DOMINION

Employee's Guide to the Dominion Employer Superannuation Plan Supplementary Product Disclosure Statement

Issued 30 August 2011

Issued by Oasis Fund Management Limited ABN 38 106 045 050, AFSL 274331 as Trustee of the Dominion Employer Superannuation Plan (Plan).

About this Supplementary Product Disclosure Statement

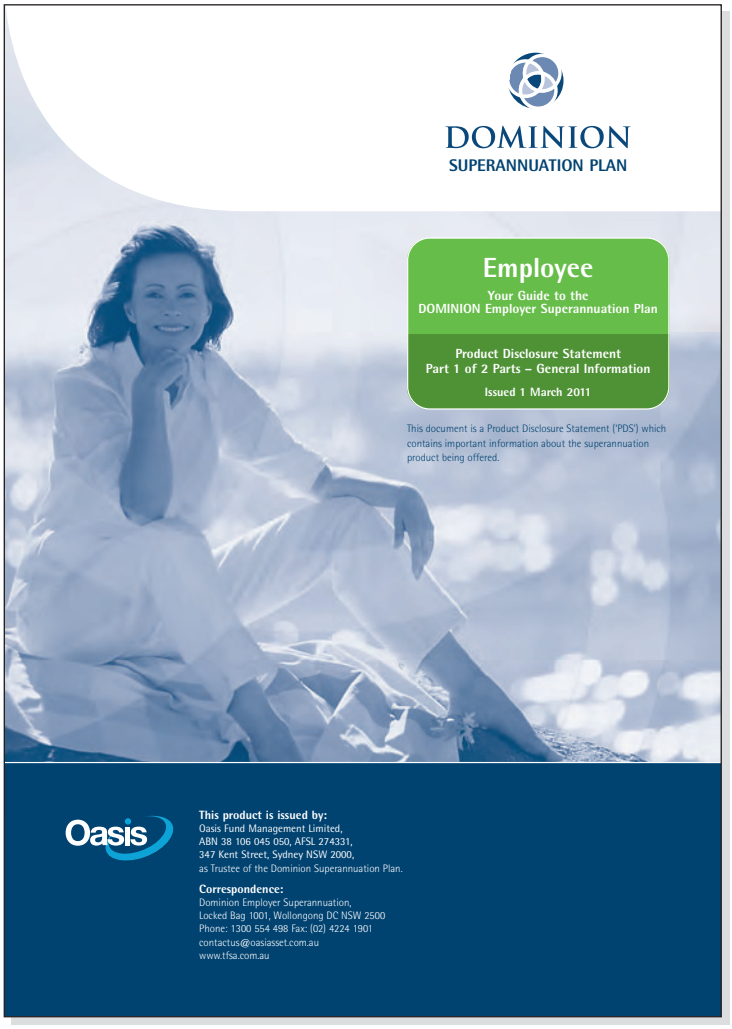
This Supplementary Product Disclosure Statement (SPDS) is to be read in conjunction with the Product Disclosure Statement issued on 1 March 2011 (PDS) for the Dominion Employer Superannuation Plan.

From 30 August 2011, the Product Disclosure Statement for the Dominion Employer Superannuation Plan comprises:

- the PDS, and
- this SPDS.

Purpose of this SPDS

The purpose of this SPDS is to disclose the change of the new distributor of this product to TFS Operations Pty Limited (ABN 86 146 108 367).



(a) Part 1 – page 15

Under the section titled 'Dominion website' the third paragraph is to be deleted and replaced as follows:

The Dominion website is jointly provided by TFS Operations Pty Limited and the Trustee. The public area of the website that you initially gain access to prior to entering your Login Code and online password is provided by TFS Operations Pty Limited. The secure area of the website can be accessed after you log on using your Login Code and online password provided by the Trustee.

(b) Part 1 – page 23

The section titled 'Group Insurance Administration fee' is to be deleted and replaced as follows:

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 insurance and is not included in the Group Insurance premium rate tables on pages 45 to 50.

The Trustee may pay a portion of this fee to the distributor of this product. Any amount paid to the distributor is not an additional cost to you.

(c) Part 1 – page 23

The section titled 'Group Insurance commissions' is to be deleted and replaced as follows:

Group Insurance commissions

The Group Insurance premium rate tables on pages 45 to 50 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 distributor of this product. Any amount paid to the distributor is not an additional cost to you. You may be able to negotiate a lower Group Insurance commission with your Adviser.

(d) Part 1 – page 24

Under the section titled 'Adviser remuneration', the second paragraph is to be deleted and replaced as follows:

The distributor of this product may be entitled to receive a share of the Administration fee.

(e) Part 1 – page 25

The section titled 'Other Payments' is to be deleted.

(f) Part 1 – page 25

Under the section titled 'Goods and Services Tax ('GST')' the second paragraph is to be deleted and replaced as follows:

Remuneration paid to your Adviser, the distributor and the Plan in relation to your Group Insurance is subject to 10% GST.

(g) Part 1 – page 25

The section titled 'Investment management and other supplier payments' is to be deleted and replaced as follows:

Investment management and other supplier payments

The Trustee may receive payments from investment managers and other financial institutions ('Institutions'). These amounts are generally calculated on the value of the assets invested with the Institution and are paid at a rate of up to 1.10% p.a. The Trustee may pay TFS Operations Pty Limited (ABN 86 146 108 367) a portion of the amounts received. This is not an additional cost to you.

(h) Part 1 – page 26

The section titled 'Total Financial Solutions Australia Pty Ltd' is to be deleted and replaced as follows:

TFS Operations Pty Limited

The Trustee will pay TFS Operations Pty Limited a portion of the Administration fee and the Group Insurance Administration fee, as the distributor of this product. This payment does not represent an additional charge to you.

DOMINION
SUPERANNUATION PLAN

Employee

Your Guide to the DOMINION Employer Superannuation Plan

Product Disclosure Statement
Part 1 of 2 Parts – General Information

Issued 1 March 2011

This document is a Product Disclosure Statement ('PDS') which contains important information about the superannuation product being offered.

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 Plan.

Correspondence:
Dominion Employer Superannuation,
Locked Bag 1001, Wollongong DC NSW 2500
Phone: 1300 554 498 Fax: (02) 4224 1901
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www.tfsa.com.au

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

Part 1: General Information including various forms (this document).
Part 2: Investment Options brochure.

If you have not received Part 2 – Investment Options brochure you should contact the Adviser or Dominion Client Services on 1300 554 498 or by email at contactus@oasiasset.com.au

As your employer has selected the Dominion Employer Superannuation Plan to make your superannuation contributions, the Trustee recommends you read both parts of this Product Disclosure Statement carefully.

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

Interests to which this Product Disclosure Statement relates will only be issued on receipt of an application form issued together with this Product Disclosure Statement.

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

About this Product Disclosure Statement

Product Disclosure Statement ('PDS') for the Dominion Employer Superannuation Plan

This PDS describes the main features, benefits, costs and risks of investing in the Dominion Employer Superannuation Plan (the 'Plan'), and contains all relevant forms for your completion.

Oasis Fund Management Limited (the '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 the Adviser, a financial services licensee or an authorised representative of a financial services licensee.

Your employer is not permitted to give you financial product advice or recommend any other financial product unless they are licensed to do so.

The Adviser

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

In relation to the Plan, your employer uses the services of a professional Adviser to provide:

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

References throughout this PDS to 'your Adviser', 'my Adviser' or 'the Adviser' is a reference to the Adviser used by your employer.

If you require assistance with your Plan membership, you should first consult your employer. Depending on the assistance required, your employer may refer you to the Adviser.

The Adviser will receive payment for providing these services. The amount they receive is included in certain fees charged to your account. For further information regarding fees, refer to pages 19 to 26.

Benefits and risks of investing in the Plan

The Plan 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; and
- a comprehensive choice of Death Only or Death and Total & Permanent Disablement and Salary Continuance insurance cover.

If you leave the Plan, 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

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

If you need more information

You can obtain further information about the Plan and the Trustee free of charge by contacting Dominion Client Services on 1300 554 498, by email at contactus@oasiasset.com.au or by writing to the Trustee at the correspondence address shown on the inside back cover.

Important notice

Investments in the Plan 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.

Disclaimer: Oasis Fund Management Ltd (ABN 38 106 045 050, AFSL 274331) (OFM) is the Trustee and issuer of this product. The issuer is a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ABN 11 005 357 522) (ANZ). ANZ is an authorised deposit taking institution (Bank) under the Banking Act 1959. Although OFM is owned by ANZ it is not a Bank. Except as described in this Product Disclosure Statement (PDS), an investment in this product is not a deposit or other liability of ANZ or its related group companies and none of them stands behind or guarantees the issuer or the capital or performance of the investment.

This material is current as at the issue date on the front cover but is subject to change. Updated information will be available free of charge by calling Client Services. Any worked dollar examples are for illustrative purposes only. OFM reserves the right to change matters which are the subject of representations.

This PDS contains general information only, has been prepared without taking into account your objectives, financial situation or needs and may not be reproduced without the issuer's prior written permission.

OFM recommends you read the terms and conditions of MoneyOne® Online available at www.moneyone.com.au or by calling Client Services. MoneyOne is a registered trade mark of moneyone.com.au Limited (ACN 092 030 352).

Past performance is not indicative of future performance. The issuer does not promise any rate of return or that there will be no capital loss or taxation consequences from investment.

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What is the Dominion Employer Superannuation Plan?

The Dominion Employer Superannuation Plan offers you a flexible and tax-effective means to save for retirement and caters for your changing lifestyle by offering features such as:

- investment choice;
- Death Only or Death and Total & Permanent Disablement and Salary Continuance insurance; and
- the ability to remain invested in the Plan even after you cease employment.

The Plan is a sub-plan of the Oasis Superannuation Master Trust (the 'Master Trust'), which is a Registrable Superannuation Entity (ABN 81 154 851 339). The Master Trust is a complying superannuation fund. Other sub-plans of the Master Trust, which are distinguished by different fees, member reporting, investment options and features, are offered through separate documents. The Plan is not a separate legal structure from the Master Trust.

Who looks after the Dominion Employer Superannuation Plan?

The Trustee of the Master Trust (and Dominion Employer Superannuation Plan) is Oasis Fund Management Limited ('Oasis'), ABN 38 106 045 050, AFSL 274331, RSE L0001755, which administers the Plan in accordance with the Trust Deed dated 24 March 2000, as amended from time to time.

The Trustee is responsible for ensuring the Plan:

- complies with all legislative and regulatory requirements; and
- is administered in accordance with the Trust Deed and in the best interests of its members.

The Trustee outsources the administration of the Plan to Oasis Asset Management Limited. Oasis Fund Management Limited is a 100% owned subsidiary of Oasis Asset Management Limited. Oasis Asset Management Limited performs the administration function under an agreement between Oasis Asset Management Limited and Oasis Fund Management Limited.

The Group Insurance provided through the Plan is based on the terms and conditions offered by OnePath Life Limited.

Policy committees

As a Trustee, we are required to make reasonable attempts to establish a policy committee for employer plans of 50 or more employees and also for employer plans of 5 to 49 employees where a written request has been made by at least five employees. The committee must include an equal number of employer elected and employee elected representatives.

About OnePath – the Insurer

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

OnePath Life is a related body corporate to the Trustee.

About the Custodian

The Trustee has appointed The Hongkong and Shanghai Banking Corporation Ltd ('HSBC'), ABN 65 117 925 970, AFSL 301737, as the custodian of the Plan's assets. This means that your investments are held by a company independent of the Trustee and in accordance with the Custody Agreement dated 30 June 2006 (as amended).

About the Auditor

KPMG are the auditors of the Master Trust. KPMG is one of the world's leading professional services firms with over 135,000 people worldwide and providing audit, tax and advisory services in around 140 countries. In Australia, KPMG operates nationally across 13 offices with over 4,500 people.

Your guide to the Dominion Employer Superannuation Plan

Safeguarding your investments

YOU
- Make investments.
- Issue instructions.
- Retain control.

YOUR ADVISER
- Provides advice.

DOMINION

Dominion Employer Superannuation Plan

HSBC

The Hongkong and Shanghai Banking Corporation Ltd

SECURITY

CUSTODIAN
- Holds all investments on your behalf.
- Independent of the Trustee.

Oasis

Oasis Fund Management Limited

MANAGEMENT

TRUSTEE
- The Trustee outsources the administration of your account to Oasis Asset Management. This includes providing reports.

OnePath

OnePath Life Limited

COMFORT

INSURER
- Provides Death Only or Death and Total & Permanent Disablement and Salary Continuance insurance cover.
- Provides underwriting and claims assessment administration.

PERFORMANCE

INVESTMENTS
- Managed Investments – investment managers manage your investments independently of the Trustee.

Access To Investments

Access To Information

KPMG

KPMG

INTEGRITY

AUDITOR
- Provides assurance on financial statements and risk management strategies of the Master Trust.
- Independent of the Trustee.

YOU
- Receive investment earnings.
- Receive information.
- Retain control.
- Receive benefits.

YOUR ADVISER
- Provides advice.

Key features at a glance

Suitable for

Employers

Use it to contribute quarterly Superannuation Guarantee (SG) and Award contributions on behalf of their employees.

Employees

Your employer has selected the Plan for the payment of your superannuation contributions. Use it as the main plan for your rollovers, personal, spouse, employer contributions and Government contributions.

Minimum investment

Initial contribution
No minimum.

Additional contributions
No minimum.

Regular monthly contributions
No minimum.

Investments

Investment options

The Dominion Employer Superannuation Plan offers you a choice of 22 investment options which include:

- multi sector investment options (a mix of asset sectors); and
- single sector investment options (specific asset sectors e.g. cash, fixed interest, property or shares).

This choice allows you to tailor your investments according to your investment preferences, tolerance to risk and return and retirement goals.

Automatic rebalancing

You can elect to automatically rebalance your investments quarterly, half yearly or annually in order to realign them with your current investment selection. The Trustee does not charge for this service, however, buy/sell spreads for managed investments may apply.

Group Insurance

Flexible choice of insurance

Death Only or Death and Total & Permanent Disablement and Salary Continuance covers are available.

The comprehensive insurance options allow you to tailor the type and amount of cover to your particular needs.

Fee overview

Contribution/Rollover fee
Up to 5.125%.

Administration fee
Up to 1.33% p.a. of your account balance.

Member fee
$68 p.a.

Investment management fee
0.32% p.a. to 1.82% p.a.

Adviser service fee
Up to 1.025% p.a. of your account balance.

Group Insurance Administration fee
$2.05 per month for each type of cover you hold.

Group Insurance commissions*
Up to 35% of any Group Insurance premium.

* This fee is inclusive of GST.

Additional features

Contributions
You can choose from four convenient methods to contribute; via Electronic Funds Transfer (EFT/Easy Payment), BPAY, direct debit, or by cheque.

Your spouse can also contribute to your account using the above methods.

® Registered to BPAY Pty Limited, ABN 69 079 139 518.

Information and transaction services

Regular communications
Receive regular communications and have easy access to information on your account (including online access).

Dominion website
Visit the Dominion website via www.tfsa.com.au to obtain 24 hour online access to information about your account balance, investment options, investment performance, unit prices, insurance, asset allocation, transaction history and news items.

Dominion Client Services
1300 554 498
You can contact Dominion Client Services for information on your account, including your Group Insurance cover, investment options and performance.

Starting and managing your account

This section contains important information about the operation, features and benefits relating to your account and the Plan.

The Plan and Choice of Fund

The Plan is a complying superannuation fund able to accept all types of superannuation contributions. Provided you are eligible to choose a fund under the government's Choice legislation, you can nominate the Plan to receive compulsory employer (Superannuation Guarantee) contributions. If you wish to do this, simply return to your employer a completed Standard Choice form (which your employer gives to you), along with the Dominion Complying Fund Letter which is available from our website. If you would like to find out more information about Choice, please contact your Adviser, call Dominion Client Services on 1300 554 498 or visit our website at www.tfsa.com.au

How do I become a member?

You become a member of the Plan when your employer has submitted the relevant documentation and a rollover or contribution has been received on your behalf. As your employer will provide us with your personal details, you are not required to complete an application form.

The Trustee reserves the right to accept or reject an application without giving reasons.

Am I eligible to contribute?

Generally, you can make or receive all types of contributions.

The Plan can accept contributions for you if:

- you are under age 65, all contribution types (concessional and non-concessional) can be accepted, regardless of your employment status; or
- you are aged between 65 to under 75 years of age, all contribution types can be accepted. Non-concessional contributions can be accepted if you have been gainfully employed for at least 40 hours within 30 consecutive days in the same financial year the contribution is made. It is important to note that superannuation guarantee contributions and spouse contributions cannot be accepted after age 70; or
- you are aged 75 years or over, only Employer Award contributions can be accepted.

The Plan will not be able to accept and must return any:

- personal (after-tax) contributions made by you or on your behalf unless you have quoted your Tax File Number ('TFN') to the Trustee; or
- personal (fund-capped) contributions which exceed $450,000 p.a. for the year ended 30 June 2010 (indexed); or
- contributions for you if you are over age 75 unless they are required to satisfy any Employer Award obligations.

Is there a minimum contribution amount?

There is no minimum contribution requirement. However, amounts of less than $1,000 may not be invested due to minimum investment requirements.

What type of contributions can I make?

- **Personal contributions** – you can make voluntary contributions from your after-tax salary. This typically involves regular deductions from your normal after tax pay;
- **Lump sum contributions** – you can make lump sum contributions; and
- **Rollovers and transfers** – you may rollover benefits from a superannuation fund or Directed Termination Payments from an employer.

Note: Consolidating small amounts held in various superannuation funds can decrease the total amount of fees you pay and make it easier for you to monitor your superannuation retirement savings. For more information about consolidating your superannuation please speak to your Adviser.

How do I make contributions?

You must make your initial contribution by direct debit or cheque. You can make additional contributions by EFT/Easy Payment, direct debit, cheque or by using BPAY.

Electronic Funds Transfer (EFT/Easy Payment)

To make additional contributions via EFT, you will need to deposit funds using the Fund's BSB and your unique account number. These account details are disclosed in the welcome letter you will receive upon joining the Fund and is also available in the secure area of the website.

Direct Debit

You can make regular contributions by completing a Direct Debit Request (DDR) form. Deduction of contributions will then commence from your nominated Australian financial institution account (bank account) on a monthly basis. (Note: certain conditions apply when setting up a DDR).

If you wish to use the direct debit facility the Trustee recommends that you:

- understand the Direct Debit Request Agreement on page 67; and
- complete the Direct Debit Request ('DDR') form on page 69.

You can vary the amount deducted from your nominated bank account at any time by providing us with a written request. However, if you wish to change your existing financial institution, then you must provide us with a new DDR form.

Cheque

If you make a contribution by cheque, you must ensure that the cheque is made payable to Dominion Employer Superannuation and is crossed 'not negotiable'.

BPAY

You can make contributions by using BPAY. Your employer can also contribute via BPAY on your behalf.

To use BPAY you will require a Biller Code as shown below.

The Biller Code you use for BPAY is determined by the type of superannuation contribution you are making into your account:

Contribution type	Biller Code
Personal contribution (concessional)	212720
Personal contribution (non-concessional)	212712
Employer superannuation guarantee contribution	110262
Employer salary sacrifice contribution	212738
Employer – other contribution	110254
Spouse non-concessional contribution	212704

You will also require a Customer Reference Number, which will be disclosed in the letter you will receive upon joining the Plan.

What type of contributions can my employer make?

Your employer may generally make the following contributions (subject to the restrictions discussed at 'Eligibility to contribute' on page 27):

- **Superannuation Guarantee (SG) and Award contributions** – your employer may be able to pay SG contributions and may have Award contribution obligations to meet on your behalf. The SG contribution rate for employees is 9% of your ordinary times earnings; and
- **Additional contributions** – your employer is able to make voluntary contributions; and
- **Salary sacrifice contributions** – if agreed with your employer you are able to make salary sacrifice contributions. These contributions are made from your salary before tax is deducted.

When are employer contributions made?

Superannuation Guarantee contributions

Your employer is required to make SG contributions within 28 days of the end of each quarter. The due dates are as follows:

SG Quarter	Due date for payment
September	28 October
December	28 January
March	28 April
June	28 July

However, you can elect to offset a contribution made between the due date for payment and before the end of the 28th day of the second month after quarter end against a superannuation guarantee charge payable for the quarter.

Personal contributions

If you make personal contributions to the Plan via a payroll deduction, your employer is required to remit these contributions to the Plan within 28 days of the end of the month in which they are deducted.

When making a contribution, please provide details of the contribution type, e.g. personal or additional employer contributions.

How are my contributions processed?

Contributions will be invested according to your current investment selection. Small amounts (generally less than $1,000 per managed investment) may not be invested due to investment costs and/or minimum investment requirements. In this circumstance, the applicable amount will be placed in your Cash Account.

Contribution Caps

Concessional contributions – includes personal contributions for which a tax deduction is claimed (by eligible persons), employer contributions and may include part of overseas transfers.

For members under 50 years of age, these contributions are limited to $25,000 (2010/11) (indexed) per annum before being subject to additional tax. For members aged 50 or over, a transitional cap of $50,000 per annum applies until 30 June 2012. The member may be subject to an additional 31.5% tax if they make contributions in excess of this limit. They are called 'excess concessional contributions'.

Non-concessional contributions – includes non taxable contributions for which no tax deduction is claimed. These include personal contributions, spouse contributions, the tax free component of overseas transfers and government co-contributions.

These contributions are limited to $150,000 per annum (2010/11). However, if a member is under age 65 at any time in the financial year, they can elect to bring forward the following two years contributions caps (i.e. $450,000 over 3 years from 2010/11). The non-concessional contribution cap will be applied on a 'use it or lose it' basis, which means the member will not be able to carry forward an unused contribution entitlement from one year to another.

See page 29 for further information on tax on contributions.

Providing your Tax File Number (TFN)

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN. If you provide your TFN to us, we will only use it for legal purposes. This includes finding or identifying your superannuation benefits where other information is insufficient, calculating tax on any superannuation payment you may be entitled to and providing information to the Commissioner of Taxation such as reporting details of contributions for the purposes of the co-contribution, lost member reporting and monitoring of contribution caps. The lawful purposes that we can use your TFN for may change in the future as a result of legislative change.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

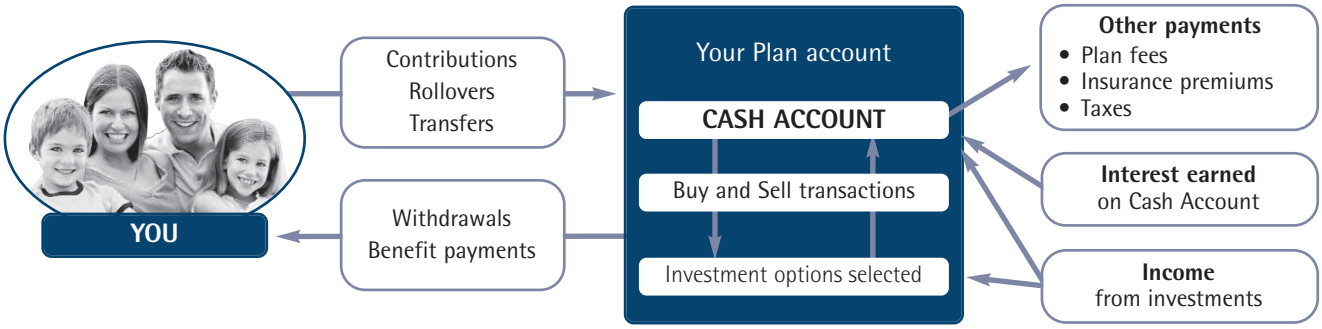
- your superannuation fund will be able to accept all types of contributions to your account/s
- the tax on contributions to your superannuation account/s will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits, and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

The Trustee may provide your TFN to another superannuation provider when you transfer benefits, unless you ask the Trustee in writing not to do so.

If you do not quote your TFN at the time of joining, you can provide it to the Trustee at any time.

How does the Plan work?

The diagram below illustrates the operation of the Cash Account



What is my Cash Account?

When you join the Plan, we will establish a Cash Account as part of your investment in the Plan. Your Cash Account is used to:

- receive contributions, rollovers and transfers;
- pay fees, taxes and other charges;
- pay insurance premiums;
- receive interest earnings on your Cash Account;
- buy investments in accordance with your investment instructions;
- receive the proceeds of investments sold; and
- receive income from investments.

You can also elect to have all or part of your account balance invested in the Cash Account.

How is my Cash Account invested?

The Cash Account is currently invested with a major Australian bank and in short term money market securities. The Trustee may, at its discretion, choose different institutions and accounts to invest the Cash Account and will notify you of any material change.

How do you set my Cash Account minimum?

The standard Cash Account minimum is set to the greater of $300 or the percentage as determined by your account balance (see table) subject to a maximum of $10,000. Where applicable three months insurance premiums will also be added.

The standard Cash Account minimum will be deducted from your initial contributions and rollovers when you first join the Plan. However, if your cash balance falls below $300 an amount may be deducted from additional contributions and rollovers to maintain the $300 Cash Account minimum.

Account balance	Standard Cash Account minimum
Less than $10,000	$300
$10,000 – $99,999	3.00%
$100,000 – $249,999	2.00%
$250,000 – $499,999	1.50%
$500,000 – $999,999	1.00%
$1 million or more	$10,000

Otherwise all contributions and rollovers received will be fully invested according to your Investment Instructions.

Where your account balance is $1 million or more, an amount will be deducted from any contributions or rollovers received to maintain a $10,000 Cash Account minimum.

How do you top up my Cash Account?

The Trustee will redeem investments to top up your Cash Account to the standard Cash Account minimum, plus enough funds to cover three months insurance premiums. The top up process is performed quarterly in January, April, July and October.

Note: If the amount in the Cash Account exceeds the standard minimum, no top up will occur nor will this be reduced to the standard amount.

When topping up your Cash Account the Trustee redeems managed investments in order from those with the largest balance to those with the smallest.

Investment of small account balances

Where your account balance is less than $1,250 upon joining, any contributions received will remain in the Cash Account.

When your balance exceeds $1,250, this amount, less any amount required to cover the Standard Cash Account minimum, fees and premiums, will be invested according to your investment instructions.

How is my account balance calculated?

Your account balance is the total value of your managed investments and your Cash Account.

The value of a managed investment is calculated by multiplying the number of units you hold in that managed investment by the sell unit price of the managed investment. The sell unit price is equal to the value of the assets (net of transaction costs) of a managed investment divided by the number of units on issue. Unit prices are generally calculated daily.

How are withdrawals deducted?

Your withdrawals from the Plan will be deducted from your Cash Account, and where your Cash Account balance is not sufficient (and you do not notify us otherwise), your Cash Account will be topped up in order to meet the withdrawal requirements.

How do I select my investment options?

To make your investment selections, you must complete the Investment Authority form on page 63.

What happens if I don't select an investment option?

If you do not make an investment selection or we have not received your Investment Authority, contributions will be automatically invested according to your employers investment instructions.

If your employer has not nominated their investment instructions or the nomination was not accepted by the Trustee, the Trustee will invest your contribution in its default investment option, the Colonial First State Wholesale Conservative Fund.

Can I change my selected investment options?

You are able to change your investment options at any time by completing the Switch form which is available from your Adviser or Dominion Client Services.

A change of investment options ('switch') involves selling part or all of your current investment options and purchasing new investment options.

Can my Adviser change my selected investment options?

Your Adviser cannot undertake investment purchases and sales on your behalf. As a member of the Plan you are the only person authorised to undertake such transactions.

Processing investment instructions online

It is important to note that when you become a member of the Plan, you agree that your Adviser will be authorised to place your investment instructions online.

Your Adviser will ask you to authorise the required transaction form (e.g. Switch form), and may then electronically instruct us to carry out your authorised investment instructions. You agree that your Adviser is responsible for placing transaction instructions only in accordance with your instructions and confirm that for each transaction, you have provided specific written instructions that authorise the transaction. In carrying out this activity your Adviser will be acting as the agent. This arrangement will continue until we receive written confirmation from you to the contrary.

Please note that your Adviser will not have the authority to withdraw funds from your account.

How is my money invested in managed investments?

When you invest in managed investments via the Plan, you hold units in the underlying investment pools offered by the Plan's investment managers. All transactions relating to your investment will be based on the unit price at the time the transaction is finalised.

For example, the number of units allocated to your investment will depend on the amount invested and the unit price at the time. You may hold fractions of units. Units may fluctuate in value.

What happens to my distributions and interest?

All interest earnings on your Cash Account balance will be paid to your Cash Account.

You have the option to choose how distributions received from your investments are re-invested. You can elect to have:

1. All distributions retained in your Cash Account (the default); or
2. All distributions received re-invested back into the originating investments.

If you choose to have your investment distributions re-invested (as in option 2 above), small amounts may not be invested due to investment costs and/or minimum investment requirements.

If you do not select an option for the management of distributions received from your investments, the default option will apply and the Trustee will retain all distributions received in your Cash Account.

Are there any minimum investment requirements?

There is a minimum initial investment requirement within the Plan of $1,000 for each of the managed investment options selected (subject to any higher minimums imposed by the investment managers).

Once the standard Cash Account minimum and the minimum initial investment requirement are satisfied, the Trustee may generally invest your money in accordance with your instructions. Small amounts (generally less than $1,000 per managed investment) may not be invested due to investment costs and/or minimum investment requirements, in which case your contribution or rollover will remain in your Cash Account.

How are units in managed investments allocated?

The number of units you will be allocated in a managed investment will be the amount of money invested divided by the buy price at the time the units were purchased by the Trustee.

How are units in managed investments purchased?

It is important to note that the Trustee invests in managed investments on a daily basis (business days only). However, this will only occur once your application is processed. This is also subject to minimum investment requirements and the time taken to process investments by the managers of the underlying managed investments and may result in the buy price being higher (or lower) than that prevailing on the date your instruction was received by the Trustee. The Trustee is not liable for any loss that may result from this occurring. To invest in managed investments please complete the Investment Authority, which is available from your Adviser or upon request from Dominion Client Services on 1300 554 498.

What are the redemption requirements?

Where you wish to redeem a managed investment you can nominate to redeem the full amount of that managed investment or for a part redemption, you can nominate the dollar amount you wish to receive from the redemption.

When a part redemption is requested for a managed investment, the amount is divided by the applicable sell price on the day the Trustee processed your request to determine how many units are required to be redeemed.

To ensure the sale of your managed investments is done in a tax effective way, your capital gains tax position is calculated to show the maximum capital loss then the minimum capital gains to offset any of the capital gains you may have.

How do I redeem managed investments?

As is the case for investing in managed investments, the Trustee redeems managed investments on a daily basis (business days only). However, this will only occur once your application has been processed. This is also subject to minimum investment requirements and the time taken by the managers of the underlying managed investments to process your withdrawal and may result in the sell price being higher (or lower) than that prevailing on the date the Trustee received your withdrawal request. Redemptions from illiquid managed investment will take longer to process and may be delayed, particularly where redemptions are suspended by an investment manager. The Trustee is not liable for any loss that may result from this occurring.

To redeem managed investments complete the Switch form, which is available from your Adviser or upon request from Dominion Client Services on 1300 554 498.

What is automatic rebalancing?

Individual investments are subject to market flows and movements and consequently their actual balance may not always reflect the percentages allocated in your current investment instructions.

To ensure your investments remain aligned with your selected percentage allocation, the Plan offers an automatic rebalancing facility.

Automatic rebalancing is an optional facility which automatically restores the weighting between investment options that you have specified.

How does automatic rebalancing work?

If you select this facility, the Plan periodically reviews your investments and will:

- sell investments that are over the selected percentage allocation*; and
- buy investments that are under the selected percentage allocation*.

* Small amounts (generally less than $1,000 per managed investment) may not be invested or redeemed due to investment costs and/or minimum investment requirements.

When automatic rebalancing has been completed, the percentage allocated to each investment will match as closely as possible your Investment Instructions. In order to minimise the number of investment transactions made on your account and to meet upcoming cash requirements for items such as contributions tax, the rebalance process may result in a higher Cash Account balance than the standard Cash Account minimum or higher nominated amount.

You can elect to have your investment rebalance calculated:

- **Quarterly** – in February, May, August and November; or
- **Half yearly** – in February and August; or
- **Annually** – in August.

You can elect to rebalance your investment options using the Investment Authority on page 63.

If you do not elect to have your investments rebalanced, the default option will apply and the Trustee will not rebalance your investments.

If there are any outstanding investment instructions for your account including purchases, switches or redemptions, your rebalance may be delayed.

Note: If your Investment Instructions include closed, frozen, illiquid investments or managed investments that do not price daily, then your rebalance may not be actioned. Investments you hold that are not included in your Investment Instructions will be excluded from the rebalance process, but the remaining investments will be rebalanced.

There is no charge to rebalance investment options. However you may incur costs associated with switching such as buy/sell spread costs for managed investments.

What happens on my death?

In the event of your death we will pay the balance of your investment and insured Death cover (if applicable).

Your Death Benefit will generally be paid to your estate and/or any surviving dependants at the discretion of the Trustee if:

- you do not nominate a valid beneficiary; or
- your nominated beneficiary is no longer a dependant; or
- your nominated beneficiary dies before you; or
- you make a non-binding nomination.

You can update your nominated beneficiary details at any time by completing a new Nomination of Beneficiaries form and lodging it with the Trustee.

Your nominated beneficiary details are used as a guide to identify your dependants and are not binding on the Trustee. You may however advise the Trustee of your intention to make your Nomination of Beneficiaries binding.

The Trustee retains discretion as to whether the payments made to dependants are in the form of a lump sum, a pension or a combination of both. Payments to non-dependants must be in the form of a lump sum.

If you make a non-binding nomination, the Trustee will consider your nomination and exercise its discretion as to whom your benefit will be paid and in what proportions. If you choose not to make a binding nomination or your nomination is invalid, the Trustee has discretion to determine the beneficiaries.

Where a lump sum death benefit is paid to eligible dependants, an additional amount may also be paid. This amount represents the amount that would have been included in your death benefit had there been no tax payable on the relevant contributions. The Trustee has full discretion with regard to these payments. These payments will not be automatically paid to eligible dependants and you should contact your Adviser for further information.

Who can I nominate as a beneficiary?

Beneficiaries that you can nominate must be either dependants as defined by the Trust Deed and Superannuation Legislation or your estate (this is also referred to as a 'legal personal representative'). You cannot nominate a person as a beneficiary if they do not fall into one of these categories.

Under superannuation law, a dependant includes:

- your spouse (including a de facto spouse who lives with you on a bona fide domestic basis as a couple [same or opposite sex] and your widow or widower or surviving de facto spouse);
- your children (including an adopted child, a stepchild, a child of your partner or an ex-nuptial child);
- any person who is financially dependent on you;
- any other person with whom you have an interdependency relationship.

Interdependency relationship

Two persons (whether or not related by family) have an interdependency relationship if:

- they have a close personal relationship;
- they live together;
- one or each of them provides the other with financial support;
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship also includes two persons who (whether or not related by family):

- have a close personal relationship; and
- do not meet the other three criteria listed above because either or both of them have a physical, intellectual or psychiatric disability.

Your Adviser can assist you with advice on who qualifies as an eligible dependant.

Can I nominate beneficiaries using binding nominations?

You may make a binding nomination that obliges the Trustee to pay your benefit in accordance with your nomination.

In accordance with the Trust Deed and superannuation law, for a binding nomination to be valid it must meet the following conditions:

1. The nomination must be made on a Nomination of Beneficiaries form (or any other form approved by the Trustee).
2. The people you can nominate are limited to your spouse, children, financial dependants, any persons with whom you have an interdependency relationship or a legal representative. A person nominated (other than a legal representative) must be a dependant (as defined in the Trust Deed) at the time of your death.
3. You must nominate the total (i.e. 100%) of your investment to be paid on the Nomination of Beneficiaries form.
4. The Nomination of Beneficiaries form must be signed and dated in the presence of two witnesses, both of whom are aged 18 or above and neither of whom are nominated beneficiaries.
5. If an error is made on any part of the form and you wish to make changes, you must initial and date each change and also have two witnesses initial and date each change.
6. The nomination will automatically expire after three years, the Trustee will contact you before this to renew your nomination.

Note: You can alter your binding nomination at anytime by completing a new Nomination of Beneficiaries form. You may also cancel your binding nomination at anytime by providing written instructions to Dominion Client Services.

What information will I receive?

The Plan provides a diverse range of communications to keep you informed about your account, your investments and the Plan. Members of the Plan will receive the following information:

On Joining the Plan

- **Welcome Letter** – confirming your membership details;
- **Login Code** and online **password** – to access the Dominion website www.tfsa.com.au;
- **Customer Reference Number (CRN)** for BPAY and personalised **Easy Payment details**;
- An employee's guide to the **Dominion Employer Superannuation Plan Product Disclosure Statement*** (this document) and **Investment Options** (Part 2 of the PDS).

Periodically

- **Online Newsletters** – periodically the Trustee will issue newsletters online at www.tfsa.com.au to inform you of significant events relating to the Plan and update you on developments and news relating to superannuation in general.

Yearly

- **Annual Report** (as at 30 June) – summarises the Plan's performance and financial position and any other significant changes or events for the previous financial year. This report is available online in the member area within the Dominion website www.tfsa.com.au. If you prefer to have a copy of this report emailed or mailed to you please contact Client Services;
- **Annual Statement** (as at 30 June) – a personalised statement summarising your account balance, benefits, investment returns, contribution and rollover details, fees, tax, Group Insurance premium deductions and Group Insurance cover. This statement is available online in the member area within the Dominion website www.tfsa.com.au. If you prefer to view your Annual Statements online rather than receive them by mail, you can nominate this option on the Investment Authority form on page 63;
- Members will also receive **Group Insurance review** information (if applicable).

On leaving your employer

- **Group Insurance Status Notification Letter** – if the Trustee is advised that you have ceased employment, we will automatically transfer your Group Insurance cover to an individual cover policy, where different premium rates and terms and conditions apply. At this time a letter outlining your insurance cover and premium details will be sent to you. To ensure your premiums are calculated correctly, the letter will ask you to notify the Trustee if factors affecting your insurance cover (such as smoker status or occupation) have changed.

On leaving the Plan

- **Member Statement** – similar to Annual Statement;
- **Withdrawal Letter** – confirming details of your benefit payment;
- **Rollover Benefits Statement** – containing necessary tax information; and
- Other Tax office and relevant transfer related documentation.

How do I access information about my account?

The Plan provides you with easy and convenient online and phone access to information about your membership and investments.

Dominion website

We have created the Dominion website to provide you with a quick and convenient means of accessing comprehensive and up-to-date information on your account, Plan information, superannuation news and investment performance updates.

You are able to access this free service at your own convenience by visiting our website at www.tfsa.com.au

The Dominion website is jointly provided by Total Financial Solutions Australia Pty Ltd and the Trustee. The public area of the website that you initially gain access to prior to entering your Login Code and online password is provided by Total Financial Solutions Australia Pty Ltd. The secure area of the website can be accessed after you log on using your Login Code and online password provided by the Trustee.

Annual statements

You have quick and easy access to all statements issued to you. We archive your benefit statements removing the need for you to keep hard copy files.

Account information

You can view a range of current and historical information on your account including:

- **Account Summary** – provides information about your account including your account balance and Group Insurance cover;
- **Transaction Summary** – summarises transactions on your account including your investment values and unit prices; and
- **Detailed Summary** – you can select any period of time and obtain a summary of your account balance, benefits, investment returns, contribution and rollover details, fees, tax, Group Insurance premium deductions and Group Insurance cover.

Investment performance

Monitor the performance of your investments and obtain current data on:

- unit prices;
- asset allocation; and
- investment managers and options.

Support

To assist you in navigating the Dominion website, we provide you with helpful site maps, a frequently asked questions (FAQ) link and phone support via our friendly Client Services team.

How can I obtain online access?

Upon joining you will be issued with an Login Code, online password and details on how to access the member area on www.tfsa.com.au

Phone access – Client Services

If you have an account query or require further information about your membership or the Plan, one of our friendly Client Services team representatives will be happy to assist you.

Our Client Services team can be contacted on 1300 554 498 (toll free) between 8.30 am to 6.00 pm Monday to Friday (Sydney Time).

Choosing your investments

To help you achieve your retirement savings goals, the Plan offers a choice of managed investments providing you with the flexibility to tailor investments to your specific security and capital growth requirements.

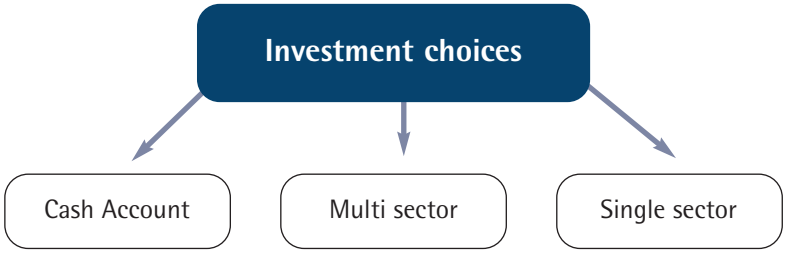
A range of investment choices

The Plan offers you a carefully selected range of managed investments from some of the leading investment managers in Australia and around the world.

Your investment choices include:

- **The Cash Account;**
- **Managed investments** including:
  - **multi sector options –** investments that diversify across two or more asset sectors (cash, fixed interest, property and shares); and
  - **single sector options –** investments that predominantly focus on one specific asset sector.

The investment choices offered by the Plan enable you to select investments with characteristics that best suit your individual circumstances and requirements.



The first step in choosing the right investment is setting your retirement goals and then deciding on the appropriate investment strategy to achieve those goals. Some factors to consider are your:

1. Retirement income – you need to decide on the income you require in retirement. This will enable you to determine the return you require on your superannuation investment.

2. Investment time horizon – the length of time your money is invested will influence your attitude to risk and return and your investment strategy.

3. Tolerance to risk – you need to determine the level of risk you are prepared to take and understand that the value of your investment will fluctuate depending on this risk.

We have provided the following overview to assist you with understanding the basic investment concepts. The Trustee recommends you contact your Adviser if you require more specific guidance and information on these concepts.

Risk factors

Information on the risk and return relationship of the investment options is contained in the separate Investment Options brochure (Part 2 of the PDS) and the disclosure documents for the investment options.

In addition to the risks associated with your investment selections there are other risk factors that may affect your investment, which you should consider.

Market risk

This is the risk that affects specific markets and includes factors such as business confidence, economic cycles, government policies and investor sentiment. These factors will all influence market performance.

Investment specific risk

The value of an investment such as a share in a company can be affected by events that are specific to that company. For example changes to management, profit and loss announcements and changes to its business or regulatory environment are all events that can have a positive or negative effect on the value of the company.

Investment manager risk
For managed investments, the investment manager may underperform compared to other managers of the same or similar type (for example, the investment manager misreads the market).

Inflation risk
Rises in prices due to inflation can erode the real value of investments. To avoid this risk over the long term, your investments need to earn a return equal to or above the rate of inflation.

Interest rate risk
The value of the different asset classes can fluctuate in reaction to changes in interest rates. For example if interest rates increase this may result in the capital value of fixed interest investments falling. Bonds with longer duration (timeframe until maturity) tend to be more sensitive to price volatility and interest rate movements.

Liquidity risk
Investment in mortgages, direct property, unlisted property, small specialised markets or alternative investments are often illiquid; i.e. hard to buy and sell quickly. Some managed investments may also be illiquid if redemptions from an investment are suspended by the investment manager which could cause delays in your ability to withdraw or switch investments.

Credit risk
A decline in the credit quality of a bond or the ability of the issuer to pay the interest or principal on a bond can adversely affect the value of a bond.

Currency risk
Investments that have an asset allocation to international investments, may be exposed to fluctuations in the value of foreign currencies against the Australian dollar. Currency management strategies may be utilised by some investment managers but this does not remove the risk associated with international investment. Investors should note that currency gains and/or losses may be a part of their overall investment performance.

Legislative risk
Changes to superannuation or tax legislation have the potential to impact on your account.

Family law risk
The Family Law Act (FLA) may have a significant effect on your benefits. Your account may be split between you and your ex-spouse. These arrangements apply to all legally married couples and, under recent legislative changes, may apply to defacto (including same-sex) couples. In the absence of any financial agreement between you and your ex-spouse, the Family Court may make an order to 'flag' or 'split' your superannuation or pension interest. Both the financial agreement and the Court order are binding on the Trustee. If you want to know more about the way in which the FLA may affect your benefit, you should consult your accountant, legal adviser or financial adviser.

Political risk
Political instability at home or abroad can impact on your investment.

Service provider risk
Your investment may be impacted if the Trustee or one of its service providers encounters problems (for example, IT system failure).

Disclosure documents for managed investments
The managed investments that you acquire through the Plan each have a separate disclosure document. The Trustee must be satisfied that you have received the necessary disclosure documents for the managed investments that you make in the Plan prior to carrying out your investment instructions. You agree when you become a member of the Plan and when you acquire new managed investments through the Plan that you will either obtain the necessary disclosure documents from our website at www.tfsa.com.au or that your Adviser has provided you with the necessary disclosure documents.

Can the investment options change in the future?
The Trustee may change the available investment options in the following circumstances:

- **Review of investment options** – as part of its ongoing review process, the Trustee continually monitors the suitability of the investments offered and may add or remove investment options.
- **Closure of an investment option (new monies)** – an investment manager or the Trustee may close a particular investment option to all new monies. Your current investment in this option will not be affected. However, subsequent regular contributions that would have been made to this option will be directed to the Cash Account.
- **Closure of an investment option (new members)** – an investment manager or the Trustee may close a particular investment option to all new members. New members will not be able to invest funds into this investment option but members with current investments in this option will not be affected.
- **Termination of an investment option** – an investment manager or the Trustee may terminate an investment option to all new and existing investors. This will require your investment to be sold and the proceeds re-invested into the Cash Account. Subsequent regular contributions that would have been made to this option will also be directed to the Cash Account.

If an investment option is closed or terminated, we will notify you of any relevant implications.

Responsibilities of the Trustee and members in relation to investment strategy

Superannuation law requires the Trustee to formulate and give effect to an investment strategy that has regard to the whole of the circumstances of the Plan including, but not limited to, the following:

(1) the risk involved in making, holding and realising, and the likely return from, the Plan's investments having regard to its objectives and its expected cash flow requirements;

(2) the composition of the Plan's investments as a whole including the extent to which the investments are diverse or involve the Plan in being exposed to risks from inadequate diversification;

(3) the liquidity of the Plan's investments having regard to its expected cash flow requirements; and

(4) the ability of the Plan to discharge its existing and prospective liabilities.

Superannuation law permits the Trustee to discharge this obligation by allowing you to select from a menu of appropriate investment options made available by the Trustee.

To this end, the Trustee:

- offers a broad range of different investment options;
- offers a broad range of different investment categories; and
- only makes what it considers to be quality investment options available.

The identification of managed investment options is achieved through research undertaken or sourced by the Investment Committee of the Trustee, both prior to the addition of any investment options and on an ongoing basis. The Trustee may engage a reputable investment organisation to provide additional investment research to assist in the selection and monitoring of the managed investment options.

Fees and other costs

Consumer advisory warning

Government regulation requires us to include the following standard consumer advisory warning set out below. The information in the consumer advisory warning is standardised and does not provide any specific information on the fees and charges in the Plan.

DID YOU KNOW?

Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns.

For example, total annual fees and costs of 2% of your Plan balance rather than 1% could reduce your final return by up to 20% over a 30 year period (for example, reduce it from $100,000 to $80,000).

You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs.

You may be able to negotiate to pay lower contribution fees and management costs where applicable. Ask the Plan or your Adviser.

TO FIND OUT MORE

If you would like to find out more, or see the impact of the fees based on your own circumstances, **the Australian Securities and Investments Commission (ASIC)** website (www.fido.asic.gov.au) has a superannuation fee calculator to help you check out different fee options.

This document shows fees and other costs that you may be charged. These fees and costs may be deducted from your money, from the returns on your investment or from the Plan assets as a whole.

Taxes and insurance costs are set out in another part of this document.

You should read all the information about fees and costs because it is important to understand their impact on your investment.

Fees and costs for particular investment options are set out on pages 4 to 6 of the Investment Options brochure (Part 2 of this PDS).

These fees and costs are additional to the fees and costs of the Plan. You must look at both this PDS and the disclosure documents for a particular investment option in order to know all of the fees and costs that are payable.

TYPE OF FEE OR COST	AMOUNT	HOW AND WHEN PAID
FEES WHEN YOUR MONEY MOVES IN OR OUT OF THE PLAN		
Establishment fee The fee to open your investment.	Nil.	Not applicable.
Contribution fee[1] The fee on each amount contributed to your investment – either by you or your employer.	Up to 5.125% ($0 to $512.50 per $10,000).	This fee is deducted from each contribution or rollover at the time it is deposited into your account. The amount of this fee can be negotiated with your Adviser (refer to page 24).
Withdrawal fee The fee on each amount you take out of your investment.	Nil.	Not applicable.
Termination fee The fee to close your investment.	Nil.	Not applicable.

Continued next page

TYPE OF FEE OR COST	AMOUNT	HOW AND WHEN PAID
MANAGEMENT COSTS[2]		
The fees and costs for managing your investments.	Administration fee[1] A fee of up to 1.33% p.a. (up to $133 per $10,000), is applied to your account balance.	This fee is calculated as an annual percentage of the value of your current account balance. This fee is deducted half monthly from your Cash Account. This fee is not negotiable with your Adviser.
	PLUS Member fee[3] $68 p.a.	This fee is not negotiable with your Adviser and is deducted from your account in advance as follows: **1. On joining** On a 'pro rata' basis calculated on the remaining days until the next 30 September. **2. Whilst a member** Annually on 30 September. **3. Upon leaving** This fee is not refunded when you leave the Plan.
The amount you pay for specific investment options is shown at pages 4 to 6 of the Investment Options brochure (Part 2 of this PDS).	**PLUS** Investment management fee[4] Currently estimated to range from 0.32% p.a. – 1.82% p.a. ($32 to $182 per $10,000) depending on the managed investment option(s) chosen.	This fee is calculated as an annual percentage of the value of your managed investment. The amount you pay for selecting specific managed investment options is provided in the disclosure document for each managed investment option. Please note that the fees charged by the underlying investment manager may change in the future. The investment management fee is deducted before calculating the unit price of each managed investment option.
SERVICE FEES[5]		
Investment switching fee The fee for changing investment options.	Nil.	Not applicable.

1 This fee includes an amount payable to your Adviser. Refer to 'Adviser remuneration' on page 24.

2 An additional amount for out-of-pocket expenses incurred by the Plan is payable. Refer to 'Expense recoveries' under the heading 'Management costs' on page 23.

3 Indexation may apply – for further information refer to page 25.

4 The standard Cash Account minimum to be maintained is set to the greater of $300 or the percentage as determined by your account balance subject to a maximum of $10,000 (refer to page 9). The usual Investment management fee does not apply to the Cash Account balance. Rather, a fee within the range of 0.32% p.a. – 1.82% p.a. ($32 to $182 per $10,000) of the Cash Account applies and is deducted from the interest payable before it is credited to your account.

5 There are service fees payable such as Adviser service fees, which may be paid to your Adviser or Special request fees which may be paid to the Trustee. No TFN tax recovery fees may also apply. Refer to 'Adviser remuneration' and 'Special request fees' on page 24.

Example of annual fees and costs for a balanced investment option*

The table below gives an example of how the fees and costs in a balanced investment option* for this product can affect your superannuation investment over a 1 year period. You should use the table to compare this product with other superannuation products. The example uses the maximum Administration fee. The example is provided for illustration only, is based on the factors stated and should not be taken to contain an estimate or guarantee.

EXAMPLE – the Balanced Investment Option*		**BALANCE OF $50,000 WITH TOTAL CONTRIBUTIONS OF $5,000 DURING YEAR****
Contribution fees	0 – 5.125%	For every $5,000 you put in, you will be charged between $0 and $256.25.
PLUS Management Costs	1.95%*** + $68	**And**, for the first $50,000 you have in the Plan, you will be charged $975 each year plus $68 in member fees regardless of your balance.
EQUALS Cost of Plan		If you put in $5,000 during a year and your balance was $50,000, then for that year you will be charged fees from: **$1,043.00 to $1,299.25** **What it costs you will depend on the investment option you choose and the fees your employer negotiates with their Adviser.**

* The balanced investment option chosen for this example is the Colonial First State Wholesale Conservative Fund (Government regulations require a balanced investment option to be used in the example, being an investment option in which the ratio of investment in growth assets, such as shares or property, to investment in defensive assets, such as cash or bonds, is as close as practicable to 70:30). The net Investment management fee for this option is 0.62% p.a. Please note that the net Investment management fee for other balanced investment options available in the Plan may be higher or lower than 0.62% p.a.

** For this example, it is assumed that a balance of $50,000 is invested in the Colonial First State Wholesale Conservative Fund. This must be read subject to the requirement that a standard Cash Account minimum is maintained at the greater of $300 or the percentage as determined by your account balance subject to a maximum of $10,000 (refer to page 9). This balance is subject to a fee different to the usual Investment management fee (refer to note 4 on page 21).

*** Based on the actual management costs (0.62% p.a.) and the Administration fee (1.33% p.a.) at the time of issue.

Additional explanation of fees and costs

This section sets out the fees and charges that apply to the Plan and includes the impact of the Goods and Services Tax (GST). For further information about the impact of GST refer to page 25.

Management costs

Administration fee rebate

If the amount invested in the Plan by all employees in your employer plan exceeds $1 million, the Administration fee will be reduced by way of a rebate that will be paid to your account quarterly (provided you have not ceased employment) as follows:

Administration fee rebate tiers

TIERED TOTAL INVESTMENT	TIERED REBATE (% P.A.)
First $1 Million	0.00%
Next $1 Million	0.26%
Next $3 Million	0.41%
Amount over $5 Million	0.56%

Administration fee rebate example

The Administration fee rebate is calculated as follows:

TOTAL INVESTMENT	APPROXIMATE REBATE ($ P.A.)
$2 Million	$2,600 ($1 million x 0.26%)
$5 Million	$14,900 ($3 million x 0.41% + $2,600)
$10 Million	$42,900 ($5 million x 0.56% + $14,900)

The rebate percentages in the tables above have been rounded to two decimal places.

The rebate is distributed proportionally across all employees in your employer plan based on individual account balances.

Expense recoveries

This is an estimate of the out-of-pocket expenses the Trustee is entitled to recover from the Plan. Expense recovery fees will be deducted from time to time from your Cash Account. The Trustee is entitled to recover previously unrecovered expenses as well as ongoing expenses as they are incurred.

The expenses that can be recovered are limited to:

- audit;
- bank charges;
- custodian;
- compliance costs;
- taxation advice costs;
- government taxes, duties and levies;
- legal;
- postage; and
- printing and stationery.

Performance fees

The management costs shown in the 'Fees and other costs' table include performance fees. These are amounts that are paid or payable, calculated by reference to the performance of a product or fund.

Performance fees range from 0% to 25% depending on the investment option(s) chosen. The amount you pay for selecting specific investment options is provided in the disclosure document for each investment option and may vary from the above in the future. A performance fee will usually apply if an investment performance exceeds a particular performance hurdle (benchmark) by a certain percentage. For example, consider a situation where investment returns are 20% for one year and the hurdle (benchmark) is 10% for the same period (i.e. the investment return has exceeded its benchmark by 10%). The performance fee of say, 25% is then applied to the 10% outperformance and the investment manager would receive 2.50%.

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 insurance and is not included in the Group Insurance premium rate tables on pages 45 to 50.

The Trustee may pay a portion of this fee to the financial services licensee to which your Adviser belongs and/or the promoter of the Plan. Any amount paid to a financial services licensee and/or the promoter is not an additional cost to you.

Group Insurance commissions

The Group Insurance premium rate tables on pages 45 to 50 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 Plan. 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 an insurance cost of $19.27 per month (of which $6.74 represents Group Insurance commission). The calculations are as follows:

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

= (0.578 x 1.00 x 1.00) x $400,000 / 1,000
= 0.578 x $400
= $231.20 p.a./12
= $19.27 per month in premiums of which $6.74 (35%), 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.

Tax costs

There will be taxation costs that will apply to your Plan account. Where tax deductible expenses (including certain fees), are charged to the Plan, these may reduce the Plan's tax liability and these reductions may be passed back to you in what the Trustee considers is a fair and reasonable manner.

For further information on taxation costs refer to pages 29 to 31.

Adviser remuneration

Your employer uses the services of a financial Adviser to assist with understanding and managing their superannuation requirements. Your Adviser will receive payment ('remuneration') for providing these services. Your Adviser meets their expenses from this remuneration, and also relies on it to provide an income. The remuneration paid to your Adviser and disclosed below is stated inclusive of GST. Elsewhere in this PDS, the amounts that are paid to your Adviser and charged to you are expressed net of any entitlement to a reduced input tax credit (RITC) (refer to page 25 for an explanation of how GST applies to the fees you pay).

The financial services licensee with which your Adviser is associated and your Adviser may be entitled to receive a share of the administration fee and/or equity in Total Financial Solutions Australia Pty Ltd or an associated company once total funds invested by their clients reaches a specified level. This level and the value of the potential benefit is unable to be quantified at this point in time. However, any dividends paid from Total Financial Solutions Australia Pty Ltd or an associated company to shareholders will be made from company funds and will not be at any further cost to you.

The fees paid to your Adviser are as follows:

- **Contribution fee** – this fee is negotiated by your employer and generally cannot exceed 5.50% ($550 per $10,000 invested). Where your employer has agreed to this fee, the full amount is paid to your Adviser.
- **Administration fee** – your Adviser will receive a portion of the administration fee up to the maximum as shown below. This fee is not negotiable.

INVESTMENT VALUE OF ALL EMPLOYEES IN YOUR EMPLOYER GROUP	REMUNERATION (% P.A.)
First $1 Million	0.550%
Next $1 Million	0.440%
Next $3 Million	0.385%
Amount over $5 Million	0.330%

- **Adviser service fee** – this fee is negotiated by your employer and cannot exceed 1.10% p.a. of your account balance (up to $110 per $10,000 invested). Where your employer has agreed to this fee, the full amount is paid to your Adviser.

Alterations in Adviser remuneration

You can negotiate the Contribution fee, Group Insurance commission and Adviser service fee with your Adviser (please consult your Adviser).

If your employer agrees to pay your Adviser a Contribution fee, Group Insurance commission or an Adviser service fee and written documentation is provided, the Trustee will alter your Adviser's remuneration accordingly.

Dishonour fee

Where you attempt to make a contribution or rollover, whether by cheque or otherwise, and it is subsequently dishonoured, a fee of $51.25 may be deducted from your Cash Account.

Special request fees

For any special requests (e.g. for additional information), the Trustee reserves the right to impose a reasonable charge. A fee will apply if you wish for the Trustee to arrange for a refund of the tax deducted from your account for failing to provide a TFN.

Transaction costs

Buy/Sell spread differential

A buy/sell price spread represents the difference between the purchase and sale price of units in an investment option. The purpose is to compensate existing investors for transaction costs incurred when buying or selling assets as investors enter or leave an investment option. At the date of issue of this PDS the buy/sell spread of investment options ranges from 0.00% – 0.60%. This is an additional cost when you purchase or sell units in an investment option. Generally, no part of the buy/sell spread differential is paid to Oasis except in the circumstances explained on page 26 under 'Netting of investments'.

Other fee related issues

Indexation

The Trustee may index the Dishonour fee, the thresholds for the Administration fee tiers and the minimum Administration fee by the annual Consumer Price Index (CPI) movement. The Trustee reserves the right to defer accumulated CPI increases to a later date.

Fee changes

The Trust Deed permits the Trustee to alter fees where it considers it reasonable to do so. You will be given at least 30 days advance notice of any new fee/charge or increase in fee/charge.

Maximum fees

The Trust Deed restricts the maximum that can be charged as contribution fees to 6.00% ($600 per $10,000). There are no other restrictions imposed by the Trust Deed on:

- the maximum amount for other fees detailed in this PDS;
- the types or maximum amounts of any additional fees that may be imposed by the Trustee; and
- expense recoveries.

Other Payments

There will be other payments made to Total Financial Solutions Australia Pty Ltd, the financial services licensee with which your adviser is associated. These payments are based on the total value of all accounts that are administered by Oasis on behalf of Total Financial Solutions Australia Pty Ltd or on some other basis agreed. In these circumstances, the total of such payments will not exceed 0.10% excluding GST of the total value of the accounts that are administered by Oasis on behalf of Total Financial Solutions Australia Pty Ltd This type of payment will not be an additional cost to you, over and above the Administration fee.

Member protection

The Trustee will ensure that your benefit is protected from erosion by fees if:

- at any time the amount of your account balance is less than $1,000; and
- it includes or has included employer Superannuation Guarantee or Award Contributions.

In such circumstances, current Government regulations limit the amount of fees that can be deducted to the amount of investment earnings.

Goods and Services Tax ('GST')

The supply of most goods and services within Australia is currently subject to a 10% GST. The fees referred to in this PDS have been calculated (unless otherwise specified) inclusive of the GST and any Reduced Input Tax Credits ('RITCs'), except for the fees relating to Group Insurance, which have been calculated inclusive of the GST.

Remuneration paid to your Adviser, Total Financial Solutions Australia Pty Ltd and the Plan in relation to your Group Insurance is subject to 10% GST.

The Plan is generally entitled to claim RITCs from the Australian Tax Office ('ATO') for 75% of the GST, thereby reducing the effective GST rate to 2.5%. Where RITCs are available, they have been taken into account when calculating the fees.

Example: The maximum contribution fee including the 10% GST and RITC is 5.125%. The GST component of this is 0.50%, being one eleventh (1/11th) of the gross amount of 5.50%. The Plan will receive a RITC from the Tax Office of 0.375%, being 75% of the GST paid. The amount that you pay after the impact of the GST is therefore 0.125%, being 0.50% less 0.375%.

Gross contribution fee	**5.50%**	
GST component	**0.50%**	***minus***
RITC that Plan receives from Tax Office	**0.375%**	***equals***
Amount of GST paid	**0.125%**	
Maximum contribution fee you pay	**5.125%**	

RITCs are credited to your account monthly. If you leave the Plan the Trustee may retain any RITCs received after you leave where the amount is less than $25.

The remuneration paid to your Adviser includes GST. Your Adviser must pay GST at a rate of 10% on any remuneration received.

Investment management and other supplier payments

The Trustee may receive payments from investment managers and other financial institutions ('Institutions'). These amounts are generally calculated on the value of the assets invested with the Institution and are paid at a rate of up to 1.10% p.a. The Trustee may pay Total Financial Solutions Australia Pty Ltd (ABN 58 003 636 968) a portion of the amounts received. This is not an additional cost to you.

Netting of investments

The Trustee or its agents, including the custodian, may offset your instructions to buy or sell investments against instructions from other investors. Any resulting benefits in relation to the reductions in custodian costs will be passed on to you. The Trustee or its agents are entitled to retain any resulting benefit that may be gained in respect of the buy/sell spread.

Total Financial Solutions Australia Pty Ltd

The Trustee will pay Total Financial Solutions Australia Pty Ltd a portion of the Administration fee and the Group Insurance Administration fee, as the promoter of the Plan. This payment does not represent an additional charge to you.

What happens to interest earnings, distributions and dividends paid after you leave the Plan?

Interest earned on your Cash Account (paid monthly) will be paid into your Cash Account. If you leave the Plan, the Trustee may retain interest and distributions yet to be paid where this amount is less than $25. Where it is greater than $25 this amount will be paid to you.

Alternative forms of remuneration

The Trustee maintains an Alternative Form of Remuneration Register (Register) in accordance with Financial Services Council (FSC) Industry Code of Practice on Alternative Forms of Remuneration in the Wealth Management Industry.

The Register will contain details of date, type of remuneration, the value of the alternative remuneration and the name of the giver/receiver as appropriate. The Register will be available for inspection on request by members of the public and is to be provided within seven days of the date of the request and is to be updated at least quarterly.

Generally, alternative forms of remuneration occur under arrangements which provide for certain material benefits, other than the payment of commissions or service fees, to be obtained by a representative or licensee from an investment manager or platform provider (or any other third party), in return for using that particular investment manager's product or platform. Any form of alternative remuneration that is $300 or more in value, per transaction or item, is considered 'material' and is thereby subject to the code.

What happens when I leave my employer?

In general, if you resign from employment or your employment is terminated before attaining your minimum preservation age, your benefit must remain in an Approved Superannuation Fund (ASF). (For further information refer to 'Accessing the investment' on page 27).

You have the following options with respect to the payment of your benefit:

- Option 1: Remain in the Dominion Employer Superannuation Plan

If you do not advise us of your intentions, you will remain in the Plan and be subject to the following terms and conditions:

(a) You will no longer be entitled to any Administration fee rebate that may have applied.

(b) You will continue to be entitled to any reduction in the contribution fee that your employer has negotiated. The maximum contribution fee (including GST) that may apply will be up to 5.125% p.a.

(c) You are required to continue to pay any Adviser service fee that your employer has negotiated with your Adviser. The maximum Adviser service fee (including GST) that may apply will be up to 1.025% p.a.

(d) You can negotiate the contribution fee, Adviser service fee and Group Insurance commission with your Adviser.

- Option 2: Transfer your benefit to another fund(s)

You may transfer your benefit entitlement to another ASF(s).

A guide to superannuation

Eligibility to contribute

The following table outlines the rules relating to who can make superannuation contributions.

AGE	WHO CAN CONTRIBUTE
Under 65	You, your spouse and your employer.
At least 65 but under 70	You, your spouse and your employer, provided you meet the 'work test'*.
At least 70 but under 75	You, your spouse and your employer, provided you meet the 'work test'*. If you do not meet the 'work test' your employer can still make mandated employer contributions**. Please note your employer is not required to make Superannuation Guarantee payments after you turn 70 but may do so if the payment relates to a period when you were under age 70.
75 and over	Your employer can make mandated employer contributions** on your behalf (excluding Superannuation Guarantee payments). Please note, you and your employer can make other types of contributions provided you meet the 'work test'* and the contribution is received on or before the 28th day following the end of the month in which you turn 75.

* The 'work test' means being 'gainfully employed' for at least 40 hours during any period of 30 consecutive days in that financial year where 'gainfully employed' means being employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

** A 'mandated employer contribution' is one which:

- reduces an employer's potential liability for the Superannuation Guarantee charge;
- is a payment of a shortfall component;
- is a contribution to satisfy the employer's obligation under an agreement certified, or an award made, on or after 1 July 1986 by an industrial authority.

Directed Termination Payments

In limited circumstances you can pay a Directed Termination Payment into superannuation. If you receive a Directed Termination Payment you will only be able to pay it into the Plan if:

(i) the payment was specified in an employment contract existing as at 9 May 2006; and

(ii) the payment is made prior to 1 July 2012.

Government Co-Contribution

If you are eligible, the Government may contribute an amount on your behalf. To be eligible for a co-contribution you need to derive at least 10% of your total income from eligible employment, carrying on a business or a combination of the two, make a non-concessional contribution, be under age 71 and earning no more than $61,920 (including reportable fringe benefits and reportable employer superannuation contributions). The maximum co-contribution of up to $1000 is reduced by 3.333c for every dollar your income exceeds $31,920.

Self-employed persons are also eligible for co-contributions provided they earn 10% or more of their income from carrying on a business, eligible employment or a combination of both.

For more information on your eligibility please contact your Adviser, speak to the ATO on 13 1020 or go to the ATO's website: www.ato.gov.au/super and follow the prompts.

Accessing the investment

Superannuation law has rules governing a person's ability to access their investment. When you can access your investment depends on whether it contains preserved, restricted non-preserved or unrestricted non-preserved benefits.

Preserved benefits

Preserved benefits are generally payable on meeting a condition of release.

Conditions of release include:

- Permanent retirement from gainful employment on or after you reach preservation age;
- Reaching age 60 and subsequently ceasing a gainful employment arrangement;
- Reaching age 65;
- Reaching preservation age (you can apply to receive a Transition to Retirement Pension. Lump sum benefits may not be taken unless you meet another condition of release);
- Permanent incapacity;
- Temporary incapacity;
- Terminal medical condition;
- Death;
- Compassionate grounds*;
- Severe financial hardship*.

* There are certain additional requirements that must be met, including restrictions on the amount that you can receive if you wish to access your investment under either the compassionate grounds or severe financial hardship provisions. See page 28.

Retirement generally occurs when you have reached preservation age and you are not employed ten hours per week or more, and the Trustee is reasonably satisfied you have no intention of returning to employment. Retirement also occurs when you have ceased an arrangement where you have been gainfully employed on or after age 60.

Note: You do not have to withdraw your benefit if you retire – it can be retained in your account regardless of your age.

Your preservation age depends on your date of birth, as follows:

DATE OF BIRTH	PRESERVATION AGE
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
After 1 July 1964	60

Restricted non-preserved benefits

You can only access these amounts when you meet a condition of release as outlined above, or in some cases if you leave the service of a contributing employer.

Unrestricted non-preserved benefits

You can access unrestricted non-preserved benefits at any time.

Temporary resident members

If you are or have been the holder of a temporary resident visa, other than Subclass 405 (Investor Retirement) or Subclass 410 (Retirement Visa) and you are not an Australian or New Zealand Citizen or permanent resident, generally your benefits may only be accessed under the following conditions of release:

- death;
- permanent incapacity;
- temporary incapacity;
- terminal medical condition; or
- your permanent departure from Australia (after your visa has ceased to be in effect).

If a temporary resident member permanently departs Australia or no longer holds a visa, we are obliged to transfer his or her unclaimed superannuation to the Australian Taxation Office (ATO), after 6 months of the departure (as notified by the ATO).

Early release

Severe financial hardship

To be granted an early release on the grounds of severe financial hardship you must generally:

- be in receipt of a Commonwealth income support payment, and have been so, continuously, for the last 26 weeks; and
- satisfy the Trustee that you are unable to meet reasonable and immediate family living expenses.

If you satisfy both of the above tests, the Trustee may, in any twelve-month period, release to you one lump sum payment. The lump sum payment is to be no more than a gross amount of $10,000 and no less than $1,000 (or the balance of your benefit if it is less than $1,000).

If you have reached an age equivalent to your preservation age plus 39 weeks or more, an alternative, optional objective test of severe financial hardship may be applied to you. That is, you must:

- have received a Commonwealth income support payment for a cumulative period of 39 weeks after reaching your preservation age; and
- not be gainfully employed on a full-time or part-time basis on the date of your application to the Trustee.

If you satisfy this test, the Trustee may release your entire benefit.

Compassionate grounds for release

If you cannot gain early access to your superannuation benefits on severe financial hardship grounds, you may consider applying to the Australian Prudential Regulation Authority (APRA) to approve release of some or all of your benefits on specified grounds.

There are only very limited circumstances where benefits may be released on specified grounds. These are defined in the regulations and generally cover expenses in respect of:

- medical treatment for the member or his/her dependant where the treatment is necessary to treat a life threatening illness or injury, or to alleviate acute or chronic pain or acute or chronic mental disturbance, and where such treatment is not readily available through the public health system;
- medical transport for the member or his/her dependant to access treatment necessary to treat a life threatening illness or injury, or to alleviate acute or chronic pain or acute or chronic mental disturbance;
- modifications to the family home and/or vehicle to meet the special needs of a severely disabled member or his/her severely disabled dependant; or
- palliative care for a member, or palliative care, death, funeral, or burial expenses for his/her dependant.

In addition, it is possible to have an amount released to prevent foreclosure of a mortgage, or exercise of a power of sale over your principal place of residence. If you wish to make an application under this condition of release, your Adviser can assist.

On leaving your employer

If you have rolled over or transferred any 'restricted non-preserved' benefits into the Plan and you cease employment with an employer who has contributed to the Plan, then these benefits will become 'unrestricted non-preserved' and may be withdrawn from the Plan.

In all other cases your benefit will be subject to preservation and must remain in an Approved Superannuation Fund until a condition of release is satisfied. You can elect to retain your benefit in the Plan until age 65 or roll over your benefit to another Approved Superannuation Fund.

For further information refer to 'Accessing the investment' on page 27.

Do I need to take my benefit when I retire?

No, you can retain your benefit in the Plan regardless of your age.

What happens if you are unable to contact me?

Where the Trustee is unable to contact you after taking reasonable steps, you may be deemed to be a 'lost member'. We are required to report lost members to the ATO. When it is compulsory that your benefit becomes payable, your investment may be transferred to the ATO, to whom you will then need to apply in order to claim access to your investment.

Additionally your account will be transferred to the ATO if:

- the account balance is less than $200;
- we have insufficient records to identify you as the rightful owner of the account and have not received a contribution or rollover from you, or on your behalf in the last five years of membership.

Otherwise your investment may be transferred to the Plan's nominated Eligible Rollover Fund (for further information on the Plan's nominated Eligible Rollover Fund refer to page 56).

Contributions tax

All contributions, with the exception of non-concessional contributions, are subject to tax at a maximum tax rate in the Plan of 15%, provided they fall below the set contribution caps.

Generally, your employer is entitled to a tax deduction for all contributions made on your behalf. The following contributions are currently subject to tax at a maximum rate of 15%:

- concessional contributions;
- SG shortfall components;
- transfers from the Superannuation Holding Accounts Register;
- taxable amounts of foreign transfers;
- third party contributions;
- taxable amount of Directed Termination payment;
- personal contributions that are claimed as a tax deduction.

Claiming a tax deduction on contributions

If your employer contributes to superannuation on your behalf, you generally will not be able to claim a tax deduction for any personal contributions you make. However, if you are self-employed or less than 10% of the total of your assessable income, reportable fringe benefits and reportable employer super contributions is from eligible employment, you are generally entitled to a tax deduction on these contributions.

Tax on rollovers

No tax applies to rollovers except in the case of untaxed elements. An untaxed element is a component of a directed termination payment or rollover from an unfunded superannuation scheme. This component is subject to tax at a maximum rate of 15%.

Earnings and capital gains tax

Most of the investment options offered by the Plan are non-tax paid investments. These investments do not pay tax at the investment level and the Plan is generally liable for:

- tax at a maximum rate of 15% on taxable income including managed investment distributions, interest on your Cash Account;
- tax at a rate of up to 15% of any capital gain distributed or arising from the realisation on disposal of the investment. Capital gains will generally be taxed only at a maximum of 10% where the realised investment has been held for at least 12 months.

Any franking credits and foreign tax offsets received in relation to the investments in the Plan are used to reduce the effective tax rate to below 15%.

Witholding tax rates for temporary residents

Witholding tax rates apply on DASP benefits cashed out by temporary residents on permanent departure from Australia.

Rates currently in effect are:

- tax free component – no tax payable;
- taxable component (taxed element) – taxed at 35%;
- taxable component (untaxed element) – taxed at 45%.

How is your superannuation taxed if you are permanently disabled?

Any benefits paid as a result of permanent disablement may be paid as a lump sum or an income stream and taxed in accordance with superannuation tax rules. The tax free component may be increased if your payment qualifies as a disability superannuation benefit. In this case, the amount of the tax free component will depend on the number of years you would have had until retirement if you were not disabled. Please speak to your Adviser for details on your circumstances.

How is your superannuation taxed if you are temporarily disabled?

Any benefits paid as result of temporary incapacity are paid as a non-commutable income stream (and not as a lump sum payment). Payments received form part of your assessable income and will be taxed at your marginal tax rate.

Tax free terminal medical condition benefit payments

Tax and superannuation laws allow members who have satisfied a 'terminal medical condition' condition of release to receive their lump sum payments tax free. For more information contact your Adviser.

Tax on withdrawals

You may have to pay tax when you withdraw money from the Plan. The amount of tax you pay will depend on your own circumstances, including your age, whether you have provided your TFN and how your benefit is paid. Your superannuation benefit will be taken to comprise two components, the tax free component and taxable component, in the same proportion in which these components make up your total benefit.

Taxation of lump sum withdrawals

Lump sum withdrawals from the Plan will be taxed in accordance with the table shown below.

	Taxable component	Tax free component
Below Preservation Age*	Subject to 20% tax.	Tax Free.
Preservation Age to age 59	0% tax up to low rate cap of $160,000 (2010/11) (indexed). Any amount above the low rate cap is subject to 15% tax.	Tax Free.
Aged 60 and above	Tax Free.	Tax Free.

* Generally, you cannot withdraw your superannuation benefit prior to reaching your preservation age.

Notes:

- The taxable and tax free components making up your withdrawal will be required to be in the same proportion as the components that make up your account at the time the withdrawal is made.
- The current Medicare Levy is 1.5%. Tax rates and thresholds are applicable for the 2010/11 financial year. Tax thresholds are indexed to Average Weekly Ordinary Time Earnings (AWOTE).
- If you have not quoted your TFN to the Plan, your entire benefit on withdrawal is taxed at the highest marginal tax rate plus the Medicare Levy.
- The tax information set out above is general information only and is provided by way of summary. You should consult your tax adviser for detailed tax advice specific to your circumstances.

How tax is calculated and collected

A member's share of the Plan's tax liability generally depends on the member's own individual investment circumstances i.e. the particular investments the member has chosen and the transactions affecting those investments.

Where you have paid fees, charges and had insurance premiums deducted from your account, these amounts may be a tax deductible expense of the Plan. Where these amounts are used as tax deductible expenses of the Plan and therefore reducing the tax liability of the Plan you may receive a rebate reflecting this reduction in tax.

How tax is deducted from your account

Tax is calculated on a daily basis and is deducted from your Cash Account in the following circumstances:

- at the end of each quarter an amount is deducted from your account to sufficiently meet the Plan's tax liability and is paid to the ATO;
- when you leave the Plan your tax liability is calculated and tax is deducted from your account;
- when you receive a partial benefit payment that is greater than 80% of your account balance, your tax liability is calculated and tax is deducted from your account;
- within 30 days of the Plan receiving a valid release authority from you or the ATO.

At the conclusion of each financial year, the Plan receives final tax information from investment managers which are used to calculate the actual tax liability for the prior year. At this time, your tax position may differ to the tax collections that have been processed throughout the year and if applicable the appropriate tax adjustments will be made to your Cash Account. These tax adjustments will be calculated as the relevant tax information becomes available and will be included either upon exiting the Plan or in the next quarterly tax collection.

The Trust Deed and superannuation law permits the Plan to maintain a tax reserve for the benefit of members of the Plan. Some or all of this reserve may be credited to member's accounts from time to time at the discretion of the Trustee.

Note: The taxation information provided in this PDS is of a general nature and based on the Trustee's interpretation of existing legislation at the date this PDS was issued.

Taxation legislation may change from time to time. The Trustee therefore recommends that you consult your Adviser or a professional taxation consultant if you wish to obtain further information regarding taxation and how it may affect you.

Further information regarding the taxation of superannuation including future thresholds and limits is available from your Adviser, our website or the ATO website at www.ato.gov.au/super

The importance of providing your Tax File Number (TFN)

Members who have not provided their TFN will be subject to the following tax conditions:

- **Non-concessional contributions** – cannot be accepted by the Plan. Where the Plan receives non-concessional contributions with no TFN, the Plan will refund these within 30 days in accordance with the relevant regulations.
- **Concessional contributions** – the Trustee will deduct a provision for the required tax payable at the rate of 15%. On exit, if no TFN is provided, an additional 31.5% will be assessed and deducted from your account. Or, at the end of the financial year, if no TFN is provided, then the Trustee will assess an additional 31.5% tax on your account in which the contributions are made bringing the total tax deducted in respect of these contributions to 46.5%.

The additional tax will be claimed back by the Plan and refunded to you (on request) if a TFN is later quoted within the three years of the end of the financial year in which contributions were subject to the additional tax. This tax offset amount will then be credited to your account. Importantly, you should be aware that the tax may not be refunded for some time after you have quoted your TFN and you won't be able to claim for loss of investment earnings on tax deducted from your contributions.

The additional tax will not apply if the superannuation interest existed prior to 1 July 2007 and the total concessional contributions included in the superannuation fund's assessable income for the financial year is $1,000 or less.

The consequences of not providing your TFN to the Trustee may change in the future, as a result of legislative change.

Tax deductible expenses

Tax deductible expenses including certain fees charged to the Plan may reduce the Plan's tax liability.

In the event of death

If you have a valid binding nomination, the Trustee will pay your investment in accordance with this nomination. Otherwise, the Trustee has the discretion to pay your investment to your dependants (as defined in the Trust Deed) and/or your estate. The Trustee retains discretion in both circumstances as to whether the investment is paid as a lump sum, an allocated pension or a combination of each. If you do not have any dependants or a legal personal representative, the Trustee will use its discretion to pay your benefit to a non-dependant.

Paid to dependant

If the balance of your account is paid to a dependant (a death benefits dependant as defined in tax legislation) as a lump sum (directly or via your estate) the benefit will be tax free.

If death benefits are paid to a dependant as a pension, the taxation depends on the age of the deceased and the dependant. If the deceased was aged 60 or over at the time of death, the payments to the dependant will be tax free. If the deceased was under age 60 at the time of death, the pension will be taxed at the beneficiary's marginal tax rate (less any tax free amount and pension rebate) unless, or until the beneficiary is aged 60 or over, in which case the pension payments become tax free.

Broadly, death benefits may be able to be paid as a pension to a dependant child, although when the child turns 25 the balance in the Plan will be paid as a lump sum (tax free) unless the child is permanently disabled.

Paid to non-dependant

If paid to a non-dependant, the taxable component will be taxed at 15%, plus Medicare levy and part may be taxed at 30% plus Medicare levy (where the death benefit includes insurance proceeds).

Paid to your estate

A lump sum payment to your estate will be taxed depending on who finally received the benefit. Your legal personal representative is responsible for tax arrangements when your estate pays the benefits to your beneficiaries.

Anti-detriment payments

The Trustee, at its discretion, may pay an additional amount on top of lump sum death benefits payable in order to offset tax paid on contributions made. This is called an anti-detriment payment.

The amount and applicability of this additional payment varies from member to member and is only applicable where death benefits are paid to certain dependants.

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 super is more cost effective. Your premiums are deducted from your superannuation account on the first business day of each month.

The Dominion Employer Superannuation Plan offers the following Group Insurance options:

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

Your Employer may:

- elect not to apply for any Group Insurance cover;
- elect to apply for default Group Insurance cover; or
- elect one of the three Group Insurance cover options offered.

You may also elect to apply for cover yourself.

The Insurer

Group Insurance consisting of Death Only, Death and TPD and Salary Continuance cover is provided to members of the Plan 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; and
- 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.

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 or your employer elect insurance cover under the Plan, there are a number of insurance risks you should be aware of:

- The insurance cover you or your employer elect under the Plan 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

Cover	Level of cover	Eligibility	Exclusions
Death Only Available from when you are aged 16 next birthday to your 75th birthday.	No maximum.	You are eligible if you: • 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.	The Insurer may reduce or decline to pay benefits if: • 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. In the event of war, the Insurer may: • 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).
Death and Total & Permanent Disablement cover Available from when you are aged 16 next birthday to your 70th birthday.	Up to $3,000,000.	You are eligible if you: • 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.	The Insurer may reduce or decline to pay benefits if: • 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. In the event of war, the Insurer may: • 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).
Salary Continuance Available from when you are aged 16 next birthday to: • your 70th birthday if you select a two-year benefit period; or • your 65th birthday if you select a benefit period up to age 65; providing you are working full time or part-time for more than 15 hours per week.	The lesser of: (i) 75% of salary plus up to 10% of salary for super contributions; and (ii) $25,000 per month.	You are eligible if you: • 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.	A Salary Continuance benefit will not be payable where the direct or indirect cause of claim is: • 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. The Insurer may reduce or decline to pay benefits if: • 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 Plan 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; and
- 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. This option is only available on personally elected cover.

CPI Indexation does not apply to any insurance cover elected by your Employer.

For further information in relation to CPI Indexation and conditions refer to 'CPI Indexation' on page 53.

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 the life insured 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 occuring. 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 occured 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 Plan

If you have Death Only cover when you cease membership of the Plan, you can apply for a Death Only policy outside superannuation direct with the Insurer within 60 days of leaving the Plan, provided you are not leaving the Plan 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 Plan;
- pay one month's deposit premium;
- complete any questions pertaining to AIDS to the Insurer's satisfaction;
- be less than 60 years of age; and
- 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 Plan; 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; and
- 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 Plan; 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 insured benefit plus your account balance (less any relevant charges or government tax) will be paid to you as a lump sum. 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 conditions of release prescribed by superannuation law, your insured benefit and any account balance in the Plan 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 their 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 five TPD definitions set out on page 35 (excluding the Part 1b definition).

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

See page 35 for these TPD definitions.

TPD Tapering of Employer elected cover

TPD Tapering will be applicable to Employer Elected Group Insurance cover, that contains a TPD Benefit, that is based on one of the following benefit designs:

- Flat sum insured;
- Multiple of salary; or
- Percentage of salary multiplied by remaining years to expiry.

TPD tapering reduces the amount of your TPD sum insured by 10% each year from your age next birthday 62 to nil at age 70.

Your Death cover amount will not reduce with TPD tapering and will remain until expiry on your 75th birthday.

TPD tapering only applies while you are covered under the employer plan, and is not applicable to personally elected insurance cover.

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. This option is only available on personally elected cover.

CPI Indexation does not apply to any Group Insurance cover elected by your Employer.

For further information in relation to CPI Indexation and conditions refer to 'CPI Indexation' on page 53.

Continuation of Death & TPD Cover after you leave the Plan

If you have Death & TPD cover when you cease membership of the Plan, you can apply for a Death & TPD policy outside superannuation direct with the Insurer within 60 days of leaving the Plan, provided you are not leaving the Plan 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 Plan;
- 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; and
- 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 Plan.

You must not have:

- received, or be eligible to receive, benefits under your Group Insurance cover held within the Plan; 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 selected waiting period (see below). 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 or your employer 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 your benefit period be 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 or your employer may select one of the following waiting periods:

- 30 days;
- 60 days; or
- 90 days.

Generally, the longer the waiting period elected, 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 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 the 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 elected 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 whatever is 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 a benefit period to age 65, your Salary Continuance benefits 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, which 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. A medical practitioner means a medical practitioner who is legally qualified, properly registered and is not related to you.

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 paid where the Insurer has approved 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 part time work after your period of disability;
- your cover is still in place.

This means that your elected 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 Plan

If you have Salary Continuance cover when you cease membership of the Plan, you can apply for a Salary Continuance policy direct with the Insurer within 60 days of leaving the Plan, provided you are not leaving the Plan 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 Plan;
- 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; and
- 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 Plan.

You must not have:

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

Employer Elected Group Insurance cover

How Employer Elected Group Insurance cover works?

Your employer may nominate from three available cover options, the type and level of cover that will apply to your employer plan up to the automatic acceptance limits (AAL) set by the Insurer.

If your employer elects to provide Group Insurance and automatic acceptance applies, you may be eligible for automatic acceptance of insurance cover up to the AAL applicable to your employer plan, without the need to provide any heath evidence and undergo underwriting.

Employer Default Group Insurance cover

In line with the Choice of Superannuation Legislation, your employer can choose to offer your employer plan default insurance cover.

The default insurance cover provides you with one unit of Death Only cover for a cost of $1 per week.

A unit of Death Only cover consists of a one-off lump sum benefit that reduces with age. The benefit for each age bracket is dependant upon your occupation category as detailed on page 44.

The default cover will only apply to your superannuation account if your employer elects this cover on their Employer Application form and does not elect to offer any other Death cover for your employer plan.

You may qualify for automatic acceptance of this cover provided the following conditions are met:

- you must be 'At Work' on the day you join the Plan and the Trustee should be provided with a satisfactory 'At Work Certificate'. 'At Work' means the insured member is actively performing all the duties of his or her usual occupation and is not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits or disability income benefits. An insured member who does not meet these requirements is correspondingly described as not at work;
- you must be an Australian resident or holder of valid visa;
- you must not be in receipt of and/or entitled to claim income support benefits from any source including workers compensation, statutory compensation or disability income benefits;
- you must not be employed in any occupation that the Insurer classes as an excluded occupation;
- you must join the Plan within 120 days of commencing employment and be under age 75 years for Death cover, 70 years for TPD and 65 years for Salary Continuance;
- your employer must not engage in the practice of preferential employment of persons suffering medical conditions.

If you do not meet the above criteria for automatic acceptance, you may be required to undergo underwriting and acceptance by the Insurer for the default cover to apply.

If you are given the default insurance cover and you do not require this cover, the cover will be cancelled effective from the date that the Trustee receives a written request from you to cancel the default cover.

Employer choices of Group Insurance cover

Your employer has the choice of offering Death Only, Death & TPD or Salary Continuance insurance cover, as well as the option to choose the benefit design applicable to your employer plan from the following options:

- Units of cover (not available for Salary Continuance cover);
- Age rated cover.

Units of Cover – Death Only and Death & TPD

Units of cover consist of a one-off lump sum benefit that reduces with age. The benefit for each age bracket is dependant upon your occupation category as detailed on page 44. The cost per unit of cover is $1 per week.

Age Rated Cover – Death Only and Death & TPD

Age rated cover consists of a lump sum benefit that may not alter with age. The premium payable changes each year. The base premium rates are detailed on pages 45 and 46.

Your employer may select a benefit design for age rated cover from the following three options:

- a flat dollar level of cover (eg $100,000); or
- a multiple of salary (eg 3 x salary); or
- a percentage of salary multiplied by the remaining years to expiry age (eg 10% of salary multiplied by years to age 75).

Age Rated Cover – Salary Continuance

Salary Continuance cover is available on an age rated basis only. The premium payable changes each year. The base premium rates are detailed on pages 47 to 50.

Your employer may elect a benefit design consisting of the following options:

- percentage of salary (75% of salary up to a maximum of $25,000 per month);
- benefit period (2 years or to age 65); and
- waiting period (30, 60 or 90 days).

Automatic Acceptance

Automatic acceptance, if applicable, provides cover if you are at work (in accordance with the Insurer's requirements) on the day that you become eligible for insurance and your employer submits a 'New Employee Schedule and At Work Certificate'.

The level of cover that may be provided under Automatic Acceptance is dependant upon the number of employees in your employer plan and the benefit design your employer selects.

The limits are detailed in the following tables.

To obtain and retain an automatic acceptance limit for your employer plan, the following conditions must initially be met and continue to be met by your employer plan:

- you must be 'At Work' on the day you join the Plan and the Trustee should be provided with a satisfactory 'New Employee Schedule and At Work Certificate' from your employer. At work means that a person is actively performing the full duties of their usual occupation or what would have been their usual occupation had the day not been a day of leave (other than for illness or injury), a public holiday or a weekend day;
- you must join the Plan within 120 days of commencing employment and be under age 75 years (for Death Benefits), 70 years (for TPD Benefits) or 65 years (for Salary Continuance Benefits);
- the Plan must have a minimum of five employees, and a minimum of 75% of all employees accepted and participating in the benefit design chosen, at any given time;
- the Plan must have clearly defined and objective eligibility rules and formulae for cover approved by the Insurer; and
- your employer must not engage in the practice of preferential employment of persons suffering medical conditions.

Automatic Acceptance Ineligibility

If you do not meet all of the above criteria or your employer plan was not eligible for an AAL at the time you joined the plan, you will need to undergo underwriting should you wish to receive the employer elected cover. Refer to page 52 'How do I apply for Group Insurance cover' for further details regarding applying for Group Insurance cover.

Automatic acceptance limits on units of cover – Death Only

No. of Employees to Join the Employer Plan	Units of Cover Offered
1 to 4	1 unit of cover
5 to 19	2 units of cover
20 to 49	3 units of cover
50 to 99	4 units of cover
100 to 199	5 units of cover
200 and above	Individual Consideration *

Automatic acceptance limits on units of cover – Death & TPD

No. of Employees to Join the Employer Plan	Units of Cover Offered
1 to 4	Nil
5 to 19	2 units of cover
20 to 49	3 units of cover
50 to 99	4 units of cover
100 to 199	5 units of cover
200 and above	Individual Consideration *

Automatic acceptance limits on age rated cover – Death Only and Death & TPD

No. of Employees to Join the Employer Plan	Sum Insured
1 to 4	Nil
5 to 19	$250,000
20 to 29	$400,000
30 to 39	$450,000
40 to 99	$500,000
100 to 199	$600,000
200 to 499	$750,000
500 and above	Individual Consideration *

** Note: Maximum cover is $3 million (TPD)*

Automatic acceptance limits on age rated cover – Salary Continuance

No. of Employees to Join the Employer Plan	Sum Insured
1 to 4	Nil
5 to 9	$3,000 per month
10 to 19	$4,000 per month
20 to 29	$5,000 per month
30 to 99	$6,000 per month
100 to 199	$7,000 per month
200 to 499	$8,000 per month
500 and above	Individual Consideration ˆ

ˆ Note: Maximum cover is $25,000 per month

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 Catagories	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.

Plan Rating Factors

If your employer plan has more than 50 employees and your employer offers a benefit design consisting of age rated cover, a Plan Rating Factor (PRF) may be applied to the base premium rates shown on pages 46, 48 and 50.

PRF's are determined by the Insurer and are based on the employer plans' industry, benefit design, number of members, eligibility rules and previous claims experience.

The PRF for your employer plan is generally calculated at the time your employer set up the plan, or at the annual Group Insurance review.

You can obtain details of the PRF applicable to your Group Insurance cover from your Adviser or by contacting Client Services.

Calculation methods and Group Insurance premiums

The calculation of your premiums will vary depending on the cover selected and whether you have personally selected the cover or the cover has been selected for you by your employer.

The calculation methods that may be used are:

- Personally elected cover;
- Employer elected cover without a PRF applicable; or
- Employer elected cover with a PRF applicable.

The table on the next two pages illustrates how to calculate premiums based on the calculation methods that may apply to your Group Insurance cover.

Calculation Method	Explanation of Calculation Method	Steps for Calculation	Example of Premium Calculation
Personally elected cover **Death Only or Death & TPD**	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).	**Steps** 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 tables on page 45; 2. Obtain your occupational loading by referring to the Occupation rating guide, from your Adviser or by contacting Client Services; 3. Multiply your base premium rate by your occupational loading and medical loading (if applicable); and 4. Multiply this amount by the amount of cover you require and divide by 1,000.	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: (base premium rate x occupational loading x medical loading) x sum insured / 1,000 = (0.704 x 1.00 x 1.50) x $350,000 / 1,000 = 1.056 x $350 = $369.60 p.a.
Personally elected cover **Salary Continuance**	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).	**Steps** 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 47 and 49; 2. Obtain your occupational loading by referring to the Occupation rating guide, from your Adviser or by contacting Client Services; 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 41); 4. Multiply this amount by the amount of cover you require and divide by 100.	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: (base premium rate x occupational loading x medical loading x stamp duty) x monthly benefit / 100 = (10.375 x 1.00 x 1.50 x 1.05) x $4,200 / 100 = 16.340625 x $42 = $686.31 p.a.
Employer elected cover without a PRF applicable **Death Only or Death & TPD Units of Cover based**	The cost per unit of cover is $1 per week.	**Steps** 1. Multiply the number of units you have by the cost of $1 by 52 weeks in the year to obtain your annual premium	For a member with 2 units of cover The annual premium is calculated as follows: (Units of cover x cost of cover per week x 52 weeks) = 2 units x ($1 x 52) = $104 p.a.
Employer elected cover without a PRF applicable **Death Only or Death & TPD Sum Insured based**	The premium payable changes each year and is dependent on your age, gender, occupation, the type and amount of cover.	**Steps** 1. Locate the applicable base premium rate that applies to you, based on your age next birthday, gender and type of cover you require in the tables on page 46; 2. Obtain your occupational loading by referring to the Occupation rating guide, from your Adviser or by contacting Client Services; 3. Multiply your base premium rate by your occupational loading and medical loading (if applicable); and 4. Multiply this amount by the amount of cover you require and divide by 1,000.	Male aged 30 next birthday, 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: (base premium rate x occupational loading x medical loading) x sum insured / 1,000 = (0.812 x 1.00 x 1.50) x $350,000 / 1,000 = 1.218 x $350 = $426.30 p.a.

Calculation Method	Explanation of Calculation Method	Steps for Calculation	Example of Premium Calculation
Employer elected cover without a PRF applicable **Salary Continuance**	The premium payable changes each year and is dependent on your age, gender, occupation, amount of cover, waiting period, benefit period.	**Steps** 1. Locate the applicable base premium rate that applies to you, based on your age next birthday, gender, waiting period and benefit period in the tables on pages 48 and 50; 2. Obtain your occupational loading by referring to the Occupation rating guide, from your Adviser or by contacting Client Services; 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 41); 4. Multiply this amount by the amount of cover you require and divide by 100.	Female aged 31 next birthday, 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: $\frac{\text{(base premium rate x occupational loading x medical loading x stamp duty) x monthly benefit}}{100}$ = (6.769 x 1.00 x 1.50 x 1.05) x $4,200 / 100 = 10.661175 x $42 = $447.77
Employer elected cover with a PRF applicable **Death Only or Death & TPD**	The premium payable changes each year and is dependent on your age, gender, occupation, the type and amount of cover, your employer plan's PRF.	**Steps** 1. Locate the applicable base premium rate that applies to you, based on your age next birthday, gender and type of cover you require in the tables on page 46; 2. Obtain your occupational loading by referring to the Occupation rating guide, from your Adviser or by contacting Client Services; 3. Multiply your base premium rate by your occupational loading and medical loading (if applicable); and 4. Multiply this amount by the amount of cover you require and divide by 1,000.	Male aged 30 next birthday, working as an Office Manager (white collar) and requiring $350,000 Death & TPD cover and has a PRF of 0.25. The annual premium is calculated as follows: $\frac{\text{(base premium rate x occupational loading x medical loading x PRF) x sum insured}}{1,000}$ = (0.812 x 1.00 x 0.25) x $350,000 / 1,000 = 0.203 x $350 = $71.05 p.a.
Employer elected cover with a PRF applicable **Salary Continuance**	The premium payable changes each year and is dependent on your age, gender, occupation, amount of cover, waiting period, benefit period, your employer plan's PRF.	**Steps** 1. Locate the applicable base premium rate that applies to you, based on your age next birthday, gender, waiting period and benefit period in the tables on pages 48 and 50; 2. Obtain your occupational loading by referring to the Occupation rating guide, from your adviser or by contacting Client Services; 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 41); 4. Multiply this amount by the amount of cover you require and divide by 100.	Female aged 31 next birthday, 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 PRF of 0.50. 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: $\frac{\text{(base premium rate x occupational loading x medical loading x PRF x stamp duty) x monthly benefit}}{100}$ = (6.769 x 1.00 x 0.50 x 1.05) x $4,200 / 100 = 3.553725 x $42 = $149.26 p.a.

Male & Female Death Only and Death & TPD cover – Employer elected Units of Cover

Death Only

ANB*	Professional	White Collar	Light Blue Collar	Heavy Blue Collar (Skilled)	Heavy Blue Collar (Unskilled)
16 – 35	$93,000	$83,000	$83,000	$68,000	$56,000
36 – 40	$88,000	$81,000	$81,000	$64,000	$54,000
41 – 45	$62,000	$56,000	$56,000	$44,000	$36,000
46 – 50	$39,000	$35,000	$35,000	$28,000	$23,000
51 – 55	$26,000	$23,000	$23,000	$19,000	$17,000
56 – 60	$19,000	$17,000	$17,000	$14,000	$11,000
61 – 65	$13,000	$12,000	$12,000	$9,000	$7,000
66 – 70	$6,000	$6,000	$6,000	$5,000	$4,000
71 – 75	$4,000	$4,000	$4,000	$3,000	$3,000

Death & TPD

ANB*	Professional	White Collar	Light Blue Collar	Heavy Blue Collar (Skilled)	Heavy Blue Collar (Unskilled)
16 - 35	$74,000	$68,000	$54,000	$42,000	$34,000
36 - 40	$62,000	$53,000	$42,000	$32,000	$26,000
41 - 45	$35,000	$30,000	$23,000	$19,000	$16,000
46 - 50	$20,000	$17,000	$14,000	$11,000	$8,000
51 - 55	$12,000	$11,000	$8,000	$6,000	$5,000
56 - 60	$7,000	$6,000	$5,000	$5,000	$4,000
61 - 65	$5,000	$5,000	$4,000	$3,000	$2,000
66 - 70	$3,000	$3,000	$2,000	$2,000	$1,000

**ANB = Age next birthday*

Note: The sum insured and premiums shown in the above tables are inclusive of your Adviser's remuneration that may be charged by the Plan and GST. As the premium rates shown include Adviser remuneration, if agreement is made with your Adviser to reduce this remuneration, then the premium per unit of cover will reduce.

PERSONALLY ELECTED COVER

Male Death Only and Death & TPD cover

Annual premium rates per $1,000 of cover

	Death Only		Death & TPD	
ANB*	Non-smoker	Smoker	Non-smoker	Smoker
16	0.6344	0.7680	0.6567	0.7902
17	0.7457	0.8904	0.7680	0.9238
18	0.8125	0.9794	0.8570	1.0351
19	0.8459	1.0128	0.9238	1.1019
20	0.8793	1.0573	0.9683	1.1575
21	0.8570	1.0573	0.9683	1.1909
22	0.8459	1.0573	0.9683	1.2020
23	0.8125	1.0239	0.9460	1.1909
24	0.7680	0.9906	0.9015	1.1686
25	0.7234	0.9460	0.8793	1.1464
26	0.6789	0.9238	0.8347	1.1130
27	0.6344	0.8793	0.7902	1.0796
28	0.5899	0.8459	0.7457	1.0573
29	0.5454	0.8013	0.7123	1.0351
30	0.5231	0.7902	0.6789	1.0351
31	0.4897	0.7568	0.6567	1.0128
32	0.4786	0.7568	0.6344	1.0239
33	0.4563	0.7568	0.6344	1.0573
34	0.4452	0.7568	0.6233	1.0573
35	0.4452	0.7902	0.6344	1.1241
36	0.4563	0.8125	0.6789	1.2132
37	0.4897	0.8904	0.7457	1.3467
38	0.5231	0.9460	0.8013	1.4691
39	0.5676	1.0573	0.9015	1.6917
40	0.6121	1.1575	0.9906	1.8809
41	0.6567	1.2465	1.1130	2.1369
42	0.7234	1.4135	1.2799	2.4820
43	0.7902	1.5470	1.4246	2.7936
44	0.8793	1.7363	1.6138	3.2054
45	0.9683	1.9255	1.8253	3.6506
46	1.0573	2.1369	2.0590	4.1848
47	1.1464	2.3595	2.3039	4.7524
48	1.2577	2.6378	2.5933	5.4314
49	1.3690	2.8938	2.8826	6.0992
50	1.4803	3.1943	3.2165	6.9339
51	1.6361	3.5170	3.6061	7.7575
52	1.7696	3.7953	4.0067	8.6256
53	1.9255	4.1514	4.4631	9.6162
54	2.0924	4.4965	4.9417	10.6290
55	2.2816	4.9083	5.4870	11.7976
56	2.4820	5.2978	6.0658	12.9885
57	2.6823	5.7319	6.6890	14.2573
58	2.9272	6.1993	7.3791	15.6374
59	3.1720	6.7113	8.1137	17.1400
60	3.4391	7.2233	8.9039	18.6981
61	3.7508	7.7352	9.8054	20.2007
62	4.1069	8.3140	10.7848	21.8034
63	4.4853	8.8705	11.8310	23.4172
64	4.8971	9.4938	12.9551	25.1201
65	5.3423	10.1504	14.1572	26.9008
66	6.1094	11.5457	21.7253	41.0721
67	7.0022	13.0495	25.0392	46.7187
68	8.0724	14.8328	29.0642	53.4338
69	9.3467	16.9297	33.8246	61.3326
70	10.8055	19.2894	39.3071	70.2336
71	12.4671	21.9291	–	–
72	14.4080	24.4714	–	–
73	16.6088	27.2051	–	–
74	19.0969	30.1255	–	–
75	21.9234	33.2582	–	–

Female Death Only and Death & TPD cover

Annual premium rates per $1,000 of cover

	Death Only		Death & TPD	
ANB*	Non-smoker	Smoker	Non-smoker	Smoker
16	0.3450	0.4118	0.3562	0.4341
17	0.3562	0.4341	0.3673	0.4452
18	0.3450	0.4118	0.3562	0.4341
19	0.3450	0.4118	0.3562	0.4341
20	0.3228	0.3895	0.3450	0.4007
21	0.3005	0.3562	0.3116	0.3673
22	0.2782	0.3562	0.3005	0.3673
23	0.2671	0.3450	0.2782	0.3562
24	0.2337	0.3005	0.2671	0.3450
25	0.2226	0.3005	0.2560	0.3450
26	0.2115	0.2782	0.2560	0.3450
27	0.1892	0.2671	0.2337	0.3228
28	0.1892	0.2671	0.2560	0.3562
29	0.1781	0.2671	0.2560	0.3673
30	0.1781	0.2671	0.2671	0.4007
31	0.1781	0.2782	0.3005	0.4563
32	0.1892	0.3116	0.3228	0.5231
33	0.1892	0.3116	0.3562	0.5788
34	0.2115	0.3562	0.4007	0.6789
35	0.2337	0.4118	0.4786	0.8347
36	0.2560	0.4452	0.5231	0.9238
37	0.2782	0.5008	0.5899	1.0685
38	0.3228	0.5899	0.6789	1.2465
39	0.3562	0.6678	0.7680	1.4358
40	0.4007	0.7568	0.8793	1.6583
41	0.4452	0.8570	0.9794	1.8809
42	0.5008	0.9794	1.1130	2.1703
43	0.5454	1.0796	1.2465	2.4486
44	0.6121	1.2020	1.3912	2.7602
45	0.6789	1.3690	1.5693	3.1497
46	0.7457	1.5137	1.7474	3.5616
47	0.8125	1.6806	1.9589	4.0401
48	0.8904	1.8587	2.1703	4.5298
49	0.9683	2.0479	2.4152	5.1309
50	1.0351	2.2371	2.6712	5.7541
51	1.1241	2.4152	2.9828	6.4108
52	1.2132	2.6155	3.3390	7.1676
53	1.3245	2.8381	3.7285	8.0024
54	1.4135	3.0273	4.1514	8.9373
55	1.5137	3.2499	4.6300	9.9612
56	1.6361	3.4836	5.1976	11.1187
57	1.7363	3.6951	5.7875	12.3207
58	1.8587	3.9288	6.4664	13.7120
59	1.9922	4.1960	7.1788	15.1700
60	2.1258	4.4519	7.8911	16.5723
61	2.2594	4.6411	8.6368	17.7966
62	2.4040	4.8526	9.4047	18.9987
63	2.5710	5.0863	10.2061	20.2229
64	2.7268	5.2978	11.0074	21.3693
65	2.9049	5.5204	11.8310	22.4712
66	3.2192	6.0678	18.1259	34.1161
67	3.5669	6.6052	20.8257	38.5482
68	3.9511	7.1859	24.0905	43.8142
69	4.3739	7.8103	28.0085	50.0104
70	4.8467	8.4944	32.5600	57.0277
71	5.3855	9.2606	–	–
72	6.0564	10.1534	–	–
73	6.8969	11.2656	–	–
74	7.9145	12.5867	–	–
75	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 Plan.

EMPLOYER ELECTED COVER

Male Death Only and Death & TPD cover

Annual premium rates per $1,000 of cover

ANB*	Death Only	Death & TPD
16	0.6886	0.7004
17	0.7954	0.8192
18	0.8666	0.9260
19	0.9141	0.9854
20	0.9379	1.0328
21	0.9379	1.0447
22	0.9141	1.0447
23	0.8904	1.0210
24	0.8548	0.9972
25	0.8073	0.9616
26	0.7598	0.9260
27	0.7242	0.8785
28	0.6767	0.8429
29	0.6411	0.8073
30	0.6055	0.7835
31	0.5817	0.7598
32	0.5580	0.7479
33	0.5580	0.7479
34	0.5461	0.7598
35	0.5580	0.7954
36	0.5817	0.8429
37	0.6055	0.9023
38	0.6530	0.9854
39	0.7004	1.0922
40	0.7598	1.2228
41	0.8192	1.3771
42	0.9023	1.5433
43	0.9854	1.7452
44	1.0803	1.9589
45	1.1872	2.2082
46	1.3059	2.4812
47	1.4246	2.7899
48	1.5552	3.1104
49	1.6858	3.4784
50	1.8283	3.8583
51	1.9826	4.2857
52	2.1488	4.7369
53	2.3269	5.2236
54	2.5050	5.7578
55	2.7068	6.3277
56	2.9205	6.9332
57	3.1342	7.5861
58	3.3835	8.2865
59	3.6447	9.0345
60	3.9296	9.8418
61	4.2264	10.7084
62	4.5707	11.6463
63	4.9387	12.6316
64	5.3305	13.7001
65	5.7816	14.8517
66	6.5918	19.6405
67	7.5208	22.5609
68	8.6308	26.0513
69	9.9486	30.2272
70	11.4519	34.9685
71	13.1570	–
72	15.0936	–
73	17.2765	–
74	19.7265	–
75	22.4942	–

Female Death Only and Death & TPD cover

Annual premium rates per $1,000 of cover

ANB*	Death Only	Death & TPD
16	0.3680	0.3799
17	0.3799	0.3799
18	0.3680	0.3799
19	0.3562	0.3680
20	0.3443	0.3562
21	0.3205	0.3443
22	0.3087	0.3324
23	0.2849	0.3087
24	0.2731	0.2968
25	0.2493	0.2849
26	0.2374	0.2731
27	0.2256	0.2731
28	0.2137	0.2849
29	0.2137	0.2968
30	0.2137	0.3205
31	0.2137	0.3443
32	0.2256	0.3799
33	0.2374	0.4393
34	0.2612	0.4867
35	0.2849	0.5580
36	0.3205	0.6411
37	0.3562	0.7242
38	0.4036	0.8310
39	0.4511	0.9379
40	0.4986	1.0685
41	0.5580	1.1991
42	0.6292	1.3534
43	0.6886	1.5196
44	0.7598	1.6977
45	0.8429	1.8876
46	0.9260	2.1132
47	1.0091	2.3388
48	1.0922	2.5999
49	1.1872	2.8849
50	1.2822	3.2054
51	1.3771	3.5497
52	1.4840	3.9296
53	1.5790	4.3451
54	1.6858	4.8081
55	1.8045	5.3305
56	1.9114	5.9003
57	2.0301	6.5295
58	2.1488	7.2418
59	2.2794	7.9541
60	2.4100	8.6664
61	2.5406	9.3906
62	2.6830	10.1148
63	2.8255	10.8390
64	2.9798	11.5750
65	3.1460	12.3230
66	6.3841	19.6538
67	7.0341	22.3799
68	7.7508	25.6150
69	8.5359	29.4807
70	9.4099	33.9238
71	10.4042	–
72	11.6329	–
73	13.1718	–
74	15.0327	–
75	17.2691	–

**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 Plan.

PERSONALLY ELECTED COVER

Salary Continuance cover with a 2 year Benefit Period

Annual premium rates per $100 monthly benefit

	Male						Female					
	30 days		60 days		90 days		30 days		60 days		90 days	
ANB*	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 Plan.

EMPLOYER ELECTED COVER

Salary Continuance cover with a 2 year Benefit Period

Annual premium rates per $100 monthly benefit

	Male			Female		
ANB*	30 days	60 days	90 days	30 days	60 days	90 days
16	2.8849	1.8936	1.0818	4.4876	2.6949	1.2287
17	2.9798	1.9440	1.0952	4.6300	2.7884	1.2822
18	3.0748	2.0078	1.1352	4.7725	2.8670	1.3089
19	3.1223	2.0375	1.1486	4.8318	2.9086	1.3356
20	3.1698	2.0583	1.1486	4.8793	2.9383	1.3489
21	3.2410	2.1043	1.1753	4.9624	2.9828	1.3623
22	3.1579	2.0241	1.0952	5.0218	3.0244	1.3890
23	3.1104	1.9648	1.0284	5.1049	3.0689	1.4024
24	3.0629	1.9143	0.9750	5.1642	3.0956	1.4024
25	3.0154	1.8713	0.9349	5.2236	3.1371	1.4291
26	2.9798	1.8253	0.8815	5.3067	3.1817	1.4424
27	3.0154	1.8194	0.8414	5.4610	3.3093	1.5493
28	3.0629	1.8416	0.8414	5.6510	3.4324	1.6161
29	3.1223	1.8683	0.8414	5.9003	3.5883	1.6962
30	3.2173	1.9099	0.8414	6.1971	3.7515	1.7496
31	3.3479	1.9915	0.8815	6.5295	3.9296	1.8030
32	3.4784	2.0568	0.8948	6.9213	4.1433	1.8698
33	3.6565	2.1592	0.9349	7.3487	4.3792	1.9499
34	3.8583	2.2720	0.9750	7.8117	4.6241	2.0167
35	4.0602	2.3848	1.0150	8.3222	4.9209	2.1369
36	4.2857	2.5317	1.0952	8.8920	5.2503	2.2705
37	4.5469	2.6786	1.1486	9.4619	5.5946	2.4308
38	4.8437	2.8626	1.2421	10.1029	5.9715	2.5910
39	5.1405	3.0555	1.3489	10.7796	6.4004	2.8181
40	5.4848	3.2766	1.4691	11.4801	6.8560	3.0718
41	5.8409	3.5096	1.6027	12.2161	7.3487	3.3657
42	6.2327	3.7738	1.7630	13.0234	7.9022	3.7129
43	6.6482	4.0646	1.9499	13.8366	8.4809	4.1002
44	7.1112	4.3748	2.1369	14.7092	9.1309	4.5677
45	7.6098	4.7398	2.3907	15.6352	9.8195	5.0619
46	8.1441	5.1272	2.6578	16.5968	10.5541	5.6094
47	8.7377	5.5634	2.9650	17.6059	11.3465	6.2238
48	9.3669	6.0591	3.3523	18.6981	12.2117	6.9050
49	10.0436	6.5978	3.7797	19.8378	13.1362	7.6529
50	10.8152	7.1958	4.2338	21.0725	14.1319	8.4542
51	11.6581	7.8755	4.7814	22.3665	15.1930	9.3224
52	12.5723	8.6175	5.3824	23.7555	16.3312	10.2573
53	13.5695	9.4411	6.0635	25.2751	17.5733	11.2723
54	14.6973	10.3745	6.8382	26.8897	18.8881	12.3408
55	15.9439	11.4281	7.7330	28.6705	20.3142	13.4760
56	17.3329	12.6034	8.7347	30.5937	21.8472	14.6914
57	18.9000	13.9182	9.8432	32.7069	23.4959	15.9602
58	20.6214	15.3770	11.0853	35.0457	25.2766	17.2824
59	22.5802	17.0287	12.4877	37.6337	27.1895	18.6447
60	24.7765	18.8777	14.0503	40.5305	29.2938	20.1005
61	27.2815	20.9672	15.7999	43.7715	31.5746	21.5964
62	30.1189	23.3015	17.7232	47.4161	34.0529	23.1189
63	33.3717	25.9548	19.8868	51.5475	36.7864	24.7083
64	38.6532	30.0714	23.0492	63.2680	45.1397	30.3088
65	44.8028	34.8691	26.7413	77.5008	55.2872	37.1114
66	51.7850	40.3197	30.9395	93.9864	67.0536	45.0165
67	59.9973	46.7483	35.9093	113.7381	81.1381	54.4650
68	69.9266	54.5199	41.9135	137.7000	98.2513	65.9748
69	66.0712	49.7653	36.4243	129.0098	88.5357	55.4192
70	36.2937	23.5775	13.1733	71.9893	43.3589	19.9358

**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 Plan.

PERSONALLY ELECTED COVER

Salary Continuance cover with a Benefit Period to age 65

Annual premium rates per $100 monthly benefit

	Male						Female					
	30 days		60 days		90 days		30 days		60 days		90 days	
ANB*	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 Plan.

EMPLOYER ELECTED COVER

Salary Continuance cover with a Benefit Period to age 65

Annual premium rates per $100 monthly benefit

	Male			Female		
ANB*	30 days	60 days	90 days	30 days	60 days	90 days
16	7.9334	4.4401	3.3731	10.7425	6.0517	4.9060
17	7.9334	4.4401	3.3731	10.7425	6.0517	4.9060
18	7.9334	4.4401	3.3731	10.7425	6.0517	4.9060
19	7.9334	4.4401	3.3731	10.7425	6.0517	4.9060
20	7.9334	4.4401	3.3731	10.7425	6.0517	4.9060
21	8.1975	4.6018	3.4770	11.0898	6.2639	5.0515
22	8.4735	4.7725	3.5838	11.4519	6.4835	5.1999
23	8.7644	4.9520	3.6966	11.8273	6.7120	5.3527
24	9.0686	5.1390	3.8123	12.2161	6.9480	5.5085
25	9.3891	5.3364	3.9325	12.6212	7.1928	5.6673
26	9.6251	5.4878	3.9133	13.2163	7.5475	6.0606
27	9.9441	5.6866	3.9311	13.9375	7.9749	6.3960
28	10.3493	5.9330	3.9845	14.7864	8.4750	6.6913
29	10.8390	6.2297	4.0765	15.7628	9.0478	6.9658
30	11.4133	6.5740	4.2056	16.8654	9.6934	7.2344
31	12.0737	6.8426	4.3718	18.0942	10.2350	7.5178
32	12.8216	7.2804	4.5781	19.4461	11.0126	7.8339
33	13.6556	7.7657	4.8274	20.9211	11.8570	8.2020
34	14.5771	8.3029	5.1212	22.5149	12.7696	8.6397
35	15.5877	8.8905	5.4640	24.2245	13.7491	9.1636
36	16.6903	9.5301	5.8602	26.0453	14.7893	9.7898
37	17.8864	10.2246	6.3188	27.9730	15.8905	10.5333
38	19.1790	10.9725	6.8441	30.0031	17.0494	11.4059
39	20.5709	11.7783	7.4451	32.1311	18.2633	12.4179
40	22.0653	12.6435	8.1292	34.3497	19.5277	13.5799
41	23.6680	14.0281	8.9098	36.6543	21.6706	14.8947
42	25.3820	15.0505	9.7943	39.0376	23.0774	16.3653
43	27.2132	16.1412	10.7945	41.4921	24.5242	17.9918
44	29.1676	17.3047	11.9223	44.0119	26.0067	19.7681
45	31.2496	18.5408	13.1896	46.5866	27.5189	21.6839
46	33.4652	19.8556	14.6053	49.2088	29.0563	23.7274
47	35.8188	21.2506	16.1813	51.8681	30.6115	25.8791
48	38.3178	22.7286	17.9265	54.5555	32.1801	28.1155
49	40.9638	24.2927	19.8453	57.2579	33.7546	30.4082
50	43.7640	25.9474	21.9436	59.9617	35.3306	32.7218
51	46.7187	29.7568	24.2200	62.6492	39.1607	35.0160
52	49.8291	31.7156	26.6731	65.3040	40.7798	37.2479
53	53.0953	33.7680	29.2923	67.9039	42.3558	39.3655
54	56.5129	35.9079	32.0644	70.4252	43.8739	41.3155
55	60.0760	38.1323	34.9640	72.8367	45.3163	43.0399
56	63.6939	40.3806	37.9083	75.0300	46.6103	44.4229
57	67.2080	42.5442	40.7471	76.8286	47.6417	45.3118
58	70.4519	44.5149	43.3189	78.0840	48.3139	45.5745
59	73.1899	46.1340	45.3935	78.5931	48.4965	45.0566
60	75.0760	47.1802	46.6578	78.0766	48.0082	43.5800
61	75.5895	49.7207	46.6578	76.1178	47.0303	40.9104
62	73.9274	48.2917	44.7361	72.0695	44.2078	36.7196
63	65.1942	41.8853	37.1455	62.1461	37.4942	28.9569
64	44.0059	26.6760	20.8232	41.8423	23.8401	15.7643
65	14.5222	8.8030	6.8723	13.8084	7.8681	5.2028

**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 Plan.

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 for personally elected cover, an Automatic Acceptance Ineligibility Personal Statement for employer elected cover 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 54 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 Plan'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

How do I apply for Group Insurance cover?

If you wish to personally select or increase your Death Only or Death & TPD insurance cover, and where the total sum insured that is up to $350,000 (including any existing cover) you will need to complete a Group Short Form Personal Statement.

If you wish to apply for employer elected cover not received under automatic acceptance of Death Only or Death & TPD insurance cover, with a sum insured that is up to $350,000 (including any existing cover) you will need to complete an Automatic Acceptance Ineligibility Personal Statement.

If you wish to apply for Death Only or Death & TPD insurance cover, with a sum insured that is greater than $350,000, or Salary Continuance insurance cover you either personally select or is employer elected cover you did not receive automatic acceptance you must complete:

- 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 Employer Superannuation Plan account, you will need to complete a Group Insurance Transfer Personal Statement form.

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 Plan are subject to assessment and acceptance by the Plan'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 Premium Tables on pages 45 to 50) before 28 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 28 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.

What happens to my Group Insurance cover if I leave my employer?

If your employer advises the Trustee that you have ceased employment, any Employer Elected Group Insurance cover will continue under personal terms, conditions and premium rates.

If your employer elected cover was based on one of the following benefit designs:

- units of cover;
- multiple of salary; or
- percentage of salary multiplied by the remaining years to expiry age

your Employer Elected Group Insurance cover will be transferred to a flat sum insured.

A letter outlining the new Group Insurance cover arrangement will be sent to you, allowing you to notify the Trustee of your current occupation, smoker status and allowing you to elect CPI indexation. If we do not hear from you, a status of smoker, your occupation on record, and no CPI indexation will be assumed.

This cover will continue until the earlier of:

- the date the Trustee is notified in writing that you wish to cancel this cover; or
- the date you are no longer eligible for cover under the definition of eligibility; or
- such time as premiums are not being met.

Group Insurance reviews

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

CPI Indexation

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

- your 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 Australian resident who is temporarily employed overseas you will be covered for up to 3 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 (as defined on page 33 of this PDS) you will be covered while you reside in Australia. If you depart Australia, cover will cease immediately except for overseas trips of 3 months or less.

World wide cover

You will be provided with 24 hour world wide cover while on holiday or business, for up to 3 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 Plan; 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.

Decreasing Group Insurance cover

If you have both Employer and Personally elected insurance cover and you advise us in writing that you would like to reduce your cover, then we will reduce the portion of your Employer elected cover in the first instance.

For example you have the following cover:

- $200,000 of Employer elected Death & TPD; and
- $200,000 of Personally elected Death & TPD

and you request to reduce your cover to a total of $300,000, then your new cover will be as follows:

- $100,000 of Employer elected Death & TPD; and
- $200,000 of Personally elected Death & TPD.

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 inteview.

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.

Important additional information

What if my details change?

You must advise us immediately either in writing or by contacting our Client Services team on 1300 554 498 of any changes or corrections to your:

- name (i.e. due to marriage, separation, deed poll);
- personal and/or Tax File Number details;
- postal address; and
- dependants.

Are my benefits portable?

Your benefit in the Plan is portable and can be transferred to another Approved Superannuation Fund.

Cooling off period

After joining the Plan, your employer is given a period of time to decide whether the Plan is right for them. This is referred to as a 'cooling off period' and it lasts for 14 days from the end of the fifth business day after the receipt of the first contribution or rollover into the Plan. It is important to note that cooling off rights can only be exercised by your employer.

Your employer can exercise their cooling off rights by notifying us in writing within the cooling off period. The cooling off period only applies to the first contribution made into the Plan. Your employer cannot exercise their cooling off rights in respect of a contribution after they have exercised any other rights or powers they have in respect of that contribution.

If your employer decides to cancel within the cooling-off period, you will not be liable for certain charges. The Trustee will withdraw and rollover the current value (based on the price of the units held by you) of your investment to your chosen superannuation fund.

The value of your investment will be subject to investment fluctuations. The time taken to redeem and make payments will be dependent upon the time taken by the managers of the underlying investments to process the redemptions. Any tax that was payable or will be payable by the Trustee in respect of your investments will also be deducted prior to your investment being paid.

You should contact the Dominion Client Services Manager in writing at the correspondence address shown on the inside back cover of this PDS if you require further information regarding the cooling off period.

Your personal information

To enable us to provide you with the products and services you require, we will request personal details and certain information from you.

Protecting the privacy of your personal details and information is important to us.

Privacy Policy

Privacy laws require us to make the following disclosure before collecting personal information from you:

- you may contact us by telephone or in writing (please refer to the inside back cover for our contact details);
- in most cases, if you so request, we will give you access to the personal information collected about you;
- we need to collect personal information about you to process applications and to administer your investments and insurance cover (if applicable);
- we may disclose the personal information to our service providers (including the Insurer where you are a member of the Dominion Employer Superannuation Plan) for this purpose and, as necessary, to any superannuation fund to which we transfer your investment, to superannuation regulators, the Family Court (if you are involved in a case before it and we are legally required to do so) and as otherwise required by law;
- if you do not provide the requested information, we may not be able to accept your application or administer your investments and insurance;
- we may use personal information (but not sensitive information) collected about you to notify you of other products. This will only occur with the knowledge and consent of your Adviser; and
- you authorise us to give information relating to your membership in the Plan to your Adviser and financial services licensee and the Trustee's marketing company, and acknowledge that your Adviser, financial services licensee and the Trustee's marketing company are your agents for the purpose of receiving this information.

You agree to the collection, use and disclosure of your personal information as set out above when you apply to become a member of the Plan.

Accessing personal information

If you have concerns about the accuracy of any personal information that we hold, you may request access to this information by writing to:

Client Services Manager
Dominion Employer Superannuation
Locked Bag 1001
Wollongong DC NSW 2500

Depending on the nature of the request, the Trustee reserves the right to impose a reasonable charge for providing information you may request.

You may obtain a copy of our Privacy Policy by contacting the Plan.

Complaints resolution

If you have any enquiries or complaints, they will be handled in accordance with the Trustee's enquiries and complaints procedures and superannuation law. This procedure requires a written complaint to be made to the Dominion Client Services Manager at the correspondence address shown on the inside back cover of this PDS.

If you make a complaint and you are not satisfied with the Trustee's handling of your complaint and our internal procedures have been exhausted, you may have the right to lodge a formal complaint with the Superannuation Complaints Tribunal ('SCT'). The SCT is an independent body set up by the Government to review certain Trustee decisions relating to members.

The SCT can be contacted at:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne Vic 3001
Phone: 1300 884 114
Fax: (03) 8635 5588
Email: info@sct.gov.au

The SCT will not examine a complaint unless it has first been dealt with by the Trustee's internal enquiries and complaints procedure. If the SCT accepts your complaint, it will attempt to resolve the matter through enquiry, conciliation and review.

The SCT will not examine a complaint unless it has first been dealt with by the Trustee's internal enquiries and complaints procedure. If the SCT accepts your complaint, it will attempt to resolve the matter through enquiry, conciliation and review.

The SCT is a statutory body that deals with complaints about the decisions and conduct of superannuation products, including trustees of superannuation funds, relating to members, but not in relation to their decisions and conduct relating to the management of the fund as a whole.

If your complaint is outside the jurisdiction of the SCT, you may have the right to take your complaint to the Financial Ombudsman Service (FOS):

Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001
Phone 1300 780 808
Fax 03 9613 6399
www.fos.org.au

The FOS is an external dispute resolution scheme that was established to provide free advice and assistance to help resolve complaints relating to members of the financial services industry, including life insurance companies, superannuation providers, financial planners, investment managers, general insurance companies and their agents.

Eligible Rollover Fund

Under superannuation law, the Trustee has the authority to transfer a member's benefit to an Eligible Rollover Fund (ERF). The Trustee may do so if:

- you are a lost member; or
- your account balance is less than $1,000 (we currently retain these accounts within the Plan).

The Plan's ERF is the AMP Eligible Rollover Fund (AMP ERF). The address is:

The Administrator
AMP Eligible Rollover Fund
Locked Bag 5400
Parramatta NSW 1741

Toll free number 1300 300 288

If your investment is transferred to our ERF you will cease to be a member of the Plan and will no longer receive any regular statements or communications or have any right to claim any further benefits from the Plan.

Current superannuation legislation requires that any benefits transferred to an ERF cannot be charged fees that exceed the earnings credited in any period.

Unclaimed money

Your superannuation may be classified as 'unclaimed money' and paid to the ATO if:

- you are age 65 or over;
- we have not received a contribution or rollover from you, or on your behalf, for two years; and
- we are unable to contact you after five years since we last contacted you.
- you are a former temporary resident.

You have the right to claim your unclaimed monies, including former temporary residents, by application to the ATO.

Family law and superannuation

Federal legislation allows legally recognised couples to divide their superannuation upon the breakdown of their relationship. This means that:

- your spouse or de facto* (same or opposite sex) can obtain information about your super (though we cannot provide your address or other details);
- a benefit payment flag can be placed on your account, which stops us from paying your super to you while the flag is in place;
- your super may be split with your spouse or de facto* (same or opposite sex) either by agreement or by Court Order.

* Provision for de facto relationships in family law does not apply to all states. For more information, please seek legal advice.

Trust Deed

The Trust Deed of the Master Trust is dated 24 March 2000. The Trust Deed, together with relevant legislation such as the Superannuation Industry (Supervision) Act, the Corporations Act 2001, the Income Tax Assessment Act and general trust law, govern the way in which the Plan operates.

A copy of the Trust Deed can be inspected at the Registered Office of the Trustee, or on request.

The Trust Deed contains important information including:

- the Trustee's rights, including indemnities and duties;
- your rights and duties;
- amendments to the Trust Deed;
- termination of the Plan; and
- retirement of the Trustee.

Are financial derivatives used?

The managers of the underlying assets in the managed investment options may use financial derivatives such as futures, options and forward rate agreements. Whether financial derivatives are used depends on the investment strategies of the individual investment options. For more information about each investment option please refer to the separate PDS for each managed investment option, which can be obtained from your financial adviser or accessed on the Dominion website at www.tfsa.com.au

Are labour standards or environmental, social or ethical considerations taken into account?

The managers of the underlying assets in the managed investment options when making investment decisions may take labour standards or environmental, social or ethical considerations into account.

Whether or not the managers have such a policy is not taken into consideration by the Trustee in the selection, retention or removal of the managers of the underlying assets.

Transfers

Your investments may be transferred to another Approved Superannuation Fund. This transfer may only be done with your consent or where the transfer is to a successor fund. A successor fund is a superannuation fund that will provide you with rights that are at least equivalent to the rights that you have in respect of the benefits in the Plan. Generally, these transfers (or rollovers) must be processed within 30 days from the date of receipt of the request.

Professional indemnity insurance

In accordance with the provisions of the Corporations Act, Oasis Asset Management Limited holds professional indemnity insurance with Axis Specialty Australia Limited (ABN 19 131 203 122) and is covered for $10 million in any one claim and $20 million in the aggregate. This covers the conduct of both current and former employees and authorised representatives of Oasis Asset Management Limited.

Lodgement of forms

All completed forms along with contribution payment cheque(s) should be mailed to:

Dominion Employer Superannuation
Locked Bag 1001
Wollongong DC NSW 2500

Invalid or incomplete forms

In accordance with the Trust Deed, we reserve the right to refuse any notification of change in detail if it is invalid or incomplete.

Terms and conditions for accepting faxed instructions

You can fax certain requests to us on the relevant Plan form for the transactions you are requesting. The terms and conditions for faxed instructions, including switch requests are:

1. The Trustee is not responsible to you for any fraudulently completed request.
2. The Trustee is not responsible to you for any loss suffered by you in processing a fax that has been corrupted during transmission.
3. The Trustee will not compensate you for any losses that may result from (1) or (2) above.
4. Should any fraud have taken place, you will release and indemnify the Trustee against any liabilities whatsoever arising as a result of acting on any communication received by fax in respect of your investment.

Certain rights cannot be excluded under Federal and State laws. We expressly exclude all representations and warranties to the extent permitted by law.

Anti-Money Laundering and Counter Terrorism

Under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 superannuation funds are required to identify, monitor and mitigate the risk that the Plan may be used for laundering of money or financing of terrorism. Because of this you will be required to provide proof of your identity before you withdraw your benefit from the Plan. At a minimum, you will be required to provide the Plan with certified evidence that verifies your full name, your date of birth and your residential address. If you do not provide identifying documents we will not be able to process your transaction.

We may also request further information from you, your estate or anyone acting on your behalf. You must provide all information to us, which we reasonably require in order to manage our money-laundering, terrorism-financing or economic and trade sanctions risk or to comply with any laws or regulations in Australia or any other country.

We may disclose any information to any law enforcement, regulatory agency or court where required by any such law or regulation in Australia or elsewhere.

We may delay, block or refuse to process any transaction without incurring any liability if we suspect that:

a. the transaction may breach any laws or regulations in Australia or any other country;

b. the transaction involves any person (natural, corporate or governmental) that is itself sanctioned or is connected, directly or indirectly, to any person that is sanctioned under economic and trade sanctions imposed by the United States, the European Union or any country; or

c. the transaction may directly or indirectly involve the proceeds of, or be applied for the purposes of, conduct which is unlawful in Australia or any other country.

OnePath Life and KPMG Consents

OnePath Life and KPMG have consented to the statements made by or about them being included in this PDS, in the form and context that they appear.

OnePath Life and KPMG have not withdrawn their consents before the issue date of this PDS and have not authorised or caused the issue of this PDS.

HSBC Consent

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.

Important Note:

This document contains or refers to information that may change from time to time. For example, available investment options, premiums, funds under management, asset allocations, fees, management costs, previous investment performance and regulatory changes.

Under current regulations we will only issue a new document or supplement when changes are materially adverse. In all other circumstances, updates (outlined below) may be issued to you.

You may obtain updated information by contacting your Adviser or Dominion Client Services on 1300 554 498 or by visiting our website at www.tfsa.com.au. A paper copy of any updated information will be provided to you on request and without charge.

DOMINION

DOMINION

Application **forms**

Application checklist

Form	Required/Optional
Investment Authority – page 63	**Required**
Direct Debit Request (DDR) agreement – page 67 **Direct Debit Request (DDR) form** – page 69 The DDR agreement should be read and the DDR form should be completed if you wish to contribute a regular amount directly from your bank account (or other acceptable account).	Optional
Transfer Request Authority – page 71 This form should be completed if you wish to transfer superannuation benefits from another superannuation or rollover trust to the Plan. One Transfer Request Authority is required for each rollover. For more than one rollover please photocopy the form.	Optional
Nomination of Beneficiaries – page 73 This form should be completed if you wish to nominate beneficiaries.	Optional
Group Short Form Personal Statement – page 77	Optional
Automatic Acceptance Ineligibility Personal Statement – page 81	Optional
Group Insurance Transfer Personal Statement – page 83	Optional
Group Insurance Application – page 87	Optional
Personal Statement – page 91	Optional

Dominion Employer Superannuation

Investment authority

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

You will be invested according to the selections made on this form until we receive updated instructions.

Please complete this form in BLOCK CAPITALS using dark ink.

STEP 1. Member's details

Account number: ☐☐☐☐☐☐☐ (if known)

Account name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

STEP 2. Automatic rebalancing

Please rebalance my investments according to my investment instructions (see note). If you have not provided any rebalance instructions the default option will apply (no rebalancing).

The timing of the rebalancing will be as follows (tick preferred frequency if required):

☐ **No rebalancing (default) OR**

☐ Quarterly – in February, May, August and November **OR**

☐ Half yearly – in February and August **OR**

☐ Annually – in August.

Automatic rebalancing will not proceed where your portfolio contains frozen or illiquid investments, contains a managed investment option that does not price daily, or where your additional investment instructions includes a managed investment option that has a nil balance. Investments you hold that are not included in your additional investment instructions will be excluded from the rebalance process.

STEP 3. Income distributions

Please process all income distributions from my managed investments as follows (tick one box only):

☐ **Leave all income distributions in my Cash Account (default)* OR**

☐ Reinvest all income distributions back into the originating managed investment options

* If you provide conflicting instructions, the Trustee will apply the default and leave all income distributions in your Cash Account.

STEP 5. Annual Statements

☐ I would like to view my Annual Statements online rather than receive them by mail. If not, leave blank.

STEP 6. Investment instructions

An amount may be deducted from your investments to maintain the Cash Account minimum.

Category	APIR code	Managed investment name	Investment instructions (%)
Conservative	FSF0033AU	Colonial First State Wholesale Conservative Fund	
	SBC0814AU	UBS Defensive Investment Fund	
Growth	MPL0001AU	Maple-Brown Abbott Diversified Investment Trust	
	PER0063AU	Perpetual Wholesale Balanced Growth Fund	
	SBC0815AU	UBS Balanced Investment Fund	
High Growth	FSF0498AU	Colonial First State Wholesale High Growth Fund	
Cash	CRS0009AU	Aberdeen Cash Fund	
Fixed Interest	SBC0813AU	UBS Australian Bond Fund	
Property	FSF0004AU	Colonial First State Wholesale Property Securities Fund	
	SBC0816AU	UBS Property Securities Fund	
Australian Shares	ADV0046AU	Advance Imputation Fund – Wholesale Units	
	PAM0001AU	Alphinity Wholesale Australian Share Fund	
	FSF0003AU	Colonial First State Wholesale Imputation Fund	
	HHA0001AU	Hunter Hall Australian Value Trust	
	IML0002AU	Investors Mutual Australian Share Fund	
	IML0004AU	Investors Mutual Industrial Share Fund	
	IOF0206AU	Perennial Value Shares Wholesale Trust	
	PER0046AU	Perpetual Wholesale Industrial Fund	
	SBC0817AU	UBS Australian Share Fund	
International Shares	CRS0005AU	Aberdeen Actively Hedged International Equity Fund	
	PLA0002AU	Platinum International Fund	
	SBC0822AU	UBS International Share Fund	
		TOTAL	100%

STEP 7. Declaration and authorisation

- I have received and read Part 1 and 2 of the current Product Disclosure Statement (PDS) and undertake to observe and be bound by the provisions of the Trust Deed dated 24 March 2000.
- I understand that this offering is only made to persons receiving the PDS in Australia.
- I confirm that I am able to contribute to a superannuation fund under current legislative requirements, and that any charges and brokerage payable have been disclosed to me.
- I acknowledge that I have read and understand the information about privacy and consent to personal information collected about me being used for the purposes, and disclosed in the circumstances set out in the Trustee's privacy policy.
- I declare that I have obtained from the website at www.tfsa.com.au (or by some other means) a copy of all PDS relevant to my chosen investment(s) in the Plan, which I have read.
- I agree that when I acquire investments through the Plan, that I will obtain all necessary disclosure documents for the investments and any updated information either by contacting Client Services on 1300 554 498, by email at contactus@oasisasset.com.au or by visiting the website at www.tfsa.com.au
- I understand that my access to and use of the Dominion website is subject to my acceptance of the terms and conditions available at www.tfsa.com.au. Terms and conditions are also available by contacting Client Services on 1300 554 498. I have read and understand the terms and conditions and I undertake to observe and be bound by them.
- I agree to be bound by the terms and conditions of processing investment transactions online.
- I understand that I am required to read the PDS and understand the implications of not providing my Tax File Number (TFN) with regard to tax charged on any concessional and non-concessional contributions I may make to the Plan.

This step continues on the next page

STEP 7. Declaration and authorisation (continued)

- I confirm that I have read and understand the section titled 'Responsibilities of the Trustee and members in relation to investment strategy'.
- I confirm that I have received professional advice which includes the formulation of an investment strategy that has taken into consideration the whole of my circumstances. This includes my goals, as well as my attitude to risk and return. Any investment options I select will be in accordance with that investment strategy.
- I consent to my adviser receiving information on my behalf and agree not to hold the Trustee responsible in any way for any transactions entered into by my adviser on my behalf.
- I acknowledge that an investment in the Plan is not a deposit or liability of ANZ or its related group companies and none of them stands behind or guarantees the Trustee or the capital or performance of an investment in the Plan, and that such an investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.
- Where I have elected insurance, I authorise the Trustee of the Master Trust to arrange for my insurance premiums to be deducted from my superannuation account, including current and ongoing premium payments and any adjustments that may occur from time to time.

Before you sign this Investment Authority, the Trustee or adviser is obliged to give you a Product Disclosure Statement (PDS) (which is a summary of important information relating to the Plan). The PDS will help you to understand the product and decide if it is appropriate to your needs.

If this Investment Authority is offered to you electronically by the Trustee or your adviser (e.g. email or the Internet), the PDS and any supplementary documents must be provided by the Trustee or your adviser at the same time and by the same means as this Investment Authority and you can request, without charge, a paper copy of this Investment Authority, PDS and any supplementary document from the Trustee or your adviser.

Product Disclosure Statements for managed investments and other investments of the Plan are available on our website www.tfsa.com.au

Signature: _____ Date: __ __ / __ __ / __ __ __ __

STEP 8. ADVISER USE ONLY

Adviser name: _____

Adviser code: _____ (if known) Adviser phone: _____

- I have provided a disclosure document to the applicant for each investment recommended (where applicable).

Adviser's signature: _____ Date: __ __ / __ __ / __ __ __ __

STEP 9. Remittance and postage details

Please post this form and cheque to:

Dominion Employer Superannuation
Locked Bag 1001
Wollongong DC NSW 2500

Cheques should be made payable to the Dominion Employer Superannuation.

fax: (02) 4224 1901

email: contactus@oasisasset.com.au

DOMINION

Direct Debit Request agreement

Our commitment to you

This outlines our service commitment to you in respect of the Direct Debit Request (DDR) arrangements made between Oasis Fund Management Limited (Trustee), User ID: 126257, and you. It sets out your rights, our commitment to you and your responsibilities to us, together with details of what you should do for assistance.

Initial terms of the agreement

In terms of the DDR arrangement made between ourselves and you, we undertake to periodically debit your nominated account for the agreed amount for superannuation contributions.

Drawing arrangements

- The first drawing under this direct debit arrangement will occur on the 25th day of the nominated month.
- If any drawing falls due on a day other than a business day, it will be debited from your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice will state the new amount, frequency, the next drawing date and any other changes to the initial terms.

Direct debits may not be available on your account. If in doubt, please refer to your bank/financial institution.

If you wish to discuss any changes to the initial terms, please contact Client Services on 1300 554 498.

Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangements, please notify us in writing.

These changes may include:

- deferring the drawing
- altering the schedule
- stopping an individual debit
- disputing any debit
- suspending the DDR
- cancelling the DDR completely.

Note: Changes cannot be made within three business days of a drawing to allow for processing of your request.

Enquiries

Please direct all enquiries to us, rather than to your bank or financial institution. Enquiries should be made at least 14 days prior to the next scheduled drawing date.

All personal customer information held by ourselves will be kept confidential, except for information required to be provided to our bank in order to initiate the drawing from your nominated account, or as otherwise required by law.

Disputes

- If you believe that a drawing has been initiated incorrectly, we encourage you to take up the matter directly with us by contacting Client Services on 1300 554 498.
- If you do not receive a satisfactory response to your dispute from us, please contact your bank or financial institution, who will respond to you with an answer to your claim:
  - within 7 business days for claims lodged within 12 months of the disputed drawing, or
  - within 30 business days for claims lodged more than 12 months after the disputed drawing.
- You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your bank or financial institution will ask you to contact us to resolve your disputed drawing prior to you involving them.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your bank or financial institution can confirm if this is the case)
- the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based
- on the drawing date there are sufficient cleared funds in the nominated account
- you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will attempt to draw the amount again on the 25th day of the following month. If three consecutive drawings are returned or dishonoured the DDR arrangement will cease. Where this occurs, a dishonour fee may be charged. Your financial institution may also charge a fee for each dishonoured drawing.

DOMINION

Dominion Superannuation

Direct Debit Request

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Please complete this form in BLOCK CAPITALS using dark ink.

STEP 1. Individual details

Individual from whose bank account the amounts will be debited (insert name in full).

Name of joint account holder, if applicable (insert name in full).

STEP 2. Member status

Are you a current member of the Trust? ☐ Yes (complete the rest of this step) **OR** ☐ No (proceed to Step 3).

Account number: ☐☐☐☐☐☐☐ (if known)

Member name:

STEP 3. Contribution to be debited

The amount to be debited is: $ ☐,☐☐☐,☐☐☐.☐☐

☐ Initial contribution only

The amount is to be debited: ☐ Monthly **OR** ☐ Quarterly **OR** ☐ Half yearly **OR** ☐ Annually.

Commencing in the month* of:

* If no month is nominated, the monthly contribution will commence from the next 25th day of the month.

STEP 4. Contribution details

The amount to be debited should be treated for tax purposes as follows:

Superannuation guarantee / award: $ ☐,☐☐☐,☐☐☐.☐☐

Employer ordinary: $ ☐,☐☐☐,☐☐☐.☐☐

Salary sacrifice: $ ☐,☐☐☐,☐☐☐.☐☐

Member taxable: $ ☐,☐☐☐,☐☐☐.☐☐ This amount WILL be claimed as a tax deduction

Member non-taxable: $ ☐,☐☐☐,☐☐☐.☐☐ This amount WILL NOT be claimed as a tax deduction

Spouse: $ ☐,☐☐☐,☐☐☐.☐☐

Direct debit total: $ ☐,☐☐☐,☐☐☐.☐☐

Where the contribution type has not been nominated and the bank account being debited is in the name of a company or business, the amounts to be debited will be treated as SG/award contributions. If the bank account being debited is in the name of an individual, then amounts will be treated as member non-taxable contributions.

STEP 5. Financial institution details

Financial institution:

Branch:

Account name:

BSB number: – Account number:

Customer address:

State: Postcode:

I/We request the Trustee, Oasis Fund Management Limited (User ID No: 126257), to arrange for funds to be debited from my/our nominated account at the financial institution shown above according to the schedule above, until further notice is provided in writing.

In signing this form I/we certify that I/we have read and agreed to enter into the Direct Debit Request agreement.

Signature of individual/employer representative:

Date: / /

Signature of joint account holder (if applicable):

Date: / /

STEP 6. Declaration

- I confirm that I am eligible to contribute to Dominion Superannuation based on current legislative requirements.
- I will notify the Trustee immediately if I am no longer eligible to contribute.

Member's signature:

Date: / /

STEP 7. Postage, fax and email details

Please post this form to:

Dominion Superannuation
Locked Bag 1001
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au

YOU MUST COMPLETE A COPY OF THIS FORM FOR EACH ROLLOVER

Dominion Superannuation

Transfer request authority

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Points to consider before transferring your superannuation to Dominion are:

- If you wish to claim a tax deduction or request a contributions split, please do so prior to rolling out of your existing fund
- Your old fund may charge fees on exiting, please check with them
- If you choose to leave your current fund, you may lose any insurance entitlements you have on that fund
- Moving funds may have taxation, investment and insurance implications, we recommend you consult with your adviser.

Confirmation of transfers will only be provided for rollovers above $10,000, confirmation of rollovers under this amount are available upon request.

Please complete this form in BLOCK CAPITALS using dark ink.

STEP 1. Personal details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname:

Given names:

Tax File Number: Date of birth: / /

Under the Superannuation Industry (Supervision) Act 1993, you are not obligated to disclose your tax file number, but there may be tax consequences.

Phone:

Residential address:

State: Postcode:

If you have recently changed your address please enter your previous address details here.

Previous address:

State: Postcode:

STEP 2. FROM fund details

Transferring fund name (FROM fund):

Fund address:

State: Postcode:

Fund phone:

Membership or account number:

Australian Business Number (ABN):

Superannuation Product Identification Number (SPIN):

I hereby authorise the transfer of the following amount from the above named account, trust or policy to Dominion Superannuation which forms part of the Oasis Superannuation Master Trust (SFN: 5086 670 11, RSE: R1004939, ABN: 81 154 851 339).

☐ Partial account balance amount of: $, , . **OR**

☐ Entire account balance (estimate): $, , .

STEP 3. TO fund details

TO fund name: **Oasis Superannuation Master Trust** | Fund phone number: **1300 554 498**
Australian Business Number (ABN): **81 154 851 339** | SFN: **508 667 011** | RSE Registration Number: **1004939**

Member number: ☐☐☐☐☐☐☐

STEP 4. Proof of identity

For more information, see the 'Completing proof of identity' document on the Dominion website.

☐ I have attached a certified* copy of my driver's licence or passport **OR**

I have attached certified* copies of both:

☐ Birth/Citizenship Certificate or Centrelink Pension Card **AND**

☐ Centrelink payment letter or government or local council notice** (<1 year old) with name and address.

* A certified copy is a photocopy which has been certified as true copies by an individual approved to do so. For example a police officer, justice of the peace, an authorized representative of an Australian Financial Services Licence holder, with five or more years continuous service.

** Notice issued by commonwealth, state or territory within the past 12 months that contains your name and residential address. For example: Tax Office Notice of Assessment, rates notice from your local council.

STEP 5. Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information.
- I advise that Oasis Fund Management Limited, the Trustee of the Dominion Superannuation Master Trust and the Dominion Employer Superannuation Plan, is acting on my behalf on this matter, and hereby give you authority to provide all relevant information to a representative of the Trustee and to forward a cheque for the transfer to Oasis Fund Management Limited.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to Oasis Superannuation Master Trust.

I request and consent to the transfer of superannuation as described above and authorise this superannuation provider of each fund to give effect to this transfer.

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: ☐ Date: ☐☐ / ☐☐ / ☐☐☐☐

Certificate of compliance

The Trustee of the Oasis Superannuation Master Trust, of which the Dominion Superannuation Master Trust and the Dominion Employer Superannuation Plan are a part, certifies that:

a. The Trust Deed governing the Trust/Plan complies with requirements of the Superannuation Industry Supervision Act 1993 and regulations.

b. The Trust Deed allows benefits to be transferred to the Trust/Plan.

c. Members can only receive any benefits from the Trust/Plan on their retirement after preservation age, age 65 or earlier in the case of invalidity, or as approved individually by the Australian Prudential Regulation Authority, or where a benefit transferred to the Trust/Plan is not subject to preservation.

d. The Trustee of the Trust/Plan is Oasis Fund Management Limited.

e. The Dominion Superannuation Master Trust and the Dominion Employer Superannuation Plan can also accept additional employer, personal and spouse contributions.

STEP 6. Remittance and postage details

Please post this form, attachments and cheque to:

Dominion Superannuation
Locked Bag 1001
Wollongong DC NSW 2500

Cheques should be made payable to Dominion Superannuation.

fax: (02) 4224 1901 **email:** contactus@oasisasset.com.au

Dominion Superannuation

Nomination of beneficiaries

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

DOMINION

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Please complete this form in BLOCK CAPITALS using dark ink.

STEP 1. Member's details

Account number: ☐☐☐☐☐☐☐ (if known) Account type: ☐ Superannuation **OR** ☐ Pension

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given names: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

STEP 2. Nomination

☐ **A. Non-binding nomination** (nominate your dependants, which can include your spouse, de facto, children or your legal personal representative, in Step 3). I request that the Trustee pay the balance of my account in accordance with the directions given in Step 3 of this form. I understand that the Trustee is not bound by this nomination but may take it into account in deciding to whom to pay the balance of my account.

OR

☐ **B. Binding nomination** (nominate your dependants, which can include your spouse, de facto, children or your legal personal representative, in Step 3). I direct that the Trustee pay the balance of my account in accordance with the directions given in Step 3 of this form. I understand that the Trustee is bound by this nomination in deciding to whom to pay the balance of my account but retains discretion as to the form in which my benefit is paid.

To make a valid binding nomination and to ensure that payment is made in accordance with your wishes you must provide the following information:

- Nominated person(s) is/are either the member's legal personal representative (your Estate) or dependant
- The proportion to be paid to each nominated person(s) is certain or readily ascertainable
- The binding nomination is valid and up to date*.

* Binding nominations are valid for three (3) years from date of commencement and must be renewed at the expiration of the three year period. At expiration your binding nomination will revert to a non-binding nomination. You may confirm, amend or revoke your binding nomination at any time by completing a new Nomination of Beneficiaries form.

STEP 3. Beneficiaries and allocations

To make a valid nomination please allocate a percentage (totalling 100%) either against your Estate and/or your nominated beneficiaries.

Beneficiary 1. ☐☐☐% Date of birth: ☐☐ / ☐☐ / ☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given names: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Postal address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐☐ Postcode: ☐☐☐☐

Home phone: ☐☐ ☐☐☐☐ ☐☐☐☐ Work phone: ☐☐ ☐☐☐☐ ☐☐☐☐

STEP 3. Beneficiaries and allocations (continued)

Beneficiary 2. ___% Date of birth: __ / __ / ____

Surname:

Given names:

Relationship:

Postal address:

State: Postcode:

Home phone: Work phone:

Beneficiary 3. ___% Date of birth: __ / __ / ____

Surname:

Given names:

Relationship:

Postal address:

State: Postcode:

Home phone: Work phone:

Beneficiary 4. ___% Date of birth: __ / __ / ____

Surname:

Given names:

Relationship:

Postal address:

State: Postcode:

Home phone: Work phone:

Beneficiary 5. ___% Date of birth: __ / __ / ____

Surname:

Given names:

Relationship:

Postal address:

State: Postcode:

Home phone: Work phone:

OR

Legal personal representative (your Estate). ___%

Remember: Valid nominations must allocate a percentage (totalling 100%) either against your Estate and/or your nominated beneficiaries.

STEP 4. Declaration and authorisation

Member's declaration and signature

- I understand that a binding nomination will cease to be valid in three years time, or upon receipt by the Trustee of a subsequent valid binding nomination, whichever is sooner.
- I understand that upon expiration my binding nomination will revert to a non-binding nomination.
- I also understand that if I have previously nominated a reversionary pensioner, then in the event of death my pension will revert to my reversionary pensioner, if permitted under superannuation law.
- I also understand that, in the event that I do not provide this nomination (completed) to the Trustee, or the Trustee determines that any aspect of my nomination is invalid or cannot be complied with for whatever reason, the Trustee will pay the balance of my account at its discretion to any dependants and/or to my estate.

Member's signature: _____ Date: __ / __ / ____

Witnesses' declarations and signatures (required for binding nominations only – see below)

I declare that:

- I am 18 years of age or over
- I am not a nominated beneficiary of this member and I am not nominated in Step 3
- This form was signed and dated by the member in my presence.

Name of witness 1: _____

Signature witness 1: _____ Date: __ / __ / ____

Name of witness 2: _____

Signature witness 2: _____ Date: __ / __ / ____

A binding nomination will be invalid if it is not signed by two witnesses or if either (or both) of the witnesses is under the age of 18 or if either (or both) of the witnesses is named as a nominated beneficiary in this form.

If you have selected the 'Binding nomination' option at Step 2 and make an error on any part of the form and wish to make changes, please initial and date each change and also have two witnesses initial and date each change. If you do not follow this procedure your nomination will be invalid. Once your nomination has been accepted by the Trustee any further changes can only be made by completing a new Nomination of Beneficiaries form.

STEP 5. Postage, fax and email details

Please post this form to:

Dominion Superannuation
Locked Bag 1001
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au

DOMINION

Dominion Superannuation

Group short form personal statement

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Please complete this form in BLOCK CAPITALS using dark ink.

DEATH ONLY OR DEATH & TPD APPLICATIONS ONLY UP TO AND INCLUDING $350,000 SUM INSURED

STEP 1. Member's details

Account number: ☐☐☐☐☐☐☐ (if known)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given names: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐

Home phone: ☐☐ ☐☐☐☐ ☐☐☐☐ Mobile phone: ☐☐ ☐☐☐☐ ☐☐☐☐

Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Occupation: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Duties: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Qualifications: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Annual salary: $ ☐☐☐ , ☐☐☐ Amount of manual work: ☐☐☐%

During the past 12 months have you smoked tobacco or any other substance?* ☐ Yes **OR** ☐ No.

* If no selection is made a status of smoker will be assumed.

STEP 2. Group Insurance cover

I wish to establish the following type of Group Insurance cover: ☐ Death Only **OR** ☐ Death & TPD.

New cover:

Is the Death Only or Death & TPD cover you have selected up to and including $350,000?

☐ Yes **OR** ☐ No – Do not submit this application form.
Please complete a Group Insurance Application form and Personal Statement.

Adding to existing cover: Normal underwriting requirements will apply to applications for cover in excess of $350,000.

Is the Death Only or Death & TPD cover you have selected including your existing cover with Dominion Superannuation up to and including $350,000?

☐ Yes **OR** ☐ No – Do not submit this application form.
Please complete a Group Insurance Application form and Personal Statement.

This step is continued on the next page.

STEP 2. Group Insurance cover (continued)

Amount of cover required: If no selection is made we will assume Group Insurance is NOT required.

Death Only: $ ☐☐☐ , ☐☐☐ (Maximum benefit including existing cover to use this form is $350,000)

Death & TPD: $ ☐☐☐ , ☐☐☐ (Maximum benefit including existing cover to use this form is $350,000)

Would you like CPI indexation to apply to your Death Only or Death & TPD sum insured?* ☐ Yes **OR** ☐ No.

* If no selection is made CPI indexation will not be applied. CPI indexation is not available on employer elected cover.

STEP 3. Health declaration for Death Only and Death & TPD cover up to and including $350,000

1. Can you confirm that you are actively working as at the cover application date, that you are able to perform all your usual duties of your normal occupation and that you are not currently receiving any form of medical treatment?

☐ Yes – Proceed to question 2 **OR** ☐ No – Do not submit this application form.
Please complete a Group Insurance Application form and Personal Statement.

To the best of your knowledge:

2. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 3

3. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, diabetes, heart/vascular complaint, back or joint disorder, paralysis, stroke or mental/nervous disorder including stress, anxiety or depression?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 4

4. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS), infected with the HIV virus or carrying antibodies to the HIV virus?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to the next section

STEP 4. Charges and brokerage – ADVISER USE ONLY

Adviser company: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Adviser name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Adviser code: ☐☐☐☐☐ (if known) ASIC Authorised Rep No. ☐☐☐☐☐☐

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 cover the commission rate applicable to the existing Dominion cover will apply.

Adviser's signature: ☐ Date: ☐☐ / ☐☐ / ☐☐☐☐

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 1001
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au

DOMINION

Dominion Superannuation

Automatic acceptance ineligibility personal statement

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Please complete this form in BLOCK CAPITALS using dark ink.

DEATH ONLY OR DEATH & TPD APPLICATIONS ONLY UP TO AND INCLUDING $350,000 SUM INSURED.

This form is not to be used if your employer offers Salary Continuance cover, Death Only cover or Death & TPD cover above $350,000. The completion of a Group Insurance Application form and Personal Statement will be required in this instance.

PLEASE NOTE – By completing this Automatic Acceptance Ineligibility Personal Statement you are applying for employer elected cover not available under automatic acceptance. Employer insurance rates and adviser commissions elected by your employer will apply.

STEP 1. Member's details

Employer name:

Employee account No. (if known)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname:

Given names:

Date of birth: / /

Home phone: Work phone:

Mobile phone: Fax:

Residential address:

State: Postcode:

Postal address:

State: Postcode:

Email address:

Occupation:

Duties:

Qualifications:

Annual salary: $, Amount of manual work: %

STEP 2. Health declaration for Death Only and Death & TPD cover up to and including $350,000

1. Can you confirm that you are actively working as at the cover application date, that you are able to perform all your usual duties of your normal occupation and that you are not currently receiving any form of medical treatment?

☐ Yes – Proceed to question 2 **OR** ☐ No – Do not submit this application form.
Please complete a Group Insurance Application form and Personal Statement.

To the best of your knowledge:

2. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 3

3. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, diabetes, heart/vascular complaint, back or joint disorder, paralysis, stroke or mental/nervous disorder including stress, anxiety or depression?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 4

4. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS), infected with the HIV virus or carrying antibodies to the HIV virus?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to the next section

STEP 3. 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.
- 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 1001, Wollongong DC NSW 2500

or fax: (02) 4224 1901 **or email:** contactus@oasisasset.com.au

Dominion Superannuation

Group Insurance transfer personal statement

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Please complete this form in BLOCK CAPITALS using dark ink.

DEATH ONLY OR DEATH & TPD APPLICATIONS ONLY UP TO AND INCLUDING $800,000 SUM INSURED

STEP 1. Member's details

Account number: ☐☐☐☐☐☐☐ (if known)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given names: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐

Home phone: ☐☐ ☐☐☐☐ ☐☐☐☐ Mobile phone: ☐☐ ☐☐☐☐ ☐☐☐☐

Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Occupation: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Duties: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Qualifications: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Annual salary: $ ☐☐☐ , ☐☐☐ Hours worked per week: ☐☐☐ Amount of manual work: ☐☐☐%

During the past 12 months have you smoked tobacco or any other substance?* ☐ Yes **OR** ☐ No.

* If no selection is made a status of smoker will be assumed.

Have you attached a copy of a certificate of currency?* ☐ Yes **OR** ☐ No.

* A certificate of currency regarding your existing insurance cover is required. No cover will be accepted without a certificate of currency.

STEP 2. Group Insurance cover

Is this application for: ☐ New cover **OR** ☐ Adding to existing cover.

Is the total Death Only or Death & TPD cover you are transferring (including any existing cover) greater than $800,000?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No

This step is continued on the next page.

STEP 2. Group Insurance cover (continued)

Amount of cover being transferred: If no selection is made we will assume that you do not wish to transfer any insurance cover and will reject this application.

Death Only: $ ☐☐☐ , ☐☐☐ (Maximum transferable insurance is up to and including $800,000)

Death & TPD: $ ☐☐☐ , ☐☐☐ (Maximum transferable insurance is up to and including $800,000)

Would you like CPI indexation to apply to your Death Only or Death & TPD sum insured?* ☐ Yes **OR** ☐ No.

* If no selection is made CPI indexation will not be applied. CPI indexation is not available on employer elected cover.

STEP 3. Health declaration for Death Only and Death & TPD cover up to and including $800,000

1. Can you confirm that you are actively working as at the cover application date, that you are able to perform all your usual duties of your normal occupation and that you are not currently receiving any form of medical treatment?

☐ Yes – Proceed to question 2 **OR** ☐ No – Do not submit this application form.
Please complete a Group Insurance Application form and Personal Statement.

To the best of your knowledge:

2. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 3

3. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, diabetes, heart/vascular complaint, back or joint disorder, paralysis, stroke or mental/nervous disorder including stress, anxiety or depression?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 4

4. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS), infected with the HIV virus or carrying antibodies to the HIV virus?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 5

5. Have you ever on a regular basis smoked in excess of 40 cigarettes per day, consumed more than four alcoholic drinks per day or been advised to stop smoking or drinking on medical grounds?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 6

6. Have you ever suffered from a respiratory disorder, thyroid or glandular trouble, kidney, liver, bladder or bowel disorder, epilepsy, high cholesterol or ulcers?

☐ Yes – Do not submit this application form. Please complete a Group Insurance Application form and Personal Statement. **OR** ☐ No – Proceed to question 7

7. Have you cancelled or will you be cancelling the insurance cover that you are transferring to Dominion Superannuation (within a period of 30 days from being accepted for cover by the Insurer)?

☐ Yes **OR** ☐ No.

STEP 4. Charges and brokerage – ADVISER USE ONLY

Adviser company: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Adviser name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Adviser code: ☐☐☐☐☐ (if known) ASIC Authorised Rep No. ☐☐☐☐☐☐

This step is continued on the next page.

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: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

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 1001
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au

DOMINION

Dominion Superannuation

Group Insurance application

Form updated 1 March 2011

Questions? Call Client Services on 1300 554 498

DOMINION

Oasis Fund Management Limited (Trustee)
ABN: 38 106 045 050 – AFSL: 274331 – RSE Licence: L0001755

Oasis Superannuation Master Trust (Trust)
ABN: 81 154 851 339 – RSE Registration: R1004939

Please complete this form in BLOCK CAPITALS using dark ink.

STEP 1. Member's details

Account number: ☐☐☐☐☐☐☐ (if known)

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given names: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐

Home phone: ☐☐ ☐☐☐☐ ☐☐☐☐ Mobile phone: ☐☐ ☐☐☐☐ ☐☐☐☐

Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Occupation: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Duties: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Qualifications: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Annual salary: $ ☐☐☐ , ☐☐☐ Hours worked per week: ☐☐☐ Amount of manual work: ☐☐☐%

During the past 12 months have you smoked tobacco or any other substance?* ☐ Yes **OR** ☐ No.

* If no selection is made a status of smoker will be assumed.

STEP 2. Group Insurance cover

Is this an application for:

☐ New or reinstating cover	Refer to Step 3 and Step 6
☐ Alteration to existing cover	Refer to Step 3 and Step 6
☐ Cancelling cover	Refer to Step 4 and Step 6
☐ Employer elected cover you were not eligible for under automatic acceptance	Refer to Step 6

STEP 3. New cover, reinstating cover or alteration to existing cover

Please advise the TOTAL amount of cover you require (including any existing employer elected or personally elected cover):

If no selection is made we will assume Group Insurance is NOT required.

Death Only: $ ☐ , ☐☐☐ , ☐☐☐

Death & TPD: $ ☐ , ☐☐☐ , ☐☐☐ (Maximum benefit is $3 million)

Would you like CPI indexation to apply to your Death Only or Death & TPD sum insured?* ☐ Yes **OR** ☐ No.

* If no selection is made CPI indexation will not be applied. CPI indexation is not available on employer elected cover.

Salary Continuance: ☐☐% Monthly benefit (Maximum benefit is the lesser of 75% of salary or $25,000 per month)

☐☐% Superannuation contributions* (Maximum benefit is up to 10% for superannuation contributions)

* If no percentage amount is nominated for superannuation contributions, we will assume a NIL amount is required.

Waiting period: ☐ 30 day **OR** ☐ 60 day **OR** ☐ 90 day.

If no waiting period is selected, we will assume a waiting period of 30 days is required.

Benefit period: ☐ 2 year benefit period **OR** ☐ Benefit period to age 65.

If no benefit period is selected, we will assume a benefit period of 2 years is required.

If your application is for new cover or reinstated cover it is required to be underwritten. Please ensure you also complete a Personal Statement. If your application is to decrease cover, no underwriting or a personal statement is required.

STEP 4. Cancelling cover

Please advise the cover you wish to cancel:

☐ Death Only **OR** ☐ TPD only **OR** ☐ Death & TPD **OR** ☐ Salary Continuance **OR** ☐ All cover.

If you have multiple policies with the same cover type (i.e. Death Cover), all policies for that cover type will be cancelled.

STEP 5. Charges and brokerage – ADVISER USE ONLY

Adviser company: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Adviser name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Adviser code: ☐☐☐☐☐ (if known) ASIC Authorised Rep No. ☐☐☐☐☐☐

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 an alteration to existing cover the commission rate applicable to the existing cover will apply.

Adviser's signature: _____ Date: ☐☐ / ☐☐ / ☐☐☐☐

STEP 6. 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 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 1001
Wollongong DC NSW 2500

or fax: (02) 4224 1901

or email: contactus@oasisasset.com.au

DOMINION

OnePath

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

Type of Fund/Plan

Please tick the appropriate box ☐ Group Life ☐ Group Salary Continuance

Policy number (if known)

Name of Fund/Plan

Type of cover **Amount of required benefit/cover**

☐ Death Only $, ,

☐ Death and Total and Permanent Disablement (TPD) $, ,

☐ Group Salary Continuance (monthly benefit) $, ,

1. Personal details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Surname First name(s)

Date of birth DD/MM/YYYY Male ☐ Female ☐

Phone Home Work

Mobile

Email

May one of our underwriting staff or OnePath authorised service providers contact you by phone if we require more information? ☐ Yes ☐ No

If **yes**, when is the most convenient day(s) and time and on which phone number?

Days Time: From To Phone ☐ (H) ☐ (W) ☐ (M)

2. Residence and travel details

1. Are you a permanent resident of Australia? ☐ Yes ☐ No

2. How long have you lived in Australia? years months

3. Do you have any intention of travelling outside Australia within the next two years? ☐ Yes ☐ No

If **yes,** please complete the following:

Date of departure DD/MM/YYYY Duration of stay Destination(s) (country/cities)

Purpose of stay ☐ Holiday ☐ Business ☐ Residing ☐ Other Please specify if **other**

3. Insurance details

1. Do you have, or have you previously applied for any life, TPD, trauma, income protection, business expense or living expense cover with OnePath Life or any other company? (Note, this includes insurance through your superannuation fund and insurance your employer may have arranged for you.) ☐ Yes ☐ No

2. Do you intend to replace all or part of an existing insurance policy or insurance policy cancelled within the past two months? ☐ Yes ☐ No

If **yes** to question 1 or 2, please indicate which insurance(s) and provide details of the date the policy was last fully underwritten in the table below:

Name of company	Type of cover	Amount insured	Date commenced	Will this policy be discontinued/ replaced?	Date last fully underwritten (replacement policies only)
		$	DD/MM/YYYY	☐ Yes ☐ No	DD/MM/YYYY
		$	DD/MM/YYYY	☐ Yes ☐ No	DD/MM/YYYY
		$	DD/MM/YYYY	☐ Yes ☐ No	DD/MM/YYYY
		$	DD/MM/YYYY	☐ Yes ☐ No	DD/MM/YYYY

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

Engine size

Class

Races p.a.

Max. speed (km/h)

☐ Recreational ☐ Amateur ☐ Professional

Scuba/skin diving

Average depth (m)

Dives per annum

Maximum depth (m)

Do you use explosives?

Do you dive in caves or potholes? ☐ Yes ☐ 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				
Charter				
Private				
Aero club/flying school				
Agriculture				
Helicopter				
Ultralight aircraft				

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 a have a full medical examination, go to Section 9 on page 97.

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

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? ☐ Yes ☐ No

2. High blood pressure? ☐ Yes ☐ No

3. High cholesterol? ☐ Yes ☐ No

4. Diabetes? ☐ Yes ☐ No

5. Stress, anxiety, depression or any other mental health condition? ☐ Yes ☐ No

6. Back or neck pain, sciatica or any disorder of the spine or neck? ☐ Yes ☐ No

7. Arthritis, shoulder or knee pain or any other disorder of the joints? ☐ Yes ☐ No

8. Cyst, mole or skin lesion? ☐ Yes ☐ No

If you answered **yes** to any of the conditions in bold above, please complete the relevant questionnaire on pages 100 to 108.

9. Sleep apnoea, bronchitis, persistent cough or any other chest or lung condition? ☐ Yes ☐ No

10. Heart condition, murmur, chest pain, rheumatic fever, palpitations, stroke or vascular disorder? ☐ Yes ☐ No

11. Thyroid or glandular trouble? ☐ Yes ☐ No

12. Ulcers, bowel trouble or recurring indigestion? ☐ Yes ☐ No

13. Epilepsy, fits or dizziness of any kind or persistent headaches? ☐ Yes ☐ No

14. Alzheimer's disease or dementia? ☐ Yes ☐ No

15. Kidney, liver or bladder problems, renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis? ☐ Yes ☐ No

16. Broken bones or osteoporosis or any pain, strain or disorder of any muscles, ligaments, cartilage or limbs? ☐ Yes ☐ No

17. Gout, fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, chronic fatigue syndrome (myalgic encephalomyelitis)? ☐ Yes ☐ No

18. Cancer, tumour, growths of any kind or breast lumps (even if you have not seen a doctor)? ☐ Yes ☐ No

19. Varicose veins, hernia or skin trouble? ☐ Yes ☐ No

20. Any abnormality affecting eyesight, hearing or speech? ☐ Yes ☐ No

21. Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis)? ☐ Yes ☐ No

22. Anaemia, haemophilia or any other disease of the blood? ☐ Yes ☐ No

23. Bowel, liver or gall bladder disease or hepatitis? ☐ Yes ☐ No

24. Coughing of blood or passing of blood from the bowel or in the urine? ☐ Yes ☐ No

25. Any sexually transmittable disease including but not limited to AIDS or its positive antibodies, gonorrhoea or syphilis? ☐ Yes ☐ 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? ☐ Yes ☐ No

27. Due to injury or illness have you ever been off work for more than seven consecutive days **(if not already mentioned)**? ☐ Yes ☐ No

28. Do you now have any symptoms of ill health or disability? ☐ Yes ☐ No

29. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation in the future? ☐ Yes ☐ No

30. Do you take, or have you **ever** taken drugs or any medications on a regular or ongoing basis? ☐ Yes ☐ No

31. Have you **ever** used or injected any drugs not prescribed for you by a medical attendant? ☐ Yes ☐ No

32. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? ☐ Yes ☐ No

33. Females only

a. Have you ever had any complications with pregnancy or childbirth? ☐ Yes ☐ No

b. Are you now pregnant? If **yes**, please advise due date DD/MM/YYYY ☐ Yes ☐ No

c. Have you ever had an abnormal cervical smear test (pap), breast ultrasound or mammogram? ☐ Yes ☐ 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? ☐ Yes ☐ 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 109.

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 DD/MM/YYYY

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 DD/MM/YYYY

Signature of life insured

✗

Date DD/MM/YYYY

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 DD/MM/YYYY

Signature of life insured

✗

Date DD/MM/YYYY

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 1001
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 DD/MM/YYYY

2. When was your most recent episode of asthma? ..... Date DD/MM/YYYY

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 DD/MM/YYYY

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

If **yes**, please provide details.

Date from DD/MM/YYYY Date to DD/MM/YYYY

Name and address of hospital.

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

If **yes**, please provide details.

Date	Test results
DD/MM/YYYY	
DD/MM/YYYY	
DD/MM/YYYY	

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 DD/MM/YYYY

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
	DD/MM/YYYY			DD/MM/YYYY	
	DD/MM/YYYY			DD/MM/YYYY	
	DD/MM/YYYY			DD/MM/YYYY	
	DD/MM/YYYY			DD/MM/YYYY	

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

If **yes**, please provide details.

Tests performed	Date	Results
	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

6. What was the date of your last blood pressure check? ..... DD/MM/YYYY

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 DD/MM/YYYY

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 DD/MM/YYYY

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
	DD/MM/YYYY	
	DD/MM/YYYY	

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
	DD/MM/YYYY			DD/MM/YYYY	
	DD/MM/YYYY			DD/MM/YYYY	
	DD/MM/YYYY			DD/MM/YYYY	
	DD/MM/YYYY			DD/MM/YYYY	

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 DD/MM/YYYY

6. What was the date of your last cholesterol check? ..... Date DD/MM/YYYY

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 DD/MM/YYYY

Diabetes questionnaire

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

1. When was your diabetes first diagnosed? ..... Date DD/MM/YYYY

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
	DD/MM/YYYY	
	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
DD/MM/YYYY	
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
DD/MM/YYYY	
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 DD/MM/YYYY

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)
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY

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
	DD/MM/YYYY	DD/MM/YYYY	
	DD/MM/YYYY	DD/MM/YYYY	

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 DD/MM/YYYY

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
	DD/MM/YYYY	
	DD/MM/YYYY	

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)
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	

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 DD/MM/YYYY

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	☐	☐	Wrist	☐	☐
Elbow	☐	☐	Hip	☐	☐
Shoulder	☐	☐	Other	☐	☐
Knee	☐	☐	If **other**, state which joint		

2. When did this condition first occur? ..... Date DD/MM/YYYY

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 DD/MM/YYYY

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

Additional information/comments

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Custodian of the Plan
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Insurer
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ABN 33 009 657 176
AFSL 238341
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Auditors of the Plan and the Trustee
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Wollongong NSW 2500

Bankers of the Plan
Westpac Banking Corporation

For more information please contact:
Dominion Client Services
Telephone: 1300 554 498
8.30am to 6.00pm Monday to Friday – Sydney Time

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