary Continuance insurance cover, you must have suffered an injury or illness that causes you to be totally disabled defined as follows:

'Total disability or disablement' means that the insured person is unable to perform at least one of the income producing duties of his or her own regular occupation that can reasonably be regarded as essential to producing the person's earned income.

You must also not be involved in any employment or activity that would usually be undertaken for reward or profit, be under the regular care and treatment of a medical practitioner (not yourself, a relative or business associate) and you must be complying with the reasonable advice of that practitioner.

Eligibility for insurance cover

Type of cover	Who is eligible
Salary Continuance	Members/Investors of an eligible product aged 17–65 next birthday, employed on a permanent basis for an average of at least 15 hours per week Renewable to age 65

Level of insurance cover

Individuals

If you are obtaining Salary Continuance insurance cover as an individual member, and not as an employee of an employer that makes contributions on your behalf, then the amount of the benefit payable is equal to the amount of insurance cover approved by the Insurer at the time you take out your Salary Continuance insurance cover. In any case the maximum amount payable under the policy is 75% of your income immediately before you ceased work due to your injury or illness.

Employer Superannuation

If you are obtaining Salary Continuance insurance cover via an employer group arrangement which your employer has implemented, then your insurance cover will be the lesser of 75% of your income before you ceased work or the automatic acceptance limits described in the table below. You should consult your employer to find out which level of insurance cover will apply to you.

You may be able to obtain additional Salary Continuance insurance cover above these automatic acceptance limits up to a maximum of 75% of your income, subject to the completion of a personal health statement and the Insurer underwriting and accepting your application.

The maximum allowable automatic acceptance limits that apply in relation to Salary Continuance insurance cover are as follows:

Number of lives	Maximum sum insured
10–14	\$2,500 benefit per month
15–29	\$3,500 benefit per month
30–49	\$4,500 benefit per month
50–74	\$5,500 benefit per month
75 and over	\$7,000 benefit per month

Continuation of insurance cover

If you are under age 60 and cease to hold an eligible product, you may elect to transfer your existing salary continuance insurance cover to a new policy of insurance directly with the Insurer in your own name. The new policy will be for the same value of benefits, waiting period and benefit payment period and any special conditions, premium loadings or endorsements that were previously applied will be applied to the new policy.

To be eligible for continuation of insurance cover you must not have received a salary continuance benefit payment within the last six months of ceasing to hold an eligible product and must have commenced or be contracted to commence employment in an occupation which is acceptable to the Insurer or have entered into an agreement to operate a business enterprise which is acceptable to the Insurer. The new policy must meet the Insurer's minimum premium requirements and you must be within the Insurer's normal minimum/maximum age range. The new policy will be based on the terms and conditions that apply to a policy of the type to be issued at the time. The Insurer may refuse your request for continuation of salary continuance insurance cover if you are leaving the eligible product for reasons of ill health or retirement.

This election can be made by completing a continuation option form and returning to the Insurer within 60 days of ceasing to hold the eligible product. The continuation form can be obtained by calling the Client Service Centre on 1800 550 188.

Additional benefits and features

Salary Continuance insurance cover has a number of special features and additional benefits of which you need to be aware. Following are brief outlines of these features and benefits:

World-wide cover

Your Salary Continuance insurance cover will cover you anywhere in the world 24 hours per day.

However, if you suffer an injury or illness whilst overseas, you must return to Australia or another country approved by the Insurer within six months of the date you first received the payment of a benefit under your insurance cover or the Insurer may cease making the benefit payments after the six months has expired.

Recurrent disablement

If you have been receiving benefits under your Salary Continuance insurance cover and subsequently recover, and if within six months of your recovery you again become partially or totally disabled due to the same cause, the waiting period is waived and it is treated as a continuation of the previous claim.

Premium Waiver

While you are receiving salary continuance benefits the Insurer will waive the premium due at that time.

Partial disability

If you become totally disabled and are off work for 14 continuous days and then return to work, if by the end of the waiting period, as a result of the injury or illness you are not earning the same level of income as you were pre-disability, you may be entitled to a partial disability benefit.

The partial disability benefit is calculated by multiplying the total disability benefit by the percentage reduction in your income that you were earning before you suffered the injury or illness. This ensures that in most cases you will not be disadvantaged if you attempt to return to work during the waiting period.

Rehabilitation expenses

If you would be assisted in your return to work by undertaking a formal rehabilitation program, the Insurer may pay the costs of undergoing such a program if it has approved the program before it commences.

Part C: Salary Continuance

If you die while on claim

Should you die while you are entitled to receive salary continuance benefits, the Insurer will pay an additional three months income benefits to your estate.

If you receive other income while on claim

If you receive income from one or more of the sources listed below while receiving payments under your Salary Continuance insurance cover, your benefit will be reduced by the amount of that payment:

- Workers' Compensation
- statutory accident compensation schemes, or
- any policy of insurance designed to pay an income in the event of injury or illness.

Please note: Your level of benefit will only be reduced if these payments are to compensate you for loss of income.

Risks for you to consider

Waiting period

You may select either a 30 or 90-day waiting period. No benefits are payable during the waiting period which commences from the first date that you are totally disabled.

Exclusions

As with most forms of insurance, there are some circumstances where your Salary Continuance insurance cover will not provide you with a benefit. No benefit is payable if your total disability or disablement is caused by, or related to, one of the following:

- intentional self-inflicted injury
- uncomplicated pregnancy or childbirth
- war or service in the armed services, or
- any other specific limitations or restrictions applied by the Insurer and noted on your certificate of insurance.

When will your insurance cover cease?

Once your application for insurance cover has been accepted, the Insurer cannot cancel your individual insurance cover. Your insurance cover will continue whilst you maintain an account in

an eligible product and will only cease in the event that one of the following occurs:

- you request that your insurance cover is cancelled
- you close your account and cease to hold an eligible product
- your insurance premium remains due and unpaid for a period of 30 days
- you attain the age of 65 years
- you cease to be employed on a basis where you work at least 15 hours per week, or
- you leave employment on unpaid leave such as maternity or other similar leave.

Part D: Application form

First Quest Insurance Protection Insurance Application & Personal Health Statement

Please print neatly in **BLOCK LETTERS** with black pen only

Life insured details

Application for new cover Change to existing cover

Product Member/Investor number

Title Given names Surname

Date of birth / / Place of birth

Height cm/ ft in Weight kg/ stone lb

Employer's name Your occupation

Telephone Employer's industry

What is the nature of your duties? (e.g. clerical, light manual, counter sales, manual work, etc.)

Do you smoke? No Yes What form and daily quantity?

Do you drink? No Yes What form and daily quantity?

Cover required (individuals only)

Death Only – Sum Insured \$ Death and Total & Permanent Disablement – Sum Insured \$

Salary Continuance – Monthly Benefit \$ Waiting Period 30 days 90 days

Health and medical history

If you answer yes to any of the following, please tick the appropriate condition and provide details in the section below:

1. Have you EVER had high blood pressure, heart or vascular disorder, chest pain, rheumatic fever, stroke, diabetes, kidney, bladder, liver or bowel disease, asthma or any lung disease, blood disorder, epilepsy or fits, multiple sclerosis, tumour, cancer or cyst of any kind? No Yes
2. Have you EVER had any disease of or injury to the spine including neck or back, such as back strain, disc disorder, sciatica, paralysis or had any injury, deformity or disease (e.g. arthritis, gout) involving any joint or limb, tendonitis or muscle overuse syndrome? No Yes
3. Have you EVER had any mental disorder, depression, stress, anxiety or chronic fatigue, or an eye, ear or skin disorder? No Yes
4. Have you EVER tested positive for HIV/AIDS, or have you ever been in a high risk category for contracting HIV (e.g. had a blood transfusion injected drugs other than prescribed by a medical practitioner, shared needles, engaged in male to male anal sexual intercourse)? No Yes
5. During the past five (5) years, have you undertaken any tests including blood tests, ECG, X-Ray or consulted a doctor or other health professional for medical or surgical advice or treatment of any kind (not including minor viral infections, colds or influenza)? No Yes
6. Have you had any other operation, disability, illness or injury and/or have you been advised or do you intend to seek medical advice or treatment in the near future? No Yes
7. Have any near relatives suffered from diabetes, heart disease, mental disorder or breakdown, haemophilia, Huntingtons Chorea, kidney disease, high blood pressure, cancer or any hereditary disease? No Yes

For all 'Yes' answers, please complete the following:

Above question number	Name of condition and full details	When did it start?	How long did you suffer?	Degree of recovery	What treatment did you receive? (e.g. medication, operation)	Name and address of doctor, physiotherapist, chiropractor or hospital
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Quest Insurance Protection Insurance Application & Personal Health Statement

8. Please provide the name and address of your usual medical practitioner or the last doctor attended if you do not have a regular doctor.

Name

Address

9. When did you last consult this doctor and for what reason?

Results of consultation

10. Have you EVER had an application for life or disability insurance declined, postponed, premium increased or modified, or had a current policy cancelled or renewal refused? No Yes

11. Have you EVER claimed for benefits under any accident, sickness, life insurance or such benefits as Worker's Compensation or Motor Vehicle Insurance Third Party Schemes? No Yes

12. Have you EVER engaged in, or intend to engage in, and hazardous occupation or sport or engage in any other pursuit (e.g. football, rock climbing, motor racing or scuba diving), or intend to engage in aviation other than as a fare-paying passenger on a commercial airline? No Yes

For all 'Yes' answers, please complete the following:

Question No.	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please tick if you do not wish to be contacted directly by the Insurer for clarification on any of the above questions.

Your duty of disclosure

Before you enter into a contract to be provided life insurance by an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that the insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with the duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Premium and adviser remuneration (financial adviser to complete)

Financial adviser name

Occupational rating applied Quoted premium amount \$ Inclusive of adviser remuneration %

Please enclose quote with this Insurance Application and Personal Health Statement

First Quest Insurance Protection Insurance Application & Personal Health Statement

Declaration

I acknowledge that I have read the notice explaining my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.

I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.

I authorise and direct any medical or other practitioner to disclose at any time to the Insurer or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

I acknowledge that, in completing this application, I have (please tick one)

- provided information requested by my adviser through Fact Finder, and decided to purchase the policy
- chosen not to provide the information requested by the adviser
- decided to purchase a policy (and benefits) that differs from the adviser's recommendation
- sought no advice, or advice only about a limited range of products.

I acknowledge that, in relation to the benefits proposed, I have read and understood the Product Disclosure Statement to which this application forms part. I acknowledge that no cover commences until this application has been accepted by the Insurer.

I acknowledge I have read the privacy statement in the Product Disclosure Statement and consent to my personal information (including health and sensitive information) being collected, used or disclosed by the Insurer or its external service providers/contractors as provided by this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information the Insurer collects on this form or future forms in relation to this insurance.

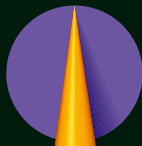
Member/Investor signature

Date

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Your Investment Solution