



DOMINION

Dominion Superannuation Master Trust

Product Disclosure Statement
Part 2 of 2 parts – Group Insurance

Issued 1 March 2011



This product is issued by:

Oasis Fund Management Limited
ABN 38 106 045 050 AFSL 274331
347 Kent Street Sydney NSW 2000
as Trustee of the
Dominion Superannuation Master Trust

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About this Product Disclosure Statement

This Product Disclosure Statement (PDS) relates only to investment in the Dominion Superannuation Master Trust (referred to in this PDS as the 'Trust') and consists of two parts:

Part 1. General Information (Super Division and Pension Division)

Part 2. Group Insurance (Super Division only) [this document]

If you have not also received the Part 1 PDS – General Information, you should contact your adviser or Client Services on 1300 554 498 or by email at contactus@oasisasset.com.au

As your superannuation and retirement savings are being invested in the Trust, the Trustee recommends you read all applicable parts of this PDS (as described above) carefully.

The terms 'we', 'us' and 'our' in this PDS refer to Oasis Fund Management Limited.

Interests to which this PDS relates will only be issued to members on receipt of an Application form issued together with this PDS.

If this PDS is offered electronically (e.g. email or the Internet), then the offer to apply for this product is only available to applicants receiving the PDS within this jurisdiction.

PRODUCT DISCLOSURE STATEMENT (PDS) FOR THE DOMINION SUPERANNUATION MASTER TRUST

This Part 2 PDS describes the Group Insurance cover options available to members investing in the Dominion Superannuation Master Trust (Trust), and contains all relevant forms for your completion.

Oasis Fund Management Limited (Trustee), ABN 38 106 045 050, AFSL 274331, issued this PDS on 1 March 2011. In the event of any material occurrence that results in the information becoming false or misleading, the Trustee will withdraw, replace or amend this PDS.

The Trustee holds an RSE Licence (L0001755), that was granted by the Australian Prudential Regulation Authority (APRA).

OBTAINING ADVICE BEFORE INVESTING

If you require information or advice about your specific financial needs and objectives you should consult your adviser (see below), a financial services licensee or an authorised representative of a financial services licensee.

YOUR ADVISER

The term 'adviser' refers to either a financial services licensee or an authorised representative of a financial services licensee.

In relation to the Trust, you use the services of a professional adviser to provide:

- initial and ongoing advice and guidance
- education and financial planning services.

If you require assistance with your Trust membership, you should consult your adviser.

Your adviser may receive payment for providing these services. The amount they receive is included in certain fees charged to your account.

BENEFITS AND RISKS OF INVESTING IN THE TRUST

The Trust offers you:

- the flexibility to save for your retirement in a tax effective environment
- the ability to tailor your investment strategies according to your own specific risk/return requirements
- a comprehensive choice of insurance offerings consisting of Group Insurance of Death Only or Death and Total & Permanent Disablement (TPD) and Salary Continuance insurance cover and/or OneCare Insurance of Life, TPD, Income Secure and Extra Care insurance cover (Super Division only)
- the ability to receive a regular, tax effective income in retirement.

If you leave the Trust, you may receive less than the amount invested in your account due to the impact of investment returns, fees and tax charged.

CHOOSING A SUPERANNUATION FUND

This PDS provides you with important information that will assist you in comparing the features of the Trust with any other superannuation fund.

IF YOU NEED MORE INFORMATION

You can obtain further information about the Trust and the Trustee by contacting Client Services on 1300 554 498 or by writing to the Trustee at the correspondence address shown on the inside back cover.

IMPORTANT NOTICE

Investments in the Trust are subject to investment risk. The level of this risk is dependent on the investments you have chosen. Other risks include potential delays in processing withdrawals, reduction in your investments and potential loss of retirement income. The inclusion of an investment in the Trust's menu is not a recommendation or advice by the Trustee.

The Trustee does not guarantee your investments or the returns on any of your selected investments.

The information contained in this PDS is general in nature and does not take into account your individual circumstances. To determine if the Trust is appropriate to your individual circumstances you should seek professional advice.

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Group Insurance

You should consider insurance as a key element of your overall financial planning strategy as it can provide both you and your family with financial security and peace of mind by easing the potential financial strain that may result should you become disabled or die.

You may find that insurance through superannuation is more cost effective. Your premiums are deducted from your superannuation account on the first business day of each month.

The Dominion Superannuation Master Trust offers the following Group Insurance options to members of the Super Division:

- Death Only
- Death and Total & Permanent Disablement (TPD)
- Salary Continuance.

The Insurer

Group Insurance consisting of Death Only, Death and TPD and Salary Continuance cover is provided to members of the Super Division who are accepted for cover under Group Insurance policies owned by the Trustee and issued by OnePath Life Limited (OnePath Life) (ABN 33 009 657 176, AFS Licence No. 238341).

OnePath Life is a related body corporate of the Trustee.

Trustee's responsibility

The Trustee is only liable to members for insured benefits paid by the Insurer. The Trustee is not liable where the Insurer declines cover or refuses a claim.

Some factors to consider when determining the appropriate amount of insurance cover you may need include the amount of:

- money you require to cover living expenses
- any outstanding debts you have
- other existing insurance cover you may have.

The Trustee recommends that you consult your adviser if you require assistance in determining the appropriate amount of insurance cover for your particular circumstances.

Duty of Disclosure

Payment of a claim may be denied to you by the Insurer if you have not fully and accurately answered questions in your application. Please read carefully your duty of disclosure which is set out on the Group Insurance Application form and Personal Statement attached to this PDS.

Important information

The information in this PDS is a guide only. Full terms and conditions, including any exceptions or offsets, as well as detailed definitions and requirements are contained in the policy documents between the Trustee and the Insurer, and take precedence over this PDS. Copies of the policy documents issued to the Trustee are available on request via our Client Services team.

The Insurer has consented to the use of their name in this PDS. Because this PDS provides only a summary of the terms and conditions of the policies issued to the Trustee, you should request a copy of the policy documents if you require more detailed information. The Insurer will rely on the terms and conditions of the policies in all circumstances when determining their liability to any claim lodgement.

Insurance risks

Should you elect insurance cover under the Trust, there are a number of insurance risks you should be aware of:

- The insurance cover you select under the Trust may not provide the appropriate cover for your needs. Your adviser can help you decide on the insurance that is most appropriate for your specific needs and circumstances.
- If you do not disclose to the Insurer every matter that you know or could be reasonably expected to know, that would be relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms, the Insurer may avoid the contract (or avoid cover in respect of any cover provided for you) within three years of entering into it, provided the Insurer would not have entered into that contract on any terms had full disclosure been made.
- If your non disclosure is fraudulent, the Insurer may avoid the contract in respect of your cover at any time.
- Where a premium is due but not paid due to insufficient funds, your Group Insurance cover will cease after 60 days and the Insurer will not assess any claim which arises after the cancellation date.
- Any benefits payable under your Group Insurance cover are paid to the Trustee as the policy owner. The release of these benefits by the Trustee will be subject to the Trust Deed and relevant superannuation laws.

Group Insurance options at a glance

Death Only cover	Death and TPD cover	Salary Continuance cover
<p>Available from when you are aged 16 next birthday to your 75th birthday.</p>	<p>Available from when you are aged 16 next birthday to your 70th birthday.</p>	<p>Available from when you are aged 16 next birthday to:</p> <ul style="list-style-type: none"> your 70th birthday if you elect a two-year benefit period, or your 65th birthday if you select a benefit period up to age 65, <p>providing you are working full time or part-time for more than 15 hours per week.</p>
<p>Level of cover No maximum.</p>	<p>Level of cover Up to \$3,000,000.</p>	<p>Level of cover The lesser of:</p> <ol style="list-style-type: none"> 75% of salary plus up to 10% of salary for super contributions, and \$25,000 per month.
<p>Eligibility You are eligible if you:</p> <ul style="list-style-type: none"> have not reached the benefit expiry age of 75 are an Australian citizen, permanent resident or hold a valid visa* reside in Australia (unless you are working overseas with the Insurer's prior written approval), and work in an occupation that the Insurer does not class as an excluded occupation. 	<p>Eligibility You are eligible if you:</p> <ul style="list-style-type: none"> have not reached the benefit expiry age of 70 are an Australian citizen, permanent resident or hold a valid visa* reside in Australia (unless you are working overseas with the Insurer's prior written approval), and work in an occupation that the Insurer does not class as an excluded occupation. 	<p>Eligibility You are eligible if you:</p> <ul style="list-style-type: none"> have not reached the benefit expiry age of 70 if you have selected a two year benefit period, or have not reached the benefit expiry age of 65 if you have selected a benefit period to age 65, and are an Australian citizen, permanent resident or hold a valid visa* reside in Australia (unless you are working overseas with the Insurer's prior written approval) work in an occupation that the Insurer does not class as an excluded occupation.
<p>Exclusions The Insurer may reduce or decline to pay benefits if:</p> <ul style="list-style-type: none"> any relevant information is not disclosed to the Insurer a Death claim is made within 13 months of the date that the cover or an increase in cover commences where the claim has occurred as a result of any intentional or deliberate act or omission any such exclusion as the Insurer may apply to an individual insured member as a condition of acceptance of cover. <p>In the event of war, the Insurer may:</p> <ul style="list-style-type: none"> offer increased premium rates, or exclude benefit payments if the event giving rise to the claim is caused directly or indirectly from such war (except where the insured member dies on war service). 	<p>Exclusions The Insurer may reduce or decline to pay benefits if:</p> <ul style="list-style-type: none"> any relevant information is not disclosed to the Insurer a Death or TPD claim is made within 13 months of the date that the cover or an increase in cover commences where the claim has occurred as a result of any intentional or deliberate act or omission any such exclusion as the Insurer may apply to an individual insured member as a condition of acceptance of cover. <p>In the event of war, the Insurer may:</p> <ul style="list-style-type: none"> offer increased premium rates, or exclude benefit payments if the event giving rise to the claim is caused directly or indirectly from such war (except where the insured member dies on war service). 	<p>Exclusions A Salary Continuance benefit will not be payable where the direct or indirect cause of claim is:</p> <ul style="list-style-type: none"> by war, or act of war by an insured member's intentional self-inflicted act, or by pregnancy, unless the insured member is disabled for more than three months after the end of the pregnancy, in which case the waiting period is deemed to start on the later of, the date total disability begins and the end of the pregnancy. <p>The Insurer may reduce or decline to pay benefits if:</p> <ul style="list-style-type: none"> the insured member is imprisoned the insured member does not comply with the Insurers claim requirements the Insurer has not received notice at the time an insured member's disability starts to the extent that its assessment or management of the claim is prejudiced.

Note: TPD cover can only be taken in conjunction with Death cover. The TPD cover amount cannot exceed the Death cover amount.

* 'Visa' means a current and valid working or spouse visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act.

Death Only cover

What is Death Only cover?

Death Only cover provides a lump sum benefit if you die. The benefit payable is the insured benefit. The amount of this benefit is unlimited, but must be financially justifiable.

Terminal Illness benefit

Death cover includes Terminal Illness cover. To be eligible for this benefit you must be regarded as terminally ill when, in the opinion of an appropriate specialist physician approved by the Insurer the terminal illness is likely to lead to death within 12 months from the date the opinion is provided to the Insurer.

Payment of a claim must be approved by the Insurer and payment of your insured benefit will be made by the Insurer to the Trustee. Provided that the Trustee is satisfied with the Insurer's decision and you meet the relevant condition of release prescribed by superannuation law, your insured benefit and any account balance in the Trust will be paid to you.

The benefit payable will be the lesser of:

- the insured benefit, or
- \$2.5 million.

Your Death cover will be reduced by any amount of the Terminal Illness benefit paid to you by the Insurer. If your Death cover is greater than \$2.5 million, the balance will be paid on your death as long as:

- this is before the benefit expiry age of 75
- premiums continue to be paid for the reduced Death cover
- the Death cover is still in force.

CPI indexation on your Death Only cover

You have the option to elect for your Death Only sum insured to be automatically adjusted every year in March as a part of the annual review in line with the Consumer Price Index (CPI).

For further information in relation to CPI indexation and conditions refer to 'CPI indexation' on page 18.

Guaranteed insurability option

The guaranteed insurability option allows you to increase your Death Only or Death & TPD cover without the need for underwriting, should one of the following life events occur:

- you or your spouse give birth to or adopt a child
- you enter into a marriage (only available once)
- a dependant child of yours starts secondary school.

You may increase your sum insured up to the lesser of:

- 25% of your existing sum insured, or
- \$200,000.

To take up the guaranteed insurability option you will need to complete the Guaranteed Insurability Option form within 30 days of the life event occurring. This form is available from your adviser, on our website or by contacting Client Services. You will also need to provide evidence of the life events having occurred such as a birth certificate or marriage certificate to the Insurer on request. You may only apply for an increase in cover for one specific life event in any 12 month period across all policies issued by the Insurer.

Continuation of Death Only cover after you leave the Trust

If you have Death Only cover when you cease membership of the Trust, you can apply for a Death Only policy outside superannuation direct with the Insurer within 60 days of leaving the Trust, provided you are not leaving the Trust due to injury or illness.

The Insurer will not require medical evidence to be provided, however to exercise the continuation option you must:

- apply in writing directly to the Insurer within 60 days of the date you cease to be a member of the Trust
- pay one month's deposit premium
- complete any questions pertaining to AIDS to the Insurer's satisfaction
- be less than 60 years of age
- provide any other information the Insurer may request for the purpose of assessing your application.

You must not have:

- received, or be eligible to receive, benefits under your Group Insurance cover held within the Trust, or
- joined or be joining the armed forces in any country.

Continuation of Death Only cover once you reach your benefit expiry age

If your cover ends because you have reached the Death Only cover benefit expiry age of 75, you have the option to apply for an individual Death Only policy direct with the Insurer within 90 days of your 75th birthday.

You can apply for a Death Only policy outside superannuation direct with the Insurer, with a sum insured equal to or less than, the sum insured of your expired superannuation Death Only policy.

You will not be required to provide medical evidence, but to take up this option you must:

- apply in writing directly to the Insurer within 90 days of the date you turn 75
- pay one month's deposit premium
- complete any questions pertaining to AIDS to the Insurer's satisfaction
- be 75 years of age
- provide any other information the Insurer may request for the purpose of assessing your application.

You must not have:

- received, or be eligible to receive, benefits under your Group Insurance cover held within the Trust, or
- joined or be joining the armed forces in any country.

Death and Total & Permanent Disablement cover

What is Death and Total & Permanent Disablement cover?

If you have Death and Total & Permanent Disablement (TPD) cover and you are totally and permanently disabled due to illness or injury within the meaning of the relevant insurance policy, your benefit will be equal to your insured benefit plus your account balance (less any relevant charges or government tax).

Payment of a claim must be approved by the Insurer and payment of your insured benefit will be made by the Insurer to the Trustee. Provided that the Trustee is satisfied with the Insurer's decision and you meet the relevant condition of release prescribed by superannuation law, your insured benefit and any account balance in the Trust will be paid to you. The maximum benefit you can receive, if you have been accepted for this amount of cover, is \$3 million.

TPD definitions

The Insurer and Trustee must be satisfied that on the basis of all medical and other evidence available, you meet one of the relevant insurance policy TPD definitions as follows:

Part 1a – unlikely to return to work

If you are engaged in a gainful occupation, business, profession or employment when suffering an injury or illness and, as a result of that injury or illness, you are:

- totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months, and
- determined by the Insurer at the end of that six month period (or such later time the Insurer agrees with the Trustee), to be permanently incapacitated to such an extent as to render you unlikely ever to engage in any gainful occupation, business profession or employment, for which you are reasonably suited by education, training or experience.

OR

Part 1b – unlikely to return to home-making duties

As a result of illness or injury, and where you are wholly engaged in full time unpaid domestic duties in your own residence, you are:

- under the regular care of a medical practitioner and are unable, for a period of six consecutive months, to perform normal domestic duties, leave your home unaided, or be engaged in any occupation, and
- are disabled at the end of the period of six months, to such an extent that you require ongoing medical care and are unlikely ever again to be able to perform any normal domestic duties or be engaged in any occupation for which you are reasonably suited by education, training or experience.

2. Permanent impairment

If you are engaged in a gainful occupation, business, profession or employment when suffering an injury or illness and, as a result of that injury or illness, you:

- suffer a permanent impairment of at least 25 percent of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or an equivalent guide to impairment approved by the Insurer, and
- are disabled to such an extent, as a result of this impairment, you are unlikely ever again to be able to engage in any occupation for which you are reasonably suited by education, training or experience.

3. Specific loss

As a result of illness or injury, you suffer the total and permanent loss of the use of:

- two limbs (where 'limb' is defined as the whole hand or the whole foot), or
- the sight in both eyes, or
- one limb and the sight in one eye.

4. Loss of independent existence

As a result of illness or injury, you suffer the loss of independent existence.

'Loss of independent existence' means the Insurer has determined you are totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

- bathing and/or showering
- dressing and undressing
- eating and drinking
- using a toilet to maintain personal hygiene
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.

5. Cognitive loss

As a result of illness or injury, you suffer cognitive loss.

'Cognitive loss' means the Insurer has determined a total and permanent deterioration or loss of intellectual capacity requires you to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six month period, you are likely to require permanent ongoing continuous care and supervision by another adult person.

Work definitions

Full time/permanent part time workers

You will qualify for unrestricted TPD cover where you are employed in a gainful occupation, business or profession on a full time or permanent part time basis and work 15 hours or more per week on a permanent basis.

Unrestricted TPD cover means you are able to make a TPD claim provided you meet one of the following TPD definitions:

- 1a. – unlikely to return to work
2. – permanent impairment
3. – specific loss
4. – loss of independent existence
5. – cognitive loss

Casual workers

You will be eligible for restricted TPD cover if you are employed on a casual basis.

Restricted TPD cover means you are able to make a TPD claim provided you meet one of the following TPD definitions:

- 1b. – unlikely to return to home-making duties
2. – permanent impairment
3. – specific loss
4. – loss of independent existence
5. – cognitive loss

Full time domestic duties or child rearing and unemployment

You will be eligible for restricted TPD cover if you are performing full time domestic duties or child rearing or are unemployed.

Restricted TPD cover means you are able to make a TPD claim provided you meet one of the following TPD definitions:

- 1b. – unlikely to return to home-making duties
2. – permanent impairment
3. – specific loss
4. – loss of independent existence
5. – cognitive loss

Benefit expiry age

The Death cover provided under the Death & TPD cover has an expiry age of 75. The TPD cover provided under the Death & TPD cover has an expiry age of 70.

If you are aged over 65 your TPD cover will be restricted.

Restricted TPD cover means you are able to make a TPD claim provided you meet one of the following TPD definitions:

- 1b. – unlikely to return to home-making duties
2. – permanent impairment
3. – specific loss
4. – loss of independent existence
5. – cognitive loss

CPI indexation on your Death & TPD cover

You have the option to elect for your Death & TPD sum insured to be automatically adjusted every year in March as a part of the annual review in line with the Consumer Price Index (CPI).

For further information in relation to CPI indexation and conditions refer to 'CPI indexation' on page 18.

Continuation of Death & TPD Cover after you leave the Trust

If you have Death & TPD cover when you cease membership of the Trust, you can apply for a Death & TPD policy outside superannuation direct with the Insurer within 60 days of leaving the Trust, provided you are not leaving the Trust due to injury or illness.

The Insurer will not require medical evidence to be provided, however to exercise the continuation option you must:

- apply in writing directly to the Insurer within 60 days of the date you cease to be a member of the Trust
- pay one month's deposit premium
- complete any questions pertaining to AIDS to the Insurer's satisfaction
- be less than 60 years of age
- provide any other information the Insurer may request for the purpose of assessing your application
- be commencing full time employment in an occupation acceptable to the Insurer within 60 days of the date you cease to be a member of the Trust.

You must not have:

- received, or be eligible to receive, benefits under your Group Insurance cover held within the Trust, or
- joined or be joining the armed forces in any country.

Salary Continuance cover

What is the Salary Continuance benefit and how is it calculated?

Salary Continuance provides you with a monthly income should you become totally or partially disabled for longer than the waiting period.

The Salary Continuance benefit replaces up to 75% of your salary after the end of the waiting period you have selected. You also have the option to include up to 10% of your salary to pay continuing superannuation contributions while you are receiving the monthly benefit.

If you are employed, your salary for insurance purposes is determined from the annual cash salary received from your employer and may include any commissions and other regular payments or benefits provided to you by your employer. If you are self employed, your salary means that part of the pre-tax income of your business due directly to your personal exertion less business expenses reasonably apportionable to you.

Your monthly benefit is the amount last agreed between you and the Insurer (sum insured) prior to commencement of total disability and must not exceed 75% of your salary (i.e. 75% of your annual salary divided by 12 or \$25,000 whichever is the lesser).

Benefit periods

The benefit period is the maximum period of time for which a monthly benefit will be paid by the Insurer provided you continue to be classed as either totally or partially disabled.

You may select one of the following benefit periods:

- 2 years, or
- to age 65.

Should your benefit period be 2 years, your cover may continue to age 70, and will cease on your 70th birthday, provided you continue to be employed, premiums continue to be paid, and you do not cease to satisfy the eligibility criteria for any reason.

Should you select a benefit period to age 65, your cover may continue to age 65, and will cease on your 65th birthday.

Waiting periods

The waiting period is the number of consecutive days for which you must be totally or partially disabled before you will become eligible to receive a benefit payment. You may select one of the following waiting periods:

- 30 days
- 60 days, or
- 90 days.

Generally, the longer the waiting period you select, the lower the cost of your premium.

Forward Underwriting Limits

If your Salary Continuance benefit has been underwritten you may have been given a forward underwriting limit as a part of your assessment. A forward underwriting limit allows you to increase your Group Insurance cover up to the amount of the forward underwriting limit without the need for underwriting, should you receive a salary increase and require an increase in your sum insured to ensure that you are still covered for up to 75% of your salary.

If your existing Group Insurance cover has a forward underwriting limit and you receive a salary increase you will need to provide the Trustee with evidence of your salary increase in the form of a signed document from your employer providing details of your salary.

Salary Continuance total disability definition

To qualify for a Salary Continuance benefit, the Insurer must be satisfied that on the basis of all medical and other evidence available, you meet the following definition of total disability:

Solely as a result of injury or illness, you are:

- medically certified as being incapable of performing one or more duties of your usual occupation necessary to produce income
- not engaged in any occupation, and
- following the advice of a medical practitioner*.

* A medical practitioner means a medical practitioner who is legally qualified, properly registered and is not related to you.

Your monthly benefit will begin to accrue from the day after the end of the waiting period provided that you:

- have been totally disabled for at least 7 days out of the first 12 consecutive days of your selected waiting period
- are totally disabled for the balance of your selected waiting period, and
- remain totally disabled at the end of the waiting period.

The total disability benefit will be paid monthly in arrears until the earliest of:

- the end of your selected benefit period
- the date you reach the benefit expiry age
- the date you are no longer totally disabled
- the date of your death, or
- if you are on a visa (sub class 457 working visa – with an 8107 condition only), the date your employment contract and/or visa expires or is otherwise terminated, or the date you depart Australia.

Should you pass away while a disability benefit is being paid, the Insurer will pay an amount equal to your monthly benefit paid in the month preceding your death for an extra month after your death.

Reduction in the monthly Salary Continuance benefit

Whilst claiming a Salary Continuance benefit, the amount payable to you will be reduced if you receive any of the following entitlements during the claim period:

- Income benefits from other policies of insurance and superannuation
- Workers compensation, and
- Statutory compensation, pension, social security or income from similar schemes.

The reduction in your payments will be by amounts necessary to ensure that the total of payments you receive under your Salary Continuance cover and those entitlements mentioned above does not exceed the insured monthly benefit amount.

Waiver of premiums

Premiums for Salary Continuance cover are waived while you are in receipt of either total or partial Salary Continuance benefits.

CPI escalation of benefits whilst on claim

If you have selected a benefit period to age 65, your Salary Continuance benefit whilst you are on claim will be increased each year by the lesser of:

- the annual Consumer Price Index (CPI) based on the preceding December quarter, or
- 5%.

The Insurer will determine the escalation factor and automatically apply the benefit escalation to your Salary Continuance benefit.

Partial disablement

The Insurer will pay you a portion of your monthly benefit when you are partially disabled for longer than your selected waiting period.

A partial disability benefit will be paid to you after the expiration of the waiting period provided that you:

- have been totally disabled for at least 7 days out of the first 12 consecutive days of your selected waiting period
- are totally or partially disabled for the balance of your selected waiting period, and
- remain partially disabled at the end of your selected waiting period.

A partial disability benefit will also be paid to you if you return to work in a limited capacity after you have received a total disability benefit.

The partial disability benefit will begin to accrue from the day after you are no longer totally disabled, or after the end of the waiting period, whichever ever the case may be.

The Insurer will calculate the amount you are capable of earning based on medical advice, which will include the opinion of your medical practitioner, and any other relevant information.

The partial disability benefit is payable monthly in arrears until the earliest of:

- the end of the benefit period you have selected
- the date you reach the benefit expiry age
- the date you are no longer partially disabled
- the date you earn or become capable of earning a monthly salary equal to or greater than your pre-disability salary. Your pre-disability salary means the total monthly value of the salary received from your usual occupation averaged over the lesser of the 12 month period immediately prior to you becoming disabled and the actual period of work (provided the period of work occurred in the 12 month period preceding the disablement), if less than 12 months
- the date of your death, or
- if you are on a visa (Sub class 457 working visa – with an 8107 condition only), the date your employment contract and/or visa expires or is otherwise terminated, or the date you depart Australia.

Return to work program

Once you have advised the Trustee and Insurer of your need to claim for an injury or illness, the Insurer may pay some or all of the expenses incurred should you participate in a return to work program, if the Insurer is of the opinion that such a program may help you return to work.

Payment for program expenses will only be made where the Insurer has approved the payments in advance, and will be made directly to a service provider.

Recurring disablement

Should you suffer a recurrence of the disability that was the cause of your earlier claim within six months of your earlier claim ending, the Insurer will consider any further claim to be a continuation of your initial claim if:

- you were engaged in full time work prior to a period of disability and return to full time work after your period of disability, or
- you were engaged in part time work prior to a period of disability and return to either full time or part time work after your period of disability, or
- your cover is still in place.

This means that your selected waiting period will not apply again, however the claim will be part of the same benefit period.

Continuation of Salary Continuance cover after you leave the Trust

If you have Salary Continuance cover when you cease membership of the Trust, you can apply for a Salary Continuance policy direct with the Insurer within 60 days of leaving the Trust, provided you are not leaving the Trust due to injury or illness.

The Insurer will not require medical evidence to be provided, however to exercise the continuation option you must:

- apply in writing directly to the Insurer within 60 days of the date you cease to be a member of the Trust
- pay one month's deposit premium
- complete any questions pertaining to AIDS to the Insurer's satisfaction
- be less than 60 years of age
- provide any other information the Insurer may request for the purpose of assessing your application
- be commencing full time employment in an occupation acceptable to the Insurer within 60 days of the date you cease to be a member of the Trust.

You must not have:

- received, or be eligible to receive, benefits under your Group Insurance cover held within the Trust, or
- joined or be joining the armed forces in any country, or
- be permanently retiring from the work force.

Calculating Group Insurance premiums

Occupational loadings

The Group Insurance premiums you pay are affected by your occupation. An occupation loading is applied as a part of the overall calculation of your Group Insurance premiums to determine the final premium you pay. The occupation loadings that may apply to you are contained in the table below. To obtain the correct occupational category applicable to your occupation, please refer to the Occupation Rating Guide which is available from your adviser, on our website or by contacting Client Services.

Occupational categories	Death Only Loading	Death & TPD Loading	Salary Continuance
Professional	0.90	0.90	0.80
White	1.00	1.00	1.00
Light blue	1.00	1.25	1.50
Heavy blue skilled	1.25	1.60	1.75
Heavy blue unskilled	1.50	2.00	2.50

Note: Please refer to the Occupational Rating Guide to determine your correct occupational category and subsequent occupational loading.

Medical Loading

The Insurer may apply a medical loading to your Group Insurance cover. Any medical loading which may be applicable to you will be determined by the Insurer during their assessment of your application and is based on information provided to the Insurer. A medical loading is applied as a part of the overall calculation of your Group Insurance premiums to determine the final premium you pay.

Stamp duty

Stamp duty is a tax imposed on Salary Continuance insurance premiums by the State and Territory governments of Australia.

Stamp duty is not included in the premium rates, but must be calculated and paid as a part of your Group Insurance premium.

The stamp duty amount you pay is determined by your state of residence.

Stamp duty rates for Salary Continuance cover

State	Stamp duty (%)	Stamp duty (decimal)*
ACT	10%	1.10
NSW	5%	1.05
NT	10%	1.10
QLD	7.5%	1.075
SA	11%	1.11
TAS	8%	1.08
VIC	10%	1.10
WA	10%	1.10

Note: This information is based on legislation that was current at the date this PDS was issued.

* Decimal figures to be used in the calculation of Salary Continuance premiums.

Group Insurance Administration fee

The Trustee charges your Cash Account a Group Insurance Administration fee of \$2.05 per month for each type of cover acquired on your behalf. This fee covers the cost associated with establishing and maintaining your Group Insurance and is not included in the insurance premium rate tables on pages 13 to 15.

Group Insurance commissions

The Group Insurance costs set out on pages 13 to 15 include a Group Insurance commission of 35% of the Group Insurance premiums payable to the Insurer. The Trustee may pay a portion of this Group Insurance commission to the financial services licensee to which your adviser belongs and/or the promoter of the Trust. The financial services licensee may in turn pay some of this commission to your adviser. Any amount paid to a financial services licensee and/or the promoter is not an additional cost to you. You may be able to negotiate a lower Group Insurance commission with your adviser.

Group Insurance commissions example*

Mary is aged 35 next birthday, working as a personal assistant (white collar), is a non-smoker, with no medical loading and chooses to take out \$400,000 in Death & TPD insurance cover. The total cost to Mary of her cover would be a Group Insurance Administration fee of \$2.05 per month plus a Group Insurance cost of \$15.95 per month (of which \$5.58 represents Group Insurance commission).

The calculations are as follows:

$$\frac{(\text{base premium rate} \times \text{occupational loading} \times \text{medical loading}) \times \text{sum insured}}{1,000}$$

$$= (0.4786 \times 1.00 \times 1.00) \times \$400,000 / 1,000$$

$$= 0.4786 \times \$400$$

$$= \$191.44 \text{ p.a./12}$$

$$= \$15.95 \text{ per month in premiums of which } \$5.58 \text{ (35\%)} \text{ represents Group Insurance commission.}$$

* This and other examples in this PDS are provided by way of illustration only. They should not be taken as estimates or projections of outcomes that will apply to you, which will depend on your individual circumstances.

Calculating Death Only and Death & TPD cover premiums

The premium payable changes each year and is dependent on your age, gender, occupation, the type and amount of cover and also on your smoker status (you are classified as smoker if you have smoked tobacco or any other substance in the last 12 months).

In order to calculate an estimate of your premium, you need to do the following:

- **Step 1** – Locate the applicable base premium rate that applies to you, based on your age next birthday, gender, smoker status and type of cover you require in the table on page 13.
- **Step 2** – Obtain your occupational loading by referring to the Occupation rating guide which is available from your adviser, on our website or by contacting Client Services.
- **Step 3** – Multiply your base premium rate by your occupational loading and medical loading (if applicable).
- **Step 4** – Multiply this amount by the amount of cover you require and divide by 1,000.

Death & TPD cover example

Male aged 30 next birthday, non smoker, working as an office manager (white collar) and requiring \$350,000 Death & TPD cover and has a medical loading of 50% (i.e. 1.50).

The annual premium is calculated as follows:

$$\frac{(\text{base premium rate} \times \text{occupational loading} \times \text{medical loading}) \times \text{sum insured}}{1,000}$$

$$= (0.6789 \times 1.00 \times 1.50) \times \$350,000 / 1,000$$

$$= 1.01835 \times \$350$$

$$= \$356.42 \text{ p.a.}$$

Calculating Salary Continuance cover premiums

The premium payable changes each year and is dependent on your age, gender, occupation, amount of cover, waiting period, benefit period and also on your smoker status (you are classified as a smoker if you have smoked tobacco or any other substance in the last 12 months).

In order to calculate an estimate of your premium, you need to do the following:

- **Step 1** – Locate the applicable base premium rate that applies to you, based on your age next birthday, gender, waiting period, benefit period and smoker status in the tables on pages 14 and 15.
- **Step 2** – Obtain your occupational loading by referring to the Occupation rating guide which is available from your adviser, on our website or by contacting Client Services.
- **Step 3** – Multiply your base premium rate by your occupational loading, your medical loading (if applicable) and the applicable stamp duty for your state of residence (refer to the stamp duty rates for Salary Continuance table on page 11).
- **Step 4** – Multiply this amount by the amount of cover you require and divide by 100.

Salary Continuance example

Female aged 31 next birthday, smoker, working as an office manager (white collar), annual salary of \$60,000, requiring a benefit of 75% of salary and 9% for continuing SG payments, a 30 day waiting period, a benefit period of 2 years, her state of residence for stamp duty calculations is NSW and she has a medical loading of 50% (i.e. 1.50).

- Annual Benefit – 84% of \$60,000 = \$50,400
- Monthly Benefit – \$50,400 / 12 = \$4,200
- Stamp Duty – NSW = 5% (1.05)

The annual premium is calculated as follows:

$$\frac{(\text{base premium rate} \times \text{occupational loading} \times \text{medical loading} \times \text{stamp duty}) \times \text{monthly benefit}}{100}$$

$$= (10.0080 \times 1.00 \times 1.50 \times 1.05) \times \$4,200 / 100$$

$$= 15.7626 \times \$42$$

$$= \$662.03 \text{ p.a.}$$

Death Only and Death & TPD cover

Annual premium rates per \$1,000 of cover

ANB*	Male				Female			
	Death Only		Death & TPD		Death Only		Death & TPD	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	0.6344	0.7680	0.6567	0.7902	0.3450	0.4118	0.3562	0.4341
17	0.7457	0.8904	0.7680	0.9238	0.3562	0.4341	0.3673	0.4452
18	0.8125	0.9794	0.8570	1.0351	0.3450	0.4118	0.3562	0.4341
19	0.8459	1.0128	0.9238	1.1019	0.3450	0.4118	0.3562	0.4341
20	0.8793	1.0573	0.9683	1.1575	0.3228	0.3895	0.3450	0.4007
21	0.8570	1.0573	0.9683	1.1909	0.3005	0.3562	0.3116	0.3673
22	0.8459	1.0573	0.9683	1.2020	0.2782	0.3562	0.3005	0.3673
23	0.8125	1.0239	0.9460	1.1909	0.2671	0.3450	0.2782	0.3562
24	0.7680	0.9906	0.9015	1.1686	0.2337	0.3005	0.2671	0.3450
25	0.7234	0.9460	0.8793	1.1464	0.2226	0.3005	0.2560	0.3450
26	0.6789	0.9238	0.8347	1.1130	0.2115	0.2782	0.2560	0.3450
27	0.6344	0.8793	0.7902	1.0796	0.1892	0.2671	0.2337	0.3228
28	0.5899	0.8459	0.7457	1.0573	0.1892	0.2671	0.2560	0.3562
29	0.5454	0.8013	0.7123	1.0351	0.1781	0.2671	0.2560	0.3673
30	0.5231	0.7902	0.6789	1.0351	0.1781	0.2671	0.2671	0.4007
31	0.4897	0.7568	0.6567	1.0128	0.1781	0.2782	0.3005	0.4563
32	0.4786	0.7568	0.6344	1.0239	0.1892	0.3116	0.3228	0.5231
33	0.4563	0.7568	0.6344	1.0573	0.1892	0.3116	0.3562	0.5788
34	0.4452	0.7568	0.6233	1.0573	0.2115	0.3562	0.4007	0.6789
35	0.4452	0.7902	0.6344	1.1241	0.2337	0.4118	0.4786	0.8347
36	0.4563	0.8125	0.6789	1.2132	0.2560	0.4452	0.5231	0.9238
37	0.4897	0.8904	0.7457	1.3467	0.2782	0.5008	0.5899	1.0685
38	0.5231	0.9460	0.8013	1.4691	0.3228	0.5899	0.6789	1.2465
39	0.5676	1.0573	0.9015	1.6917	0.3562	0.6678	0.7680	1.4358
40	0.6121	1.1575	0.9906	1.8809	0.4007	0.7568	0.8793	1.6583
41	0.6567	1.2465	1.1130	2.1369	0.4452	0.8570	0.9794	1.8809
42	0.7234	1.4135	1.2799	2.4820	0.5008	0.9794	1.1130	2.1703
43	0.7902	1.5470	1.4246	2.7936	0.5454	1.0796	1.2465	2.4486
44	0.8793	1.7363	1.6138	3.2054	0.6121	1.2020	1.3912	2.7602
45	0.9683	1.9255	1.8253	3.6506	0.6789	1.3690	1.5693	3.1497
46	1.0573	2.1369	2.0590	4.1848	0.7457	1.5137	1.7474	3.5616
47	1.1464	2.3595	2.3039	4.7524	0.8125	1.6806	1.9589	4.0401
48	1.2577	2.6378	2.5933	5.4314	0.8904	1.8587	2.1703	4.5298
49	1.3690	2.8938	2.8826	6.0992	0.9683	2.0479	2.4152	5.1309
50	1.4803	3.1943	3.2165	6.9339	1.0351	2.2371	2.6712	5.7541
51	1.6361	3.5170	3.6061	7.7575	1.1241	2.4152	2.9828	6.4108
52	1.7696	3.7953	4.0067	8.6256	1.2132	2.6155	3.3390	7.1676
53	1.9255	4.1514	4.4631	9.6162	1.3245	2.8381	3.7285	8.0024
54	2.0924	4.4965	4.9417	10.6290	1.4135	3.0273	4.1514	8.9373
55	2.2816	4.9083	5.4870	11.7976	1.5137	3.2499	4.6300	9.9612
56	2.4820	5.2978	6.0658	12.9885	1.6361	3.4836	5.1976	11.1187
57	2.6823	5.7319	6.6890	14.2573	1.7363	3.6951	5.7875	12.3207
58	2.9272	6.1993	7.3791	15.6374	1.8587	3.9288	6.4664	13.7120
59	3.1720	6.7113	8.1137	17.1400	1.9922	4.1960	7.1788	15.1700
60	3.4391	7.2233	8.9039	18.6981	2.1258	4.4519	7.8911	16.5723
61	3.7508	7.7352	9.8054	20.2007	2.2594	4.6411	8.6368	17.7966
62	4.1069	8.3140	10.7848	21.8034	2.4040	4.8526	9.4047	18.9987
63	4.4853	8.8705	11.8310	23.4172	2.5710	5.0863	10.2061	20.2229
64	4.8971	9.4938	12.9551	25.1201	2.7268	5.2978	11.0074	21.3693
65	5.3423	10.1504	14.1572	26.9008	2.9049	5.5204	11.8310	22.4712
66	6.1094	11.5457	21.7253	41.0721	3.2192	6.0678	18.1259	34.1161
67	7.0022	13.0495	25.0392	46.7187	3.5669	6.6052	20.8257	38.5482
68	8.0724	14.8328	29.0642	53.4338	3.9511	7.1859	24.0905	43.8142
69	9.3467	16.9297	33.8246	61.3326	4.3739	7.8103	28.0085	50.0104
70	10.8055	19.2894	39.3071	70.2336	4.8467	8.4944	32.5600	57.0277
71	12.4671	21.9291	-	-	5.3855	9.2606	-	-
72	14.4080	24.4714	-	-	6.0564	10.1534	-	-
73	16.6088	27.2051	-	-	6.8969	11.2656	-	-
74	19.0969	30.1255	-	-	7.9145	12.5867	-	-
75	21.9234	33.2582	-	-	9.1410	14.1434	-	-

* ANB = Age next birthday

Note: The cost of your Group Insurance may differ to the premium rates shown in this table as the rates that will apply to you may be affected by occupational and medical loadings applied by the Insurer. The base premium rates shown are inclusive of your adviser's remuneration, GST and other fees that may be charged by the Trust.

Salary Continuance cover with a 2 year benefit period

Annual premium rates per \$100 monthly benefit

ANB*	Male						Female					
	30 days		60 days		90 days		30 days		60 days		90 days	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	2.4812	3.0985	1.7189	2.1510	1.0952	1.3756	4.2620	5.3305	4.0922	5.1166	3.9533	4.9417
17	2.4812	3.0985	1.7189	2.1510	1.0952	1.3756	4.2620	5.3305	4.0922	5.1166	3.9533	4.9417
18	2.4812	3.0985	1.7189	2.1510	1.0952	1.3756	4.2620	5.3305	4.0922	5.1166	3.9533	4.9417
19	2.4812	3.0985	1.7189	2.1510	1.0952	1.3756	4.2620	5.3305	4.0922	5.1166	3.9533	4.9417
20	2.4812	3.0985	1.7189	2.1510	1.0952	1.3756	4.2620	5.3305	4.0922	5.1166	3.9533	4.9417
21	2.4812	3.0985	1.7189	2.1510	1.0952	1.3756	4.2620	5.3305	4.0922	5.1166	3.9533	4.9417
22	2.5999	3.2529	1.7650	2.2058	1.0818	1.3489	4.2739	5.3542	3.9653	4.9657	3.7129	4.6478
23	2.9086	3.6328	1.9333	2.4134	1.1352	1.4157	4.6656	5.8291	4.1931	5.2382	3.8064	4.7547
24	3.2173	4.0127	2.0869	2.6065	1.1620	1.4558	5.0574	6.3158	4.4135	5.5160	3.8865	4.8615
25	3.5378	4.4163	2.2605	2.8248	1.2154	1.5226	5.4492	6.8144	4.6486	5.8138	3.9934	4.9951
26	3.8583	4.8200	2.4342	3.0432	1.2688	1.5893	5.8647	7.3249	4.8943	6.1097	4.1002	5.1153
27	4.1908	5.2355	2.6131	3.2596	1.3222	1.6428	6.2802	7.8473	5.1254	6.4035	4.1804	5.2221
28	4.4876	5.6154	2.7761	3.4672	1.3756	1.7095	6.6957	8.3815	5.3490	6.6953	4.2472	5.3156
29	4.7487	5.9359	2.9156	3.6482	1.4157	1.7763	7.1231	8.9039	5.5707	6.9597	4.3006	5.3690
30	4.9743	6.2208	3.0465	3.8131	1.4691	1.8431	7.5742	9.4619	5.7811	7.2255	4.3139	5.3958
31	5.1761	6.4702	3.1667	3.9621	1.5226	1.9099	8.0135	10.0080	5.9788	7.4712	4.3139	5.3958
32	5.3423	6.6838	3.2708	4.0949	1.5760	1.9767	8.4646	10.5897	6.1744	7.7183	4.3006	5.3690
33	5.4967	6.8738	3.3624	4.2025	1.6161	2.0167	8.9395	11.1714	6.3881	7.9801	4.3006	5.3690
34	5.6391	7.0400	3.4485	4.3139	1.6561	2.0835	9.4262	11.7887	6.5999	8.2506	4.2872	5.3557
35	5.7697	7.2181	3.5366	4.4234	1.7095	2.1369	9.9486	12.4298	6.8202	8.5244	4.2605	5.3290
36	5.8884	7.3724	3.6268	4.5444	1.7763	2.2304	10.4828	13.0946	7.0753	8.8383	4.2872	5.3557
37	6.0309	7.5386	3.7350	4.6633	1.8565	2.3106	11.0408	13.8069	7.3337	9.1661	4.3006	5.3690
38	6.1734	7.7048	3.8432	4.7968	1.9366	2.4174	11.6225	14.5193	7.6248	9.5234	4.3540	5.4358
39	6.3396	7.9185	3.9621	4.9517	2.0167	2.5242	12.2399	15.3028	7.9467	9.9348	4.4341	5.5427
40	6.5295	8.1678	4.1283	5.1594	2.1636	2.6979	12.9166	16.1457	8.3174	10.4023	4.5543	5.7029
41	6.7669	8.4527	4.3160	5.3904	2.3106	2.8849	13.6170	17.0242	8.7354	10.9224	4.7413	5.9300
42	7.0400	8.7970	4.5417	5.6776	2.4975	3.1253	14.3649	17.9502	9.2042	11.5081	4.9817	6.2372
43	7.3724	9.2125	4.8161	6.0189	2.7246	3.4057	15.1722	18.9593	9.7291	12.1605	5.2755	6.5978
44	7.7523	9.6874	5.1487	6.4308	3.0184	3.7663	16.0151	20.0278	10.3288	12.9131	5.6762	7.0919
45	8.2272	10.2810	5.5608	6.9477	3.3790	4.2204	16.9292	21.1675	10.9899	13.7418	6.1303	7.6662
46	8.7614	10.9458	6.0362	7.5407	3.8064	4.7547	17.9146	22.3903	11.7491	14.6815	6.7046	8.3741
47	9.3906	11.7412	6.5911	8.2365	4.3006	5.3690	18.9712	23.7199	12.5993	15.7499	7.3858	9.2289
48	10.1385	12.6791	7.2656	9.0846	4.9149	6.1437	20.0990	25.1327	13.5401	16.9292	8.1738	10.2172
49	10.9933	13.7476	8.0469	10.0649	5.6362	7.0519	21.3218	26.6523	14.5973	18.2448	9.0953	11.3658
50	11.9668	14.9585	8.9478	11.1828	6.4776	8.0936	22.6396	28.3025	15.7852	19.7292	10.1771	12.7147
51	13.0828	16.3475	10.0083	12.5058	7.4926	9.3624	24.0761	30.0951	17.1002	21.3733	11.3925	14.2373
52	14.3649	17.9502	11.2170	14.0129	8.6412	10.7915	25.6194	32.0183	18.5659	23.2084	12.7949	16.0003
53	15.7895	19.7429	12.5926	15.7379	9.9768	12.4610	27.3052	34.1315	20.2060	25.2539	14.3976	17.9903
54	17.4160	21.7730	14.1766	17.7239	11.5261	14.4109	29.1335	36.4109	22.0058	27.5063	16.1739	20.2207
55	19.2442	24.0642	15.9836	19.9816	13.3158	16.6413	31.1280	38.9040	24.0052	30.0019	18.1773	22.7182
56	21.3218	26.6523	18.0277	22.5347	15.3325	19.1656	33.3242	41.6464	26.2201	32.7712	20.4077	25.5096
57	23.6368	29.5490	20.3403	25.4321	17.6430	22.0638	35.7461	44.6737	28.6763	35.8377	22.8919	28.6082
58	26.2605	32.8138	22.9680	28.7011	20.2741	25.3360	38.3935	47.9860	31.3808	39.2234	25.6432	32.0540
59	29.1928	36.4940	25.9257	32.4066	23.2525	29.0623	41.3259	51.6662	34.3826	42.9804	28.7017	35.8737
60	32.5170	40.6373	29.2580	36.5703	26.5914	33.2426	44.5906	55.7383	37.6882	47.1046	32.0406	40.0407
61	36.2566	45.3267	33.0123	41.2662	30.3578	37.9439	48.2353	60.2852	41.3557	51.6851	35.7268	44.6485
62	40.5186	50.6571	37.2587	46.5738	34.5916	43.2328	52.2954	65.3663	45.3938	56.7409	39.7469	49.6836
63	45.3504	56.6880	42.0408	52.5565	39.3329	49.1761	56.8661	71.0767	49.8821	62.3516	44.1677	55.2130
64	52.5278	65.6597	48.7113	60.8956	45.5889	56.9976	69.7951	87.2366	61.2064	76.5070	54.1794	67.7284
65	60.8850	76.1063	56.4884	70.6180	52.8913	66.1275	85.4973	106.8626	74.9600	93.6988	66.3386	82.9282
66	70.3730	87.9663	65.3249	81.6647	61.1946	76.5088	103.6843	129.5946	90.9171	113.6448	80.4710	100.5950
67	81.5324	101.9156	75.7518	94.6997	71.0221	88.7957	125.4727	156.8279	110.0110	137.5119	97.3605	121.7079
68	95.0269	118.7837	88.3556	110.4560	82.8970	103.6425	151.9070	189.8679	133.2225	166.5260	117.9353	147.4280
69	89.7872	112.2338	80.0267	100.0434	72.0408	90.0694	142.3211	177.8864	118.5305	148.1607	99.0656	123.8396
70	49.3220	61.6525	36.5252	45.6601	26.0550	32.5753	79.4171	99.2631	55.3373	69.1693	35.6355	44.5471

* ANB = Age next birthday

Note: The cost of your Group Insurance may differ to the premium rates shown in this table as the rates that will apply to you may be affected by occupational and medical loadings applied by the Insurer. The base premium rates shown are inclusive of your adviser's remuneration, GST and other fees that may be charged by the Trust.

Salary Continuance cover with a benefit period to age 65

Annual premium rates per \$100 monthly benefit

ANB*	Male						Female					
	30 days		60 days		90 days		30 days		60 days		90 days	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	7.4850	9.7305	4.1884	5.4449	3.1825	4.1372	10.1344	13.1746	5.7096	7.4226	4.6285	6.0171
17	7.4850	9.7305	4.1884	5.4449	3.1825	4.1372	10.1344	13.1746	5.7096	7.4226	4.6285	6.0171
18	7.4850	9.7305	4.1884	5.4449	3.1825	4.1372	10.1344	13.1746	5.7096	7.4226	4.6285	6.0171
19	7.4850	9.7305	4.1884	5.4449	3.1825	4.1372	10.1344	13.1746	5.7096	7.4226	4.6285	6.0171
20	7.4850	9.7305	4.1884	5.4449	3.1825	4.1372	10.1344	13.1746	5.7096	7.4226	4.6285	6.0171
21	7.7333	10.0532	4.3415	5.6440	3.2800	4.2641	10.4628	13.6016	5.9094	7.6823	4.7655	6.1952
22	7.9939	10.3922	4.5022	5.8530	3.3815	4.3960	10.8038	14.0450	6.1168	7.9518	4.9060	6.3778
23	8.2678	10.7482	4.6713	6.0726	3.4871	4.5333	11.1579	14.5053	6.3320	8.2315	5.0497	6.5647
24	8.5556	11.1221	4.8486	6.3032	3.5967	4.6759	11.5252	14.9827	6.5549	8.5213	5.1967	6.7557
25	8.8574	11.5146	5.0348	6.5452	3.7105	4.8237	11.9063	15.4782	6.7859	8.8218	5.3469	6.9510
26	9.0799	11.8039	5.1772	6.7303	3.6918	4.7993	12.4684	16.2091	7.1210	9.2572	5.7170	7.4321
27	9.3819	12.1964	5.3646	6.9740	3.7082	4.8207	13.1491	17.0938	7.5236	9.7808	6.0339	7.8442
28	9.7635	12.6925	5.5974	7.2767	3.7595	4.8873	13.9496	18.1345	7.9951	10.3935	6.3131	8.2072
29	10.2255	13.2932	5.8766	7.6394	3.8457	4.9995	14.8705	19.3317	8.5356	11.0963	6.5712	8.5425
30	10.7679	13.9982	6.2017	8.0623	3.9670	5.1571	15.9106	20.6839	9.1446	11.8880	6.8250	8.8726
31	11.3909	14.8080	6.4559	8.3926	4.1243	5.3616	17.0698	22.1907	9.6561	12.5530	7.0924	9.2200
32	12.0953	15.7240	6.8677	8.9281	4.3191	5.6148	18.3458	23.8496	10.3887	13.5053	7.3908	9.6080
33	12.8820	16.7467	7.3264	9.5245	4.5536	5.9196	19.7368	25.6577	11.1862	14.5421	7.7376	10.0590
34	13.7516	17.8771	7.8326	10.1825	4.8307	6.2799	21.2402	27.6123	12.0475	15.6618	8.1502	10.5953
35	14.7056	19.1174	8.3872	10.9034	5.1543	6.7006	22.8528	29.7087	12.9704	16.8616	8.6445	11.2379
36	15.7458	20.4696	8.9911	11.6884	5.5292	7.1880	24.5707	31.9419	13.9527	18.1384	9.2354	12.0060
37	16.8742	21.9363	9.6454	12.5390	5.9610	7.7492	26.3895	34.3063	14.9915	19.4890	9.9364	12.9173
38	18.0931	23.5211	10.3516	13.4572	6.4564	8.3932	28.3047	36.7962	16.0846	20.9099	10.7596	13.9875
39	19.4062	25.2281	11.1117	14.4454	7.0231	9.1300	30.3121	39.4056	17.2292	22.3980	11.7153	15.2299
40	20.8165	27.0614	11.9278	15.5061	7.6695	9.9704	32.4054	42.1271	18.4227	23.9495	12.8109	16.6541
41	22.3283	29.0268	13.2340	17.2041	8.4051	10.9267	34.5795	44.9535	20.4436	26.5767	14.0517	18.2672
42	23.9456	31.1294	14.1987	18.4583	9.2396	12.0115	36.8276	47.8760	21.7709	28.3022	15.4395	20.0713
43	25.6733	33.3753	15.2280	19.7964	10.1835	13.2386	39.1434	50.8864	23.1360	30.0767	16.9733	22.0653
44	27.5167	35.7716	16.3248	21.2222	11.2477	14.6221	41.5200	53.9759	24.5345	31.8949	18.6487	24.2433
45	29.4804	38.3247	17.4918	22.7393	12.4427	16.1755	43.9490	57.1337	25.9612	33.7496	20.4565	26.5934
46	31.5706	41.0418	18.7321	24.3517	13.7789	17.9125	46.4230	60.3499	27.4115	35.6350	22.3842	29.0995
47	33.7916	43.9291	20.0480	26.0624	15.2657	19.8454	48.9325	63.6121	28.8791	37.5429	24.4140	31.7382
48	36.1484	46.9930	21.4425	27.8752	16.9113	21.9847	51.4678	66.9082	30.3591	39.4669	26.5241	34.4812
49	38.6457	50.2392	22.9181	29.7936	18.7219	24.3385	54.0170	70.2222	31.8447	41.3980	28.6867	37.2926
50	41.2867	53.6727	24.4784	31.8220	20.7012	26.9117	56.5675	73.5379	33.3314	43.3309	30.8695	40.1302
51	44.0736	57.2956	28.0723	36.4940	22.8497	29.7045	59.1034	76.8344	36.9447	48.0281	33.0343	42.9446
52	47.0082	61.1106	29.9210	38.8972	25.1637	32.7128	61.6074	80.0896	38.4713	50.0126	35.1392	45.6809
53	50.0894	65.1161	31.8564	41.4133	27.6350	35.9254	64.0603	83.2784	39.9584	51.9460	37.1369	48.2779
54	53.3135	69.3076	33.8757	44.0383	30.2490	39.3237	66.4387	86.3701	41.3912	53.8085	38.9764	50.6693
55	56.6748	73.6772	35.9740	46.7663	32.9853	42.8809	68.7145	89.3289	42.7518	55.5773	40.6032	52.7840
56	60.0886	78.1152	38.0948	49.5232	35.7629	46.4916	70.7823	92.0170	43.9717	57.1632	41.9086	54.4812
57	63.4032	82.4241	40.1357	52.1764	38.4413	49.9736	72.4802	94.2243	44.9451	58.4287	42.7472	55.5715
58	66.4642	86.4034	41.9947	54.5931	40.8670	53.1272	73.6645	95.7639	45.5794	59.2532	42.9942	55.8925
59	69.0465	89.7604	43.5232	56.5801	42.8244	55.6716	74.1447	96.3880	45.7508	59.4761	42.5059	55.2576
60	70.8263	92.0743	44.5100	57.8632	44.0165	57.2214	73.6575	95.7547	45.2905	58.8776	41.1129	53.4469
61	71.3112	92.7045	46.9064	60.9784	44.0171	57.2221	71.8092	93.3520	44.3677	57.6780	38.5952	50.1738
62	69.7423	90.6651	45.5583	59.2259	42.2039	54.8651	67.9896	88.3864	41.7053	54.2169	34.6416	45.0342
63	61.5034	79.9543	39.5142	51.3686	35.0433	45.5562	58.6283	76.2169	35.3715	45.9830	27.3171	35.5124
64	41.5148	53.9692	25.1655	32.7152	19.6451	25.5385	39.4743	51.3166	22.4912	29.2386	14.8717	19.3333
65	13.7000	17.8098	8.3046	10.7960	6.4829	8.4277	13.0265	16.9344	7.4221	9.6487	4.9077	6.3799

* ANB = Age next birthday

Note: The cost of your Group Insurance may differ to the premium rates shown in this table as the rates that will apply to you may be affected by occupational and medical loadings applied by the Insurer. The base premium rates shown are inclusive of your adviser's remuneration, GST and other fees that may be charged by the Trust.

Underwriting requirements

Interim accident cover

If you are applying for cover or an increase in cover, you will be provided with interim accident cover for Death, TPD or Salary Continuance (as applicable) (at no cost to you) upon receipt of a completed Group Short Form Personal Statement or Group Insurance Application form and Personal Statement by the Insurer at their principal office in Sydney.

The interim cover will last for 90 days whilst your request for cover or an increase in cover is being assessed and underwritten by the Insurer, but will end before that in the following circumstances specified by the Insurer:

- the date the Insurer accepts or declines your application for cover or an increase in cover, or
- 90 days after the date the interim cover commences, or
- cover ceasing for any of the reasons set out on page 19 under the heading 'When will the Group Insurance cover cease?'.

Where interim accident cover applies, a Death, TPD or Salary Continuance benefit is only payable in the event of an accident. An accident, refers to a fortuitous, external event that occurs by chance causing death or total and permanent disablement. It does not refer to an event which results in sickness, disease, injury or infirmity of the person insured, such that they would qualify for a Death or TPD benefit (as applicable) to be paid under this policy.

Whether the death or total and permanent disablement was caused by an unintended and unexpected characteristic or consequence, or consequence of an intended act (such as the application of unintentionally excessive force, or the creation of unintended excessive pressure or strain) is irrelevant in determining whether death or total and permanent disablement has arisen as a result of an accident.

An accident must result in the death or total and permanent disablement of that person insured for a benefit to be payable where liability is contingent on an event being caused by an accident or by accidental injury.

For the avoidance of doubt, an accident shall specifically exclude death or total and permanent disablement:

- arising out of, or contributed to in any way by, any pre-existing sickness, disease, injury, gradual physical or mental deformity, or infirmity known to the person insured at the effective date of their cover under this policy
- arising in circumstances where the person insured deliberately assumed the risk or courted disaster, irrespective of whether he or she intended or contemplated the results of his or her actions.

Where there is any doubt as to the cause of the death or total and permanent disablement sustained as a result of an accident, the cause will be characterised as being the result of a sickness.

The accident must happen after the interim accident cover has commenced under the policy and before interim cover ends.

The amount of the benefit payable under the interim accident cover will be all or, that part of the cover for which you are being underwritten for.

What health and medical evidence is required?

The following tables summarise standard health and medical evidence required by the Trust's Insurer to assess your application. Please note that further medical, financial and personal information may be requested based on your application. The Insurer will advise your adviser of any further underwriting requirements and will normally pay for any additional health and/or medical evidence it requires.

Death Only and Death & TPD

Insured benefit	Requirements
Ages 16 – 44	
Up to \$2,500,000	Personal Statement
Death Only \$2,500,001 – \$5,000,000 Death & TPD \$2,500,001 – \$3,000,000	Personal Statement, Blood Screen (Fasting MBA20, HIV, Hepatitis B & C Serology), MediQuick (fast check medical) and PMAR by usual doctor
Death Only \$5,000,001 & above	Individual consideration by the Insurer
Ages 45 – 54	
Up to \$1,000,000	Personal Statement
\$1,000,001 to \$1,250,000	Personal Statement, Blood Screen (Fasting MBA20, HIV, Hepatitis B & C Serology)
\$1,250,001 to \$3,000,000	Personal Statement, Blood Screen (Fasting MBA20, HIV, Hepatitis B & C Serology), MediQuick (fast check medical) and PMAR by usual doctor
Death Only \$3,000,001 & above	Individual consideration by the Insurer
Ages 55 & above	
Up to \$750,000	Personal Statement
\$750,001 to \$1,000,000	Personal Statement, Blood Screen (Fasting MBA20, HIV, Hepatitis B & C Serology)
\$1,000,001 to \$2,000,000	Personal Statement, Blood Screen (Fasting MBA20, HIV, Hepatitis B & C Serology), MediQuick (fast check medical) and PMAR by usual doctor
\$2,000,001 & above	Individual consideration by the Insurer

Salary Continuance

Monthly insured benefit	Requirements
Up to \$10,000	Personal Statement
\$10,001 to \$25,000	Personal Statement, Blood Screen (Fasting MBA20, HIV, Hepatitis B & C Serology), PMAR by usual doctor

Applying for Group Insurance cover

If you wish to apply or increase your Death Only or Death & TPD insurance cover, and where the total sum insured that is up to and including \$350,000 you will need to complete a Group Short Form Personal Statement attached to this PDS.

If you wish to apply for, or increase, Death Only or Death & TPD insurance cover, with a sum insured that is greater than \$350,000, or apply for Salary Continuance insurance cover you must complete the following forms:

- a Group Insurance Application form, and
- a Personal Statement.

Both forms are attached to this PDS.

If you have existing Death Only or Death & TPD insurance cover with a sum insured that is up to and including \$800,000, provided by another insurer and you wish to transfer that insurance cover into your Dominion Superannuation Master Trust account, you will need to complete a Group Insurance Transfer Personal Statement form attached to this PDS.

All Group Insurance forms are available from your adviser, on our website or by contacting Client Services.

All applications for Group Insurance cover under the Trust are subject to assessment and acceptance by the Trust's Insurer.

The Insurer:

- will assess your application for cover and provide written confirmation if it is accepted or declined, and
- may impose special terms and conditions, premium loadings and exclusions on your Group Insurance cover.

Additional information about your Group Insurance cover

Premium deductions

Premiums are deducted from your Cash Account monthly in advance on the first business day of the month. Where a premium is due but not paid because you have insufficient funds, your Group Insurance cover will cease after 60 days. You will be notified prior to your cover being cancelled.

Will the premium I pay change?

The Insurer will not change the disclosed base premium rates (refer to the premium tables on pages 13 to 15) before 29 February 2012 except in the circumstances identified below. After this date, the Trustee will write to you in the event of premium rate changes. The Trustee also reserves the right to consider alternate insurance providers and will write to you should there be a change in the insurance provider.

The Insurer may adjust the premium rates at any time including the period before 29 February 2012 in line with any new or increased government charges, duties or taxes and in the event of a war involving Australia, New Zealand or the insured member's country of residence.

Group Insurance reviews

Every year in March we will review your Group Insurance cover and notify you in writing of your new Group Insurance details applicable for the next 12 month period.

CPI indexation

If you elect CPI indexing to apply to your Death Only or Death & TPD cover the CPI indexing will cease to occur under the following circumstances:

- you request to cancel CPI indexation
- your 74th birthday for Death cover and your 69th birthday for TPD cover
- the date of an event giving rise to claim under your cover
- the date your sum insured reaches the maximum benefit limit for cover.

Cover during paid and unpaid leave

Your cover will continue if you are on paid leave, including sick leave, bereavement leave, annual leave or long service leave.

If you commence leave without pay to travel, undertake full time study, maternity / paternity or other extended leave, you will continue to be covered under this policy for a period of up to 12 months subject to the following conditions:

- before unpaid leave commences, you must request and the Insurer must agree in writing to continue your cover. The Insurer may restrict or apply special conditions in relation to your cover or may decline to continue your cover
- in your request in writing you must provide the date leave is commencing, the date you are expected to return to work and details of any expected travel.

Cover during overseas employment

If you are an Australian resident who is temporarily employed overseas you will be covered for up to three years unless otherwise agreed to in writing by the Insurer.

Cover for non-Australian residents

If you are not an Australian resident but hold a visa* you will be covered while you reside in Australia. If you depart Australia, cover will cease immediately except for overseas trips of three months or less.

* 'Visa' means a current and valid working or spouse visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act.

World wide cover

You will be provided with 24 hour world wide cover while on holiday or business, for up to three years in duration while you are outside your normal country of residence unless otherwise agreed to in writing by the Insurer.

When will the Group Insurance cover cease?

Your Group Insurance cover for Death Only, Death & TPD and Salary Continuance will cease upon the first to occur of the following events:

- the date the Trustee receives your request to cancel your Group Insurance cover, or
- the date you commence active duty with the armed forces of any country, or
- the date you are on leave without pay for a period longer than the Insurer has agreed to provide cover, or
- the date you are employed overseas for a period longer than the Insurer has agreed to provide cover, or
- the date that you cease to be a member of the Trust, or
- 60 days after the last day of the month during which your account balance did not meet the minimum balance required as specified by the Trustee, or
- the date the Group Insurance policies issued to the Trustee by the Insurer are terminated.

Death Only and Death & TPD

- the date the total benefit is paid, or
- the date you reach age 75 for Death cover or age 70 for TPD cover.

Salary Continuance

- the date you die, or
- the date you permanently retire from employment, or
- the date you reach age 65 if you have a Salary Continuance benefit period to age 65, or
- the date you reach age 70 if you have a Salary Continuance benefit period of 2 years.

Claims

The Trustee must notify the Insurer within 30 days of an event entitling you to lodge a claim for a Death, TPD or Salary Continuance benefit. Accordingly, you must notify the Trustee of an event giving rise to a claim as soon as possible after the event. Claim forms will be sent to you and must be completed and returned to the Trustee with any requested supporting documentation.

If a claim is notified more than one year after the occurrence of the event and the delay results in the interests of the Insurer being prejudiced, the Insurer may be able to reduce the benefit payable to the extent of such prejudice. Payment of a benefit will be conditional upon you providing any evidence that the Insurer may reasonably require to assess the claim including but not limited to proof of age, medical reports, entitlement to claim and attending an interview.

Policy Documents

Policy documents outlining the full terms and conditions in further detail are available from the Trustee. For further information please contact Client Services.

Statutory Fund

The premiums received will be placed in OnePath Life Limited Statutory Fund No. 3 and any claims will be paid from this fund. There is no investment component in these Insurance Policies and the policies will not acquire any surrender value.

Application checklist

Form	Required/Optional
Group Short Form Personal Statement – page 21 Use this form when applying for Death Only or Death & TPD cover up to and including \$350,000.	Optional
Group Insurance Transfer Personal Statement – page 25 Use this form when applying for your existing cover up to and including \$800,000 to be transferred into your account.	Optional
Group Insurance Application – page 29 Use this form when applying for or amending your Group Insurance cover.	Optional
Personal Statement – page 33 Use this form when applying for cover outside the automatic acceptance limit (if applicable) and for any additional cover you request.	Optional

STEP 5. Declaration

Duty of disclosure

Before you become insured under a contract of life insurance, the Trustee has a duty of disclosure, under the Insurance Contracts Act 1984. In order for the Trustee to comply with its duty, you must disclose, in this application form, 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. The duty of disclosure also applies before cover is renewed, varied or reinstated.

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

- that diminishes the risk undertaken by the Insurer
- that is of common knowledge
- that the Insurer knows or in the ordinary course of his/her business, ought to know
- as to which the duty of disclosure is waived by the Insurer.

Non-disclosure

If the duty of disclosure is not complied with and the Insurer would not have provided the insurance cover on any terms if the failure had not occurred, the Insurer may avoid the cover within three years of entering into it. If the non-disclosure is fraudulent, the Insurer may avoid the cover at any time. An insurer who is entitled to avoid insurance cover may, within three years of entering it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premiums that would have been payable if you had disclosed all relevant matters to the Insurer. The duty of disclosure continues until the Insurer accepts (or declines) your application.

I acknowledge that:

- I have read and carefully considered the questions in this form and all the answers provided are true and correct.
- I have received and read the current Product Disclosure Statement for my chosen Dominion Superannuation product.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the duty of disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above. I understand that if I do not comply with my duty of disclosure, the Insurer may alter or cancel my insurance.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am actively at work, working my normal hours.
- If I do not complete this form correctly or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer.
- I hereby authorise the release to the Insurer (OnePath Life Limited) or any other organisation duly appointed by OnePath, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original.
- I agree to the Adviser Insurance fee stated under Step 4.
- Group Insurance cover will not commence until I am notified of acceptance by the Trustee.

Member's signature:

Date: / /

STEP 6. Postage, fax and email details

Please post this form to:

Dominion Superannuation
Locked Bag 1000
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au



DOMINION

STEP 4. Charges and brokerage – ADVISER USE ONLY (continued)

Adviser %
Group Insurance fee: Percentage amount including GST (i.e. 0 – 22.5%)

If no amount is nominated for new or reinstated cover, the maximum will apply.

If no amount is nominated for additional transferred cover the commission rate applicable to the existing Dominion cover will apply.

Adviser's signature:

Date: / /

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- I am not restricted by injury or illness from carrying out all my normal work duties and I am actively at work, working my normal hours.
- If I do not complete this form correctly or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer.
- I hereby authorise the release to the Insurer (OnePath Life Limited) or any other organisation duly appointed by OnePath, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original.
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Member's signature:

Date: / /

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DOMINION

STEP 6. Declaration

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- that diminishes the risk undertaken by the Insurer
- that is of common knowledge
- that the Insurer knows or in the ordinary course of his/her business, ought to know
- as to which the duty of disclosure is waived by the Insurer.

Non-disclosure

If the duty of disclosure is not complied with and the Insurer would not have provided the insurance cover on any terms if the failure had not occurred, the Insurer may avoid the cover within three years of entering into it. If the non-disclosure is fraudulent, the Insurer may avoid the cover at any time. An insurer who is entitled to avoid insurance cover may, within three years of entering it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premiums that would have been payable if you had disclosed all relevant matters to the Insurer. The duty of disclosure continues until the Insurer accepts (or declines) your application.

I acknowledge that:

- I have read and carefully considered the questions in this form and all the answers provided are true and correct
- I have received and read the current Product Disclosure Statement for my chosen Dominion Superannuation product.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the duty of disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above. I understand that if I do not comply with my duty of disclosure, the Insurer may alter or cancel my insurance.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am actively at work, working my normal hours.
- If I do not complete this form correctly or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer.
- I hereby authorise the release to the Insurer (OnePath Life Limited) or any other organisation duly appointed by OnePath, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original.
- I agree to the Adviser Insurance fee stated under Step 5.
- Group Insurance cover will not commence until I am notified of acceptance by the Trustee.

Member's signature:

Date:

/ /

STEP 7. Postage, fax and email details

Please post this form to:

Dominion Superannuation
Locked Bag 1000
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au



DOMINION

Group Risk

Personal Statement

15 November 2010

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

Group Risk Insurance Administration

Phone 1800 648 921

Fax 02 9234 8072

Email group.risk@onepath.com.au

Website onepath.com.au

Important notice

OnePath Life is the insurer in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

You are requested to complete this form if one of the following applies to you:

- you are proposing to become an insured member under the policy and your benefits are subject to assessment by OnePath Life
- you are an existing insured member and your benefit (or part thereof) is subject to assessment by OnePath Life.

OnePath Life requires this Personal Statement and other health information to assist us in making a decision on your proposed insurance cover. This Personal Statement is confidential. Please refer to the Privacy Statement in the Product Disclosure Statement.

You may wish to seal it in an envelope and send it to:

OnePath Life

GPO Box 4129

Sydney NSW 2001

Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* (Cth) 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 insurance and, if so, on what terms.

Your duty of disclosure applies even after your application is completed and until the insurer has assessed and accepted your application for insurance cover, or an increase in cover.

You have the same duty to disclose those matters to the insurer before you change your insurance cover or apply for new cover. Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the insurer
- is of common knowledge
- the insurer knows, or in the ordinary course of business, ought to know or
- the insurer has waived.

Non-disclosure

If you fail to comply with your 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.

Postal address

OnePath Life

GPO Box 4129

Sydney NSW 2001

Street Address

347 Kent Street

Sydney NSW 2000

Tel 1800 648 921

Fax 02 9234 8072

Website

onepath.com.au

3. Have you ever had an application for insurance on your life declined, deferred, accepted with a higher than normal premium or issued with restrictions or exclusions? Yes No

If **yes**, please provide name of company, alteration, date and reason (if known).

4. Have you ever made a claim for or received sickness, accident or disability benefits, Veterans Affairs benefits, Workers' Compensation, unemployment benefits or any other form of compensation? Yes No

If **yes**, please provide details i.e. when, amount, period paid, type of disability suffered, date claim finalised etc.

4. Occupation details

Occupation

Describe all present duties in the table below (please complete both percentage of time and specific duties in all cases)

Type of work	% of time	Please describe your specific duties and where they are performed. Please note the examples below are to be used as a guide only.
Sedentary/administration		(e.g. filing, computer work, answering telephone, reception duties, etc.)
Manual work – light		(e.g. driving, warehousing, surveying, lifting under 5kgs, etc.)
Manual work – heavy		(e.g. bricklaying, lifting over 5kgs, painting, carpentry, mechanic, etc.)

How many hours do you work per week?

Annual salary (before tax) \$, ,

5. Pastimes

Have you any intention of engaging in:

1. motorcycle/motor racing other than as a means of transportation to and from work? Yes No
2. any hazardous activities or sports, e.g. motor or water sports (such as canoeing), football, parachuting, recreations involving heights, underwater sports, caving, body contact sports, gliding, hang gliding etc? Yes No
3. aviation/flying, other than as a fare-paying passenger? Yes No

If you answered **yes** to any of questions 1, 2 or 3 above, please continue completing this section below for the relevant activity.

Motorcycle/motor racing

Vehicle type <input style="width: 280px;" type="text"/>	Races p.a. <input style="width: 280px;" type="text"/>
Engine size <input style="width: 280px;" type="text"/>	Max. speed (km/h) <input style="width: 280px;" type="text"/>
Class <input style="width: 280px;" type="text"/>	<input type="checkbox"/> Recreational <input type="checkbox"/> Amateur <input type="checkbox"/> Professional

Scuba/skin diving

Average depth (m) <input style="width: 280px;" type="text"/>	Maximum depth (m) <input style="width: 280px;" type="text"/>
Dives per annum <input style="width: 280px;" type="text"/>	Do you use explosives? <input style="width: 280px;" type="text"/>
Do you dive in caves or potholes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If **yes**, give details.

Football/Soccer/Aussie Rules, etc.

Code played and grade

Games p.a. Recreational Amateur Professional

Do you receive any income participating in Football/Soccer/Aussie Rules etc.?

If **yes**, provide amount and details.

Other sports or pastimes

a. Please provide details and frequency of any other hazardous activities or sports you participate in (e.g. boxing, competitive riding, mountain climbing, body contact sports, caving, etc.).

If **yes**, provide frequency and details.

b. On what basis do you partake in this activity? Recreational Amateur Professional

Aviation/flying

Do you hold a Civil Aviation Safety Authority (CASA) licence? Yes No

If **yes**, state type and period held.

Do you intend to change the scope of your present licence? Yes No

Have you ever had an accident or been charged with violating CASA regulations? Yes No

Do you always use authorised landing areas? Yes No

Please complete the table below.

No. of hours flown	Past 12 months		Future annual average	
	Crew	Passenger	Crew	Passenger
Commercial airline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aero club/flying school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agriculture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helicopter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ultralight aircraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you intend to engage in any form of aviation other than the above categories (e.g. ballooning, aerobatics, parachuting, paragliding)? Yes No

If **yes**, please provide frequency and details.

6. Personal statement

1. What is your current height and weight? Height (cm) Weight (kg)

2. Has your weight varied by more than 10 kg during the last 12 months?..... Yes No

If **yes**, please provide details.

3. During the last 12 months have you smoked tobacco or any other substance?..... Yes No

If **yes**, please state **type** and **quantity** per day.

4. During the last three months, have you used nicotine replacement treatment?..... Yes No

If **yes**, please state **type** used and **duration** of use.

5. Non-smokers – have you ever smoked regularly in the past? Yes No

If **yes**, please state **type**, **quantity** per day and date ceased.

6. Do you consume alcohol?..... Yes No

If **yes**, please state **type** and **quantity** per day (the word 'social' is not sufficient).

7. Have you ever been advised to stop smoking or drinking alcohol on medical grounds? Yes No

If **yes**, please provide full details.

8. Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus?..... Yes No

9. Have you **ever** engaged in sexual activity with, or worked as, a prostitute; or engaged in anal sexual activity?..... Yes No
If **yes**, a confidential questionnaire will be sent to you to complete and return to OnePath's underwriting department.

If you are required to have a full medical examination, go to Section 9 on page 39.

7. Family history

To be completed for your blood relatives only (if adopted and family history unknown, please state so).

1. Have any of your parents, brothers or sisters (alive or deceased) suffered from Huntington's disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic kidney disease, Alzheimer's disease, dementia or any other hereditary or familial disorder?..... Yes No

2. Have any of your parents, brothers or sisters (alive or deceased) prior to age 60 been diagnosed with diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, cervical cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease?..... Yes No

If you answered **yes** to either question 1 or 2, please complete the following table.

Relation	Condition/Disorder	Age diagnosed
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Medical history

To the best of your knowledge, have you ever had any of the following:

Please tick the appropriate box and circle the specific conditions that are applicable.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Asthma?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. High blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. High cholesterol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Diabetes?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Stress, anxiety, depression or any other mental health condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Back or neck pain, sciatica or any disorder of the spine or neck?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Arthritis, shoulder or knee pain or any other disorder of the joints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Cyst, mole or skin lesion?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **yes** to any of the conditions in bold above, please complete the relevant questionnaire on pages 42 to 50.

- | | | |
|--|------------------------------|-----------------------------|
| 9. Sleep apnoea, bronchitis, persistent cough or any other chest or lung condition?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Heart condition, murmur, chest pain, rheumatic fever, palpitations, stroke or vascular disorder?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Thyroid or glandular trouble? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Ulcers, bowel trouble or recurring indigestion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Epilepsy, fits or dizziness of any kind or persistent headaches?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Alzheimer's disease or dementia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Kidney, liver or bladder problems, renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Broken bones or osteoporosis or any pain, strain or disorder of any muscles, ligaments, cartilage or limbs?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Gout, fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, chronic fatigue syndrome (myalgic encephalomyelitis)?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Cancer, tumour, growths of any kind or breast lumps (even if you have not seen a doctor)?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Varicose veins, hernia or skin trouble? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Any abnormality affecting eyesight, hearing or speech?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Anaemia, haemophilia or any other disease of the blood?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Bowel, liver or gall bladder disease or hepatitis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Coughing of blood or passing of blood from the bowel or in the urine?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Any sexually transmittable disease including but not limited to AIDS or its positive antibodies, gonorrhoea or syphilis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Have you within the last five years had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Due to injury or illness have you ever been off work for more than seven consecutive days (if not already mentioned)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Do you now have any symptoms of ill health or disability?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Do you take, or have you ever taken drugs or any medications on a regular or ongoing basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Have you ever used or injected any drugs not prescribed for you by a medical attendant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. Females only | | |
| a. Have you ever had any complications with pregnancy or childbirth?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are you now pregnant? If yes , please advise due date <input type="text" value="DD/MM/YYYY"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you ever had an abnormal cervical smear test (pap), breast ultrasound or mammogram? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Have you ever had any symptom(s) of, or sought advice or treatment for any condition of the cervix, ovary, uterus, breast, or endometrium? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **yes** to any questions from 9–33, please complete the following table. If there is not enough space here, please provide details on page 51.

Question number	Conditions or symptoms	Tests performed and results	Date started	Date ceased	Treatment and type, date provided and date ceased	Time off work	Have you fully recovered? Yes/No	Name and address of institution or health professional
			DD/MM/YYYY	DD/MM/YYYY				
			DD/MM/YYYY	DD/MM/YYYY				
			DD/MM/YYYY	DD/MM/YYYY				
			DD/MM/YYYY	DD/MM/YYYY				
			DD/MM/YYYY	DD/MM/YYYY				

9. Usual doctor or medical centre details

1. Full name and address of usual doctor/medical centre.

Doctor/Medical centre

Phone Fax

No. and street

Suburb/Town State Postcode

How many years have you been attending this doctor/medical centre?years months

2. Have you had any consultations with your usual doctor or any other doctor (other than for colds or the flu) in the last three years not already mentioned?..... Yes No

If **yes**, please provide details.

Name, address and phone number of doctor/medical centre	Date last consulted	Reason for check-up or consultation	Outcome including degree of recovery, medication, treatment, etc.
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		

10. Declaration by the life insured or applicant

- I have read and understood the questions in this Personal Statement.
- I declare that the answers to the questions in this Personal Statement signed by me and given to OnePath Life and/or the Medical Examiner are true and correct.
- I authorise the collection, use and disclosure of my personal information for the purposes of administration and maintenance of this policy, as outlined in the Privacy Statement. I understand that OnePath Life will not be able to process a claim or administer this policy without this consent.
- I accept that where my employer (or former employer) or the Trustee of my superannuation fund has appointed a financial adviser or other intermediary to arrange and/or administer the Group Risk policy on their behalf, my personal information will be provided to the financial adviser/intermediary in order to undertake the management and administration of the policy.
- I declare that I have been clearly informed in writing of the general nature and effect of the duty of disclosure.
- I authorise any medical practitioner, other professional or any person named in this Personal Statement to verify any aspect of it, and disclose any information that they may possess about me to OnePath Life in relation to this insurance.
- I acknowledge that where I am making an application for insurance cover (or an increase in insurance cover), and where such application is made on a voluntary basis (other than as a direct result of the formula for cover which applies to the group risk policy or policies for which an application for cover is being made on the basis of this Personal Statement), that I have received, read and understood a copy of the Group Risk Product Disclosure Statement(s) (PDS) for the type(s) of cover for which I am applying.

Signature of life insured/applicant

Date

11. Authorisations

Doctor's authorisation

To be completed and signed by the life insured.

Please sign authorisation

To doctor

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 AFSL 238341, or any organisation duly appointed by OnePath Life. A photocopy (or similar) of this authorisation shall be as valid as the original.

Name of life insured

Date of birth

Signature of life insured

Date

Address of life insured

State Postcode

Policy number

Doctor's authorisation

To be completed and signed by the life insured.

Please sign authorisation

To doctor

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 AFSL 238341, or any organisation duly appointed by OnePath Life. A photocopy (or similar) of this authorisation shall be as valid as the original.

Name of life insured

Date of birth

Signature of life insured

Date

Address of life insured

State Postcode

Policy number

12. Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life and other members of the ANZ Group. We are committed to ensuring the confidentiality, security and privacy of your personal information. 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information to provide you with the products and services you request. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

In order to manage and administer the products and services requested by you, we may need to disclose your personal information to certain third parties, including:

- other members within the ANZ Group, to the extent necessary to service our relationship with you and carry on business as a group
- organisations performing administration or compliance functions in relation to the products and services
- organisations maintaining our information technology systems
- authorised financial institutions
- organisations providing services such as mailing, printing or data verification
- a person who acts on your behalf (such as your financial adviser or your agent)
- the policy owner (where you are a life insured who is not the policy owner).

For life risk products we collect health information with your consent. Your health information will only be disclosed to service providers, reinsurers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

We may also disclose your personal information in circumstances where we are required to do so by law.

We may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services on 133 667.

You may access the personal information OnePath holds about you, subject to permitted exceptions and subject to OnePath still holding that information, by contacting OnePath at:

Privacy Officer – OnePath

GPO Box 75

Sydney NSW 2001

Phone 02 9234 8111

Fax 02 9234 8095

Email privacy@onepath.com.au

If any of your personal information is incorrect or has changed, please let OnePath know by contacting Customer Services.

More information can be found in OnePath's Privacy Policy which can be obtained from its website at onepath.com.au

Postage details

Please post this form to:

Dominion Superannuation

Locked Bag 1000

Wollongong DC NSW 2500

13. Supplementary questionnaires

Asthma questionnaire

Only complete this questionnaire if you answered **yes** to question 1 in Section 8.

1. When did you have your first episode of asthma? Date
2. When was your most recent episode of asthma? Date
3. Approximately how many episodes have occurred in the last 12 months?
4. Have you had any time off work due to this condition? Yes No

If **yes**, please provide the dates and duration.

5. Are the symptoms/attacks typically precipitated by anything in particular (e.g. seasonal, exercise induced, a cold or bronchitis)? Yes No

If **yes**, please provide details.

6. Have you sought medical treatment or advice for asthma? Yes No

If **yes**, please provide details.

Name of doctor/health professional

Address

Suburb/Town State Postcode

Date of last consultation

7. How has your doctor described your asthma? Mild Moderate Severe

8. Have you ever used any medication, including steroids? Yes No

If **yes**, please provide details.

Type	Date commenced	Frequency (e.g. daily, weekly)	Dosage	Date ceased (if applicable)	Reason for cessation
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

9. Have you ever been hospitalised due to asthma? Yes No

If **yes**, please provide details.

Date from Date to

Name and address of hospital.

10. Have you ever had lung function tests performed? Yes No

If **yes**, please provide details.

Date	Test results
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

Blood pressure questionnaire

Only complete this questionnaire if you answered **yes** to question 2 in Section 8.

1. When was your high blood pressure first diagnosed? Date
2. What was your blood pressure reading at that time? Systolic Diastolic
3. Have you ever been treated by medication? Yes No

If **yes**, please provide details.

Type	Date commenced	Frequency (e.g. daily, weekly)	Dosage	Date ceased (if applicable)	Reason for cessation
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

4. Did you undergo any tests or investigations? Yes No

If **yes**, please provide details.

Tests performed	Date	Results
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

5. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details.

Name

Address

Suburb/Town State Postcode

Date of last consultation

6. What was the date of your last blood pressure check?

7. What was your blood pressure reading at that time? Systolic Diastolic

8. How has your doctor described your blood pressure control? Excellent Good Poor Other

If **other**, please provide details.

9. What is the date of your next blood pressure check-up? Date

Cholesterol questionnaire

Only complete this questionnaire if you answered **yes** to question 3 in Section 8.

1. When was your high cholesterol first diagnosed? Date
2. What were your cholesterol readings at that time? Cholesterol Triglycerides
 HDL Cholesterol LDL Cholesterol
3. Did you undergo any tests or investigations? Yes No

If **yes**, please provide details.

Tests performed	Date	Results
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

- 4a. Have you ever used any medication? Yes No

If **yes**, please provide details.

Type	Date commenced	Frequency (e.g. daily, weekly)	Dosage	Date ceased (if applicable)	Reason for cessation
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

- 4b. Has this treatment ever changed (e.g. has the type or dosage of your medication been changed)? Yes No

If **yes**, please provide date of when treatment changed and the reason(s) for change.

5. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details.

Name

Address

Suburb/Town State Postcode

Date of last consultation

6. What was the date of your last cholesterol check? Date

7. What were your cholesterol readings at that time? Cholesterol Triglycerides
 HDL Cholesterol LDL Cholesterol

8. How has your doctor described your cholesterol control? Excellent Good Poor Other

If **other**, please provide details.

9. What is the date of your next cholesterol check-up? Date

Diabetes questionnaire

Only complete this questionnaire if you answered **yes** to question 4 in Section 8.

1. When was your diabetes first diagnosed? Date

2. How is your diabetes controlled?

- Insulin – go to question 3
- Diet only – go to question 4
- Oral – list medications below and then go to question 4

3. How many times a day do you administer insulin? I'm on an insulin pump One or two times daily Three or more times daily

4. How often do you monitor your sugar levels? One or two times daily Three or more times daily Other

If **other**, please provide details.

--

5. Have you ever had insulin reactions, diabetic coma, heart, kidney, peripheral vascular disease or eye problems (not already mentioned in the Personal Statement), or protein in the urine? Yes No

If **yes**, please provide details.

Condition	Date	Treatment
	<input type="text" value="DD/MM/YYYY"/>	
	<input type="text" value="DD/MM/YYYY"/>	

6. Have you had a glycosylated haemoglobin (HbA1c) test in the last six months? Yes No

If **yes**, please provide details.

Date	Test results
<input type="text" value="DD/MM/YYYY"/>	
<input type="text" value="DD/MM/YYYY"/>	

Is this result consistent with others taken over the last 12 months? Yes No

If **no**, please provide details.

Date	Test results
<input type="text" value="DD/MM/YYYY"/>	
<input type="text" value="DD/MM/YYYY"/>	

7. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details.

Name

Address

Suburb/Town State Postcode

Date of last consultation

Mental health questionnaire

Only complete this questionnaire if you answered **yes** to question 5 in section 8.

1. Please tick the conditions you have had (or currently have), or received treatment for:

- Anxiety including generalised anxiety, panic or phobia disorder
- Eating disorder including anorexia nervosa or bulimia
- Depression including major depression or dysthymia
- Manic depressive illness or bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenia or any other psychotic disorder
- Stress, sleeplessness or chronic tiredness
- Other

If **other**, please describe.

2. Please complete the table below for all described conditions.

Condition	Describe your symptoms	Date diagnosed	Date condition ceased (if applicable)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

3. Have you ever had any recurrence of the symptoms?..... Yes No

If **yes**, please provide details including dates.

4. Are you currently symptom free?..... Yes No

If **yes**, please provide date(s) of last symptoms.

5. Have you ever attempted suicide or self harm?..... Yes No

If **yes**, please provide details including when, name and address of treating doctor, clinic or hospital.

6. Are you aware of the cause or reason for your condition(s)?..... Yes No

If **yes**, please provide details.

7. Have you ever had any time off work due to your condition(s)?..... Yes No

If **yes**, please provide the dates and duration.

8. Are you currently or have you ever been on treatment, including medication?..... Yes No

If **yes**, please provide details.

Treatment (e.g. tranquillisers, sedatives, ECT, counselling, etc.)	Date commenced	Date ceased (if applicable)	Reason ceased
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

9. Do you feel that your condition(s) has had any impact on your ability to perform your job at work or on your social life? Yes No

If **yes**, please provide details.

10. Have you been referred for consultation with a psychiatrist or psychologist?..... Yes No

If **yes**, please provide details.

Name of consultant			
Address			
Suburb/Town	State	Postcode	
Date of last consultation	DD/MM/YYYY		

11. Have you been admitted to hospital or any other care facility?..... Yes No

If **yes**, please provide details.

Name of institution			
Address			
Suburb/Town	State	Postcode	
Date of last consultation	DD/MM/YYYY	Doctor(s) consulted	

Back/Neck questionnaire

Only complete this questionnaire if you answered **yes** to question 6 in Section 8.

1. When did your back/neck condition first occur? Date

2. Which area(s) of your back/neck was affected (e.g. middle back)?

3. What was the cause or reason for the condition?

4. Please describe the exact nature of the condition, including the symptoms and doctor's diagnosis if known (e.g. sciatica, prolapsed disc, whiplash etc.):

5. Was an X-ray, CT scan or any other type of investigation performed? Yes No
 If **yes**, please provide details.

Tests	Date of tests	Results
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

6. Have you had recurrent or multiple episodes of the back/neck condition? Yes No
 If **yes**, please provide details including the number of episodes and the date of the most recent episode including duration.

7. Please provide details of all people you have consulted for this condition in the table below.

Name and address of doctor/health professional	Type (e.g. doctor, chiropractor, physiotherapist)	Date last consulted	Treatment prescribed (e.g. analgesics, anti-inflammatory drugs, immobilisation)
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

8. Have you had any time off work due to this condition? Yes No
 If **yes**, please provide the dates and duration.

9. Are your work duties or activities limited/affected by the condition? Yes No
 If **yes**, please provide details.

10. Are you still undergoing treatment or do you have any residual pain, limitation of movement or restriction of any kind? Yes No
 If **yes**, please provide details.

11. Overall do you feel that your back/neck condition is: Resolved Improving Stable Deteriorating

12. What was the date of your last symptoms? Date

Arthritis/Joint questionnaire

Only complete this questionnaire if you answered **yes** to question 7 in Section 8.

1. Which joint is/was affected (please tick relevant box/es)? If more than one box is ticked, please copy this questionnaire and complete for each condition.

	Left	Right		Left	Right
Ankle	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Hip	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>	If other , state which joint		

2. When did this condition first occur? Date

3. What was the cause or reason for the condition?

4. Please describe the exact nature of the condition, including symptoms and doctor's diagnosis if known.

5. Have you had recurrent or multiple episodes of the condition? Yes No
 If **yes**, please provide details including the number of episodes and the date of the most recent episode including duration.

6. Please provide details of all people you have consulted for this condition in the table below.

Name and address of doctor/health professional	Type (e.g. doctor, chiropractor, physiotherapist)	Date last consulted	Treatment prescribed (e.g. steroids, anti-inflammatory drugs, surgery, acupuncture)
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	

7. Have you had any time off work due to this condition? Yes No
 If **yes**, please provide the dates and duration.

8. Do you have any residual pain, limitation of movement or restriction of any kind? Yes No
 If **yes**, please provide details.

9. Are your work duties or activities limited/affected by the condition?..... Yes No
 If **yes**, please provide details.

10. Are you still undergoing treatment? Yes No
 If **yes**, please provide details.

11. Overall do you feel that your condition is:..... Resolved Improving Stable Deteriorating

12. What was the date of your last symptoms?..... Date

Cyst/Mole/Skin lesion questionnaire

Only complete this questionnaire if you answered **yes** to question 8 in Section 8.

1. Please provide details in the table below.

Site (e.g. back, left leg)	Date diagnosed	Type (e.g. basal cell carcinoma, melanoma, cyst, mole)	Pathology results (e.g. malignant, benign, unknown)
	DD/MM/YYYY		
	DD/MM/YYYY		
	DD/MM/YYYY		

2. Was the cyst/mole/skin lesion(s) removed? Yes No

If **yes**, please provide details for each Date of removal DD/MM/YYYY

By what method (e.g. surgically, frozen or burnt off)?

If **no**, please provide details including date set for removal, if applicable.

3. Have you been or are you required to attend any further treatment or regular follow up since the original removal? Yes No

If **yes**, please provide details and advise how often follow up is required.

4. Have you had any other tests, investigations or treatments not mentioned above? Yes No

If **yes**, please provide details.

Tests/Treatments/Investigations	Date	Results
	DD/MM/YYYY	
	DD/MM/YYYY	
	DD/MM/YYYY	

5. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details.

Name

Address

Suburb/Town State Postcode

Date of last consultation DD/MM/YYYY



DOMINION

Directory



For immediate assistance please consult your adviser or call Client Services on 1300 554 498.

Trustee

Oasis Fund Management Limited

ABN 38 106 045 050
AFSL 274331
RSE L0001755

Administrator

Oasis Asset Management Limited

ABN 68 090 906 371
ACN 090 906 371

Corporate Address

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Sydney NSW 2000

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Facsimile: (02) 4224 1901
Email: contactus@oasisasset.com.au

Website

www.tfsa.com.au

Custodian of the Trust

HSBC Bank Australia Limited

ABN 48 006 434 162
AFSL 232595

HSBC Centre,
Level 32
580 George Street
Sydney NSW 2000

HSBC Bank Australia Limited (ABN 48 006 434 162, AFSL No. 232595) (HSBC), has given its written consent to the issue of this PDS with the statements referring to it as the Custodian in the form and context in which they are included, and has not withdrawn its consent before the date of this PDS. HSBC has not authorised or caused the issue of this PDS or made any statement that is included in this PDS or any statement on which a statement in this PDS is based, except as stated above. Other than stated above, HSBC expressly disclaims and takes no responsibility for any statements in, or any omissions from, this PDS. This applies to the maximum extent permitted by law but does not apply to any material to which the consent given above relates.

Insurer

OnePath Life Limited

ABN 33 009 657 176
AFSL 238341

347 Kent Street
Sydney NSW 2000

Auditors of the Trust and the Trustee

KPMG

Level 3
63 Market Street
Wollongong NSW 2500

Bankers of the Trust

Westpac Banking Corporation

For more information please contact:

Client Services

Telephone: 1300 554 498

8.30am to 6.00pm Monday to Friday – Sydney Time