

# SELF SECURE

## Self Managed Super Fund Group Life Insurance

Product Disclosure Statement  
Fund Trustee and Insured Member Book

[www.selfsecure.com.au](http://www.selfsecure.com.au)



8 August 2011

Issued by



A close-up photograph of an elderly couple. The woman on the left has short, white hair and is wearing a blue button-down shirt. She is holding a pair of glasses in her hands and looking down at a document. The man on the right has grey hair and is wearing a red and white plaid shirt. He is also looking down at the document. A hand holding a black pen is visible at the bottom, pointing to the document. The background is a blurred kitchen with wooden cabinets.

Life insurance  
solutions for all  
stages in life.

# Contents

<b>Introduction</b>	<b>4</b>
<b>Why OnePath?</b>	<b>5</b>
<b>Reading this Fund Trustee and Insured Member Book</b>	<b>6</b>
<b>Key features</b>	<b>8</b>
<b>How does the product work?</b>	<b>9</b>
<b>What are the fees and charges?</b>	<b>11</b>
<b>How to calculate the premiums</b>	<b>16</b>
<b>What do you need to know about the policy?</b>	<b>17</b>
<b>What benefits are payable?</b>	<b>21</b>
<b>What are the risks?</b>	<b>23</b>
<b>What do you need to know about making a claim?</b>	<b>24</b>
<b>What do you need to know about taxation?</b>	<b>25</b>
<b>Other information</b>	<b>26</b>
<b>Dictionary</b>	<b>29</b>
<b>Direct Debit Service Agreement</b>	<b>32</b>
<b>Forms</b>	

## **IMPORTANT INFORMATION**

Issuer: OnePath Life Limited (OnePath Life) ABN 33 009 657 176 AFSL 238341.

Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522 is an authorised deposit taking institution (Bank) under the Banking Act 1959 (Cth). OnePath Life is owned by ANZ – it is the issuer of the product but it is not a Bank. Except as set out in the issuer's contract terms (including the Fund Trustee and Insured Member Book), this product is not a deposit or other liability of ANZ or its related group companies. None of them stands behind or guarantees the issuer.

The issue of this Product Disclosure Statement (Fund Trustee and Insured Member Book) is authorised solely by OnePath Life. No other person (whether or not related to OnePath Life) is responsible for the information contained in this Fund Trustee and Insured Member Book. The invitation to purchase a Group Life Insurance policy is only made to persons receiving this Fund Trustee and Insured Member Book in Australia. It is not made, directly or indirectly, to persons in any other country.

# Introduction

## Fast, simple Life Insurance for SMSFs

Self Managed Superannuation Funds (SMSFs) offer many advantages, including the flexibility to arrange your superannuation benefits in a way that fits in with your overall financial strategy.

Self Secure Self Managed Superannuation Fund Group Life Insurance, insured by OnePath Life Limited, now provides SMSF members with many of the advantages of group insurance:

- Up to \$750,000 of death & Total and Permanent Disablement (TPD) cover online (and up to \$1 million with full underwriting)
- Cover with a minimum of health requirements
- A fast-track application process
- Online **confirmation of cover**
- Group pricing
- Generally tax deductible premiums inside super
- Interim cover whilst applications are being assessed

Self Secure Self Managed Superannuation Fund Group Life Insurance (Self Secure) is a great way for SMSF members to obtain fast and easy access to group insurance cover, usually only available to members of traditional industry superannuation funds or master trusts.

Via a fast track application process Self Secure allows SMSF trustees to take out up to \$750,000 death and TPD cover instantly or up to \$1 million via full underwriting. Cover is provided immediately in many instances. Where underwriting is required, interim cover is provided, giving instant peace of mind.



Visit [www.selfsecure.com.au](http://www.selfsecure.com.au) to get started!

The advantages of group insurance can now be made available to SMSF Trustees and members.

# Why OnePath?

OnePath is one of Australia's leading providers of wealth, insurance and advice solutions. OnePath has been helping Australians grow and protect their wealth for over 130 years, previously as Mercantile Mutual and more recently as ING Australia.

Now as a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ANZ), OnePath operates as ANZ's Australian specialist wealth management and protection business.

ANZ is a leading global and local bank with operations in more than 32 countries including Australia, New Zealand, Asia,

the Pacific, the Middle East, Europe and America. ANZ provides products and services to more than 5.7 million retail customers worldwide and employs over 39,000 people.

OnePath has a comprehensive range of wealth and insurance products available through intermediaries, financial advisers or direct to customers making it easier for you to find the solution that best suits your needs. This range now includes Self Secure SMSF Group Life Insurance, administered by the Paradigm Wealth Management Group.

OnePath is one of the leading providers of life insurance products in Australia. OnePath offers a broad range of products that includes life, trauma, total and permanent disability, income protection and business expenses insurance.



# Reading this Fund Trustee and Insured Member Book

This Fund Trustee and Insured Member Book, which is issued by OnePath Life, describes the main features and benefits of Self Secure Group Life Insurance for Self Managed Superannuation Funds. The information in this Fund Trustee and Insured Member Book will help **fund trustees** to decide whether this product is suitable, as well as assist **fund trustees** in comparing products available from other life insurers that you may be considering.

The information provided is of a general nature and does not take into account **fund trustee's** or **insured member's** personal needs and financial circumstances. It is not advice and you should consider obtaining independent advice before making any financial decisions. You should consider the appropriateness of any advice, having regard to your objectives, financial situation and needs.

The **policy** contains the full terms and conditions of the Group Life Insurance. If you require a copy

of the document please contact OnePath (see page 27 for contact details). Should there be an inconsistency between the information contained in this Fund Trustee and Insured Member Book and the **policy**, the terms of the **policy** will prevail.

The amount of any benefits payable, the premium payable, any exclusions or limitations which we may impose on a life insured, how benefits are payable and whether or not optional benefits are included, are determined on an individual basis and these details will be set out in the **confirmation of cover** which you will receive upon acceptance of the **insured member's** cover by OnePath.

The information in this Fund Trustee and Insured Member Book, including taxation information, is based on the continuance of present laws and our interpretation of those laws. The information in this Fund Trustee and Insured Member Book may change from time to time.

## TERMINOLOGY

References to	Meaning
Fund Trustee	The Trustee(s) of a Self Managed Superannuation Fund applying for cover under this <b>policy</b> on behalf of an SMSF member.
Insured Member	The person whose life is insured under the <b>policy</b> . All references to insured member assumes the <b>policy</b> is in force and cover in respect of that insured member continues.
Policy Owner	Paradigm Wealth Management Pty Ltd AFSL 297465
We, ours	OnePath Life Limited ABN 33 009 657 176 AFSL 238341
You, your	The <b>fund trustee</b> who takes out cover on behalf of an <b>insured member</b> .

Some expressions and words throughout this Fund Trustee and Insured Member Book have a special meaning. These words and expressions are shown in bold type and are defined in the Dictionary on page 29 of this Fund Trustee and Insured Member Book. Headings appear in this Fund Trustee and Insured Member Book as an aid to interpretation of the relevant section or provision.

## Updating this Fund Trustee and Insured Member Book

We will issue a supplementary or replacement Fund Trustee and Insured Member Book if there is a material change to or omission from the information in this Fund Trustee and Insured Member Book. You can request a paper copy of any updated information free of charge from Self Secure Life Pty Ltd (SSL) (see page 27 for contact details).

Updated copies are also available on the website at [www.selfsecure.com.au](http://www.selfsecure.com.au).



# Key features

The table outlines the key features of Self Secure Self Managed Superannuation Fund Group Life Insurance.

BUILT IN BENEFITS			
Type of cover	Sum insured available	Entry Age	Benefit Expiry Age
Death	\$50,000 - \$750,000* (short form application)	Up to age 65	Age 100
Terminal Illness	\$50,000 - \$750,000* (short form application)	Up to age 65	Age 100
Total and Permanent Disablement	\$50,000 - \$750,000* (short form application)	Up to age 60	Age 70
* Up to \$1 million cover is available via full underwriting.			

## BUILT IN FEATURES

Death cover	<b>Fund trustees</b> can take out death only cover. If an <b>insured member</b> dies we will pay a death benefit of up to \$1 million. The minimum sum insured that can be taken out is \$50,000. Terminal illness cover is automatically included with death cover.
Death & TPD cover	<b>Fund trustees</b> can take out death and TPD cover. If an <b>insured member</b> is determined to be <b>totally and permanently disabled</b> we will pay a TPD benefit of up to \$1 million. The minimum sum insured that can be taken out is \$50,000. You cannot take out TPD cover without death cover. Terminal illness cover is automatically included with death cover.
Terminal illness cover	This is automatically included with death cover. If an <b>insured member</b> is determined to be <b>terminally ill</b> , we will pay a terminal illness benefit. The sum insured is the same as the death benefit.
Interim cover for up to 90 days	Whilst a <b>fund trustee's</b> application for cover is being considered, we will provide interim cover in the case of an <b>accident</b> for up to 90 days, at no extra cost.
Cover for who?	Cover under the <b>policy</b> can be taken out by trustees of SMSF's on behalf of eligible members of their fund.
Cover is guaranteed renewable	Cover for any <b>insured member</b> will be renewed each year if the <b>fund trustee</b> continues to pay the premiums and the <b>fund trustee</b> and <b>insured member</b> continue to satisfy the terms and conditions of the <b>policy</b> , regardless of any changes in the health or circumstances of an <b>insured member</b> .
Extended cover	Cover for an <b>insured member</b> generally extends for 30 days after the member no longer satisfies the <b>eligibility criteria</b> .
Tailored premiums	Premiums vary depending upon an <b>insured member's</b> age, sex, occupation and smoking status.
Application process	Applications for cover up to \$750,000 can be made via the 'short form' application, which involves only a small number of health questions, online or via a paper application. Up to \$1 million cover can be obtained via full underwriting.
Transferred cover	<b>Prospective insured members</b> may transfer death or death and TPD cover held in another arrangement up to \$1 million.
On-line applications	<b>Fund trustees</b> applying on-line can be provided with acceptance of cover if the health information provided by the <b>insured member</b> is satisfactory.
Paper applications	Applications for cover can be made via the paper application form, that can be found in the back of this Member Book. Such applications will be assessed with priority by OnePath.
Monitoring of applications	The progress of on-line and paper applications that are not accepted for instant cover can be monitored by SSL via OnePath's online case management system, providing instant real time information 24/7.
Free of administration hassles	All administration functions in relation to <b>insured member's</b> cover, including premium deduction, day to day administration and communications are performed by SSL, part of the Paradigm Wealth Management Group, providing hassle free peace of mind.



# How does the product work?

**This Group SMSF product is structured to provide SMSF members with the advantages of group insurance, whilst maintaining the flexibility of a self managed fund.**

## Product structure

The owner of the group **policy** is Paradigm Wealth Management Pty Ltd (**policy owner**).

Self Secure Life Pty Ltd (SSL) is a fully owned subsidiary and a Corporate Authorised Representative 406706 of Paradigm Wealth Management Pty Ltd AFSL 297465. SSL will provide administration services as part of the Paradigm Wealth Management Group.

SMSF members who are provided with cover via the **policy** become insured persons (**insured members**) under the **policy**. The product structure is similar to an industry superannuation fund owning a group insurance policy, with members of the Fund being insured lives under the policy.

Premiums will be deducted from your Self Managed Superannuation Fund (SMSF) bank account by SSL on behalf of OnePath.

Benefit payments from OnePath will be paid to the **fund trustee**. As the insured benefits paid to any **insured member**

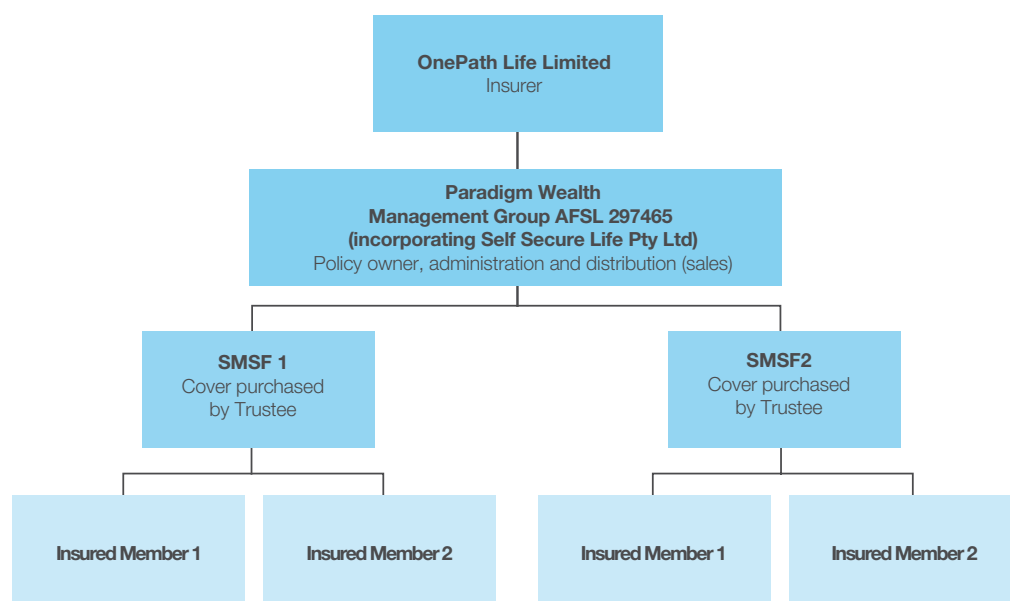
under the **policy** are paid to the **insured member** from the SMSF, these benefits in most instances will be taxed and treated in the same way as insured benefits paid from a traditional industry super fund or master trust.

By providing cover and benefits to **fund trustees** and **insured members** under the **policy**, we do not form contracts of insurance with **fund trustees** and **insured members**. The only contract of insurance governing cover and benefits is the **policy** between us and the **policy owner**.

SSL will keep a member record of each **insured member** under the **policy**, including details of the **fund trustee** and the SMSF itself.

SSL will collect the premiums from each **fund trustee** that has taken out cover under the **policy**. SSL will also confirm when cover is accepted by OnePath and provide other administrative services. These functions are similar to those that a large superannuation fund provides in relation to member's insurance.

The below diagram outlines the structure of the product and its distribution and administration.



A close-up photograph of a middle-aged couple smiling warmly at the camera. The woman, on the left, has short blonde hair and is wearing a cream-colored knit turtleneck and a dark fur collar. The man, on the right, has short dark hair and is wearing a cream-colored knit sweater and a bright green scarf. He is also wearing grey knit gloves. They are both smiling broadly, showing their teeth. The background is a soft-focus outdoor scene with autumn foliage in shades of orange and yellow.

Cover with  
a minimum  
of health  
requirements

# What are the fees and charges?

## Payment of premiums

Cover commences on the date we accept an individual as an **insured member** under the **policy**, provided that the insurance premiums payable are paid within 30 days of the acceptance date.

Where premiums are not paid within 30 days, cover will be considered not to have been issued. If the **prospective insured member** wishes to take out cover, they must complete a new application.

We calculate the premium using the premium rate tables set out in this Fund Trustee and Insured Member Book. We will calculate the premiums which apply to each **insured member** based on the information we are provided with within the application form. If at any time these details are found to be incorrect, we may charge additional premiums or cause a refund in premiums as the case may be.

Each **insured member's** premium is based upon their age, sex, occupation and whether or not they smoke. An **insured member's** premiums will increase each 1 July based upon their age next as at that date.

We may also apply loadings or exclusions to individual **insured members** based on our assessment of individual risks. Where we apply a loading or exclusion, it will be applied to the premium rates as set out in the **policy** and included in the **confirmation of cover**.

We can change the premium rates:

- at the expiration of the premium rate guarantee period or if expired, at any time
- during the premium rate guarantee period in limited circumstances
- at any time, in the event of **war**, or an act of **war**, in Australia, New Zealand or an **insured member's** country of residence
- if there is a change in any government charge, licence fee, tax or any other impost that is directly attributable to the **policy** by giving you 30 days notice in writing.

Premiums must be paid with 30 days of the due date. If premiums are not paid within 30 days, cover will cease for the relevant **insured member** after we give you 30 days written notice.

Premiums are payable monthly. The monthly premium is the annual premium divided by 12. Where your cover starts or ends during a month, the amount payable will be calculated on a pro rata daily basis.

## Stamp duty

Stamp duty is included in the premium rates.

## Misstatement of age

If an **insured member's** age is misstated, we may adjust the premium or the benefit based on their correct age.

## What does the policy owner receive?

A fee of 30% of the premium is payable by OnePath to the **policy owner**. This amount is already included in the premium rates as outlined in the **policy** and this Fund Trustee and Insured Member Book.

This amount is payable in consideration of the administration services provided by the **policy owner** and SSL, such as the maintenance of records in relation to the **fund trustee's** cover for each **insured member** and the collection of premiums from **fund trustees** on behalf of OnePath. This amount also remunerates the **policy owner** for the distribution services they additionally provide.

## Profit sharing

The **policy owner** participates in a triennial profit sharing arrangement with OnePath. At the end of each profit sharing period, we determine the profit share having regard to the claims experience of the **policy**. If a profit share is declared it is payable by us directly to the **policy owner**. Profit share for a particular triennial period is only payable if the **policy** is renewed with us for a succeeding one year period.



Premium  
rates

**OnePath  
Life**

Self Managed Superannuation Fund  
- Annual Premium Rates per \$1,000 Sum Insured

Next Age	MALE							
	White Collar Occupation				All Other Occupations			
	Non-Smoker		Smoker		Non-Smoker		Smoker	
	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD
16	0.66	1.01	0.66	1.01	0.85	1.46	0.85	1.46
17	0.81	1.25	0.87	1.35	1.06	1.83	1.13	1.97
18	0.92	1.43	1.06	1.65	1.20	2.10	1.37	2.40
19	0.99	1.55	1.23	1.91	1.29	2.26	1.60	2.79
20	1.03	1.59	1.41	2.17	1.34	2.33	1.83	3.17
21	1.06	1.65	1.49	2.30	1.38	2.41	1.94	3.36
22	1.06	1.65	1.56	2.42	1.38	2.40	2.03	3.53
23	1.07	1.65	1.63	2.52	1.38	2.40	2.12	3.67
24	1.06	1.65	1.70	2.62	1.38	2.40	2.21	3.82
25	1.05	1.63	1.73	2.68	1.36	2.38	2.25	3.91
26	1.01	1.58	1.74	2.70	1.31	2.31	2.26	3.94
27	0.97	1.53	1.70	2.67	1.27	2.25	2.21	3.90
28	0.94	1.49	1.67	2.64	1.22	2.18	2.17	3.87
29	0.90	1.44	1.62	2.57	1.17	2.11	2.11	3.78
30	0.86	1.39	1.60	2.58	1.11	2.04	2.08	3.79
31	0.82	1.34	1.56	2.52	1.07	1.98	2.02	3.69
32	0.81	1.33	1.53	2.50	1.05	1.95	1.99	3.68
33	0.79	1.31	1.53	2.52	1.03	1.94	1.99	3.72
34	0.79	1.31	1.54	2.53	1.02	1.93	2.00	3.74
35	0.80	1.33	1.57	2.62	1.03	1.96	2.05	3.88
36	0.80	1.36	1.62	2.72	1.04	2.02	2.11	4.03
37	0.83	1.43	1.70	2.85	1.08	2.12	2.21	4.23
38	0.86	1.46	1.80	3.05	1.12	2.17	2.34	4.53
39	0.90	1.53	1.88	3.21	1.17	2.27	2.45	4.77
40	0.95	1.63	1.99	3.39	1.24	2.43	2.58	5.04
41	1.00	1.73	2.11	3.64	1.30	2.58	2.74	5.42
42	1.05	1.82	2.25	3.91	1.37	2.71	2.93	5.83
43	1.12	1.97	2.39	4.15	1.46	2.94	3.10	6.18
44	1.19	2.09	2.54	4.43	1.55	3.12	3.31	6.62
45	1.27	2.24	2.75	4.83	1.65	3.34	3.57	7.21
46	1.37	2.42	2.97	5.26	1.78	3.61	3.86	7.86
47	1.48	2.64	3.22	5.72	1.92	3.94	4.19	8.57
48	1.61	2.89	3.52	6.29	2.09	4.32	4.58	9.42
49	1.77	3.18	3.91	7.02	2.30	4.76	5.09	10.53
50	1.96	3.55	4.35	7.86	2.55	5.33	5.65	11.79
51	2.18	3.99	4.85	8.81	2.84	6.00	6.31	13.24
52	2.44	4.48	5.44	9.93	3.17	6.74	7.07	14.93
53	2.75	5.08	6.13	11.28	3.58	7.65	7.97	16.98
54	3.11	5.77	6.93	12.83	4.04	8.70	9.01	19.34
55	3.51	6.56	7.84	14.61	4.57	9.91	10.20	22.04
56	3.96	7.45	8.87	16.62	5.15	11.25	11.53	25.10
57	4.45	8.41	9.89	18.66	5.79	12.72	12.86	28.21
58	4.99	9.49	11.01	20.86	6.49	14.36	14.32	31.56



Next Age	MALE							
	White Collar Occupation				All Other Occupations			
	Non-Smoker		Smoker		Non-Smoker		Smoker	
	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD
59	5.60	10.70	12.27	23.40	7.28	16.21	15.94	35.41
60	6.36	12.22	13.83	26.55	8.27	18.52	17.98	40.23
61	7.18	13.86	15.47	29.84	9.33	21.02	20.11	45.26
62	8.16	15.82	17.50	33.93	10.60	24.01	22.75	51.49
63	9.27	18.06	19.77	38.53	12.05	27.43	25.70	58.53
64	10.69	20.95	22.69	44.45	13.90	31.86	29.50	67.58
65	12.37	24.23	26.11	51.26	16.08	36.84	33.94	77.96
66	14.20	27.94	29.81	58.94	18.46	42.50	38.75	89.73
67	16.27	32.13	33.69	67.33	21.15	48.91	43.80	102.66
68	18.76	37.18	38.29	77.35	24.39	56.62	49.78	118.13
69	21.72	43.24	43.71	89.34	28.24	65.90	56.82	136.67
70	25.11	50.18	49.80	102.96	32.64	76.51	64.74	157.77
71	28.97	N/A	56.62	N/A	37.66	N/A	73.60	N/A
72	33.48	N/A	63.18	N/A	43.52	N/A	82.13	N/A
73	38.59	N/A	70.24	N/A	50.17	N/A	91.31	N/A
74	44.38	N/A	77.78	N/A	57.69	N/A	101.11	N/A
75	50.94	N/A	85.86	N/A	66.23	N/A	111.62	N/A
76	58.42	N/A	94.53	N/A	75.94	N/A	122.89	N/A
77	66.78	N/A	105.30	N/A	86.81	N/A	136.89	N/A
78	76.35	N/A	117.24	N/A	99.25	N/A	152.41	N/A
79	87.33	N/A	130.50	N/A	113.53	N/A	169.65	N/A
80	99.91	N/A	145.16	N/A	129.88	N/A	188.71	N/A
81	113.72	N/A	160.52	N/A	147.83	N/A	208.68	N/A
82	128.59	N/A	176.98	N/A	167.17	N/A	230.07	N/A
83	145.03	N/A	194.48	N/A	188.54	N/A	252.82	N/A
84	162.95	N/A	212.76	N/A	211.84	N/A	276.58	N/A
85	182.11	N/A	231.34	N/A	236.74	N/A	300.74	N/A
86	202.36	N/A	249.91	N/A	263.06	N/A	324.88	N/A
87	223.20	N/A	272.31	N/A	290.16	N/A	354.00	N/A
88	244.71	N/A	294.88	N/A	318.12	N/A	383.35	N/A
89	266.80	N/A	317.48	N/A	346.84	N/A	412.73	N/A
90	289.42	N/A	340.09	N/A	376.25	N/A	442.11	N/A
91	312.29	N/A	362.26	N/A	405.98	N/A	470.94	N/A
92	335.05	N/A	383.63	N/A	435.57	N/A	498.72	N/A
93	357.31	N/A	403.76	N/A	464.51	N/A	524.89	N/A
94	378.33	N/A	421.85	N/A	491.83	N/A	548.40	N/A
95	395.14	N/A	434.66	N/A	513.69	N/A	565.06	N/A
96	408.34	N/A	445.09	N/A	530.84	N/A	578.62	N/A
97	421.55	N/A	455.26	N/A	548.02	N/A	591.84	N/A
98	435.36	N/A	465.83	N/A	565.97	N/A	605.58	N/A
99	450.03	N/A	477.03	N/A	585.04	N/A	620.14	N/A
100	465.42	N/A	488.70	N/A	605.05	N/A	635.31	N/A

Premium  
rates

**OnePath  
Life**

Self Managed Superannuation Fund  
- Annual Premium Rates per \$1,000 Sum Insured

Next Age	FEMALE							
	White Collar Occupation				All Other Occupations			
	Non-Smoker		Smoker		Non-Smoker		Smoker	
	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD
16	0.29	0.70	0.29	0.70	0.38	1.10	0.38	1.10
17	0.31	0.82	0.33	0.86	0.41	1.30	0.43	1.36
18	0.35	0.93	0.39	1.03	0.46	1.47	0.51	1.63
19	0.39	1.02	0.45	1.19	0.50	1.59	0.58	1.87
20	0.40	1.07	0.51	1.34	0.51	1.68	0.66	2.12
21	0.38	1.07	0.50	1.41	0.49	1.70	0.66	2.25
22	0.36	1.08	0.49	1.43	0.46	1.71	0.64	2.29
23	0.34	1.06	0.49	1.49	0.44	1.69	0.64	2.39
24	0.33	1.04	0.49	1.54	0.43	1.68	0.64	2.48
25	0.32	1.02	0.50	1.58	0.42	1.65	0.65	2.54
26	0.33	1.02	0.53	1.60	0.43	1.63	0.68	2.55
27	0.35	1.02	0.58	1.71	0.46	1.63	0.76	2.73
28	0.36	1.03	0.62	1.74	0.47	1.64	0.81	2.76
29	0.39	1.02	0.67	1.77	0.50	1.60	0.87	2.80
30	0.40	1.02	0.70	1.78	0.53	1.62	0.91	2.80
31	0.42	1.02	0.74	1.80	0.55	1.61	0.96	2.81
32	0.45	1.06	0.78	1.81	0.58	1.64	1.01	2.81
33	0.47	1.07	0.85	1.91	0.61	1.66	1.10	2.95
34	0.50	1.10	0.92	2.01	0.65	1.70	1.19	3.09
35	0.55	1.17	1.01	2.12	0.72	1.80	1.31	3.25
36	0.60	1.23	1.10	2.22	0.78	1.88	1.44	3.40
37	0.64	1.28	1.24	2.47	0.84	1.95	1.62	3.77
38	0.70	1.38	1.35	2.62	0.91	2.10	1.76	3.98
39	0.76	1.44	1.48	2.82	0.99	2.18	1.93	4.27
40	0.83	1.56	1.65	3.09	1.08	2.36	2.15	4.68
41	0.90	1.66	1.79	3.31	1.16	2.49	2.33	4.99
42	0.97	1.78	1.94	3.54	1.26	2.68	2.53	5.33
43	1.05	1.92	2.15	3.90	1.37	2.89	2.79	5.85
44	1.15	2.08	2.37	4.26	1.49	3.12	3.08	6.39
45	1.25	2.26	2.60	4.67	1.62	3.39	3.38	7.00
46	1.35	2.44	2.85	5.15	1.75	3.66	3.71	7.73
47	1.46	2.64	3.13	5.68	1.89	3.96	4.06	8.51
48	1.57	2.88	3.40	6.23	2.04	4.33	4.42	9.37
49	1.68	3.13	3.70	6.91	2.18	4.72	4.81	10.42
50	1.81	3.47	4.02	7.70	2.35	5.26	5.23	11.66
51	1.94	3.81	4.37	8.57	2.52	5.79	5.68	13.04
52	2.08	4.20	4.70	9.50	2.70	6.41	6.11	14.52
53	2.25	4.69	5.12	10.65	2.92	7.19	6.66	16.33
54	2.44	5.23	5.61	11.99	3.17	8.05	7.29	18.45
55	2.68	5.86	6.19	13.53	3.48	9.04	8.04	20.88
56	2.93	6.54	6.82	15.16	3.81	10.12	8.87	23.46
57	3.28	7.38	7.57	17.03	4.26	11.44	9.85	26.40
58	3.64	8.27	8.34	18.94	4.73	12.84	10.84	29.38

Next Age	FEMALE							
	White Collar Occupation				All Other Occupations			
	Non-Smoker		Smoker		Non-Smoker		Smoker	
	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD	Death Only	Death & TPD
59	4.07	9.34	9.25	21.18	5.29	14.50	12.02	32.89
60	4.66	10.80	10.49	24.31	6.05	16.79	13.64	37.82
61	5.24	12.33	11.70	27.49	6.81	19.22	15.22	42.86
62	5.97	14.26	13.24	31.59	7.76	22.27	17.21	49.32
63	6.62	16.11	14.56	35.39	8.60	25.21	18.92	55.38
64	7.44	18.52	16.23	40.36	9.68	29.07	21.10	63.32
65	8.35	21.19	18.06	46.03	10.85	33.32	23.48	72.42
66	9.29	24.17	19.93	52.32	12.07	38.10	25.91	82.60
67	10.29	27.46	21.69	59.09	13.38	43.44	28.20	93.65
68	11.40	31.34	23.60	67.03	14.82	49.72	30.68	106.68
69	12.62	35.92	25.65	76.39	16.40	57.17	33.35	122.14
70	13.98	41.12	27.90	87.01	18.18	65.68	36.27	139.72
71	15.54	N/A	30.41	N/A	20.20	N/A	39.54	N/A
72	17.47	N/A	33.35	N/A	22.71	N/A	43.35	N/A
73	19.90	N/A	37.00	N/A	25.86	N/A	48.10	N/A
74	22.83	N/A	41.34	N/A	29.68	N/A	53.74	N/A
75	26.37	N/A	46.45	N/A	34.28	N/A	60.39	N/A
76	30.60	N/A	52.41	N/A	39.78	N/A	68.13	N/A
77	35.58	N/A	59.92	N/A	46.26	N/A	77.90	N/A
78	41.46	N/A	68.64	N/A	53.90	N/A	89.23	N/A
79	48.34	N/A	78.66	N/A	62.85	N/A	102.26	N/A
80	56.38	N/A	90.13	N/A	73.30	N/A	117.17	N/A
81	65.37	N/A	102.64	N/A	84.98	N/A	133.43	N/A
82	75.30	N/A	116.75	N/A	97.89	N/A	151.77	N/A
83	86.51	N/A	132.42	N/A	112.46	N/A	172.15	N/A
84	99.08	N/A	149.72	N/A	128.81	N/A	194.64	N/A
85	113.16	N/A	168.76	N/A	147.11	N/A	219.39	N/A
86	128.76	N/A	189.50	N/A	167.39	N/A	246.35	N/A
87	146.04	N/A	209.57	N/A	189.85	N/A	272.44	N/A
88	165.00	N/A	230.37	N/A	214.50	N/A	299.47	N/A
89	185.65	N/A	252.22	N/A	241.34	N/A	327.89	N/A
90	207.80	N/A	274.41	N/A	270.14	N/A	356.73	N/A
91	231.42	N/A	296.46	N/A	300.85	N/A	385.40	N/A
92	256.26	N/A	318.56	N/A	333.14	N/A	414.13	N/A
93	282.15	N/A	340.46	N/A	366.80	N/A	442.60	N/A
94	309.17	N/A	361.12	N/A	401.92	N/A	469.45	N/A
95	337.22	N/A	380.89	N/A	438.38	N/A	495.16	N/A
96	365.71	N/A	408.67	N/A	475.43	N/A	531.27	N/A
97	395.16	N/A	436.39	N/A	513.71	N/A	567.30	N/A
98	425.65	N/A	464.50	N/A	553.34	N/A	603.85	N/A
99	454.23	N/A	489.74	N/A	590.49	N/A	636.66	N/A
100	478.30	N/A	509.45	N/A	621.78	N/A	662.29	N/A

# How to calculate the premiums

**In order to calculate the premium rate for a particular insured member, use the following steps:**

---

## Step 1

The **fund trustee** will need the following pieces of information:

- the type of cover the **prospective insured member** requires (death only / death & TPD)
  - The sum insured the **prospective insured member** requires (dollar amount)
  - The **prospective insured member's** sex (male/female)
  - The **prospective insured member's** date of birth
  - Whether or not the **prospective insured member** smokes.
  - The **prospective insured member's** occupation.
- 

## Step 2

Look up the applicable rate per \$1,000 sum insured in the premium rate table.

Example: For a **prospective insured member** who is a 51 year old female who does not smoke, is a white collar worker and requires \$500,000 death and TPD cover, the applicable premium rate would be 4.20. To determine the **insured member's** age you need to determine their age next as at the last 1 July.

The **insured member's** birthday is in September. The application is being submitted in October. If at 1 July the **insured member** was 51 years old, their age next is 52. This age 52 is the age that should be used to determine the correct premium amount (even though since 1 July they have had a birthday and their current age next is actually 53).

---

## Step 3

Use the following formula to calculate the **prospective insured member's** annual and monthly premium

$(\text{Death \& TPD rate}) \times (\text{sum insured} / 1,000) = \text{annual premium} / 12 = \text{monthly premium}$   
e.g.  $4.20 \times (\$500,000 / 1,000) = \$2,100 / 12 = \$175.00$

---

### Different death & TPD sum insured

If you wish to have a lower TPD sum insured than your death sum insured, the applicable rates can be found on the Self Secure website at [www.selfsecure.com.au](http://www.selfsecure.com.au). See your adviser for a quote.

### Taxes and expenses

In addition to the premium, you are required to pay any:

- Federal, State or Territory taxes and charges (other than stamp duty)
- Expenses we incur in administering any function required of us by a Federal, State or Territory government under any legislation in relation to this **policy**.

### Interest

We may charge interest on any amount due to us which is outstanding for more than 30 days. Interest will be calculated based on the 5 year Bond Yield plus 3% as at the date the premium initially became due, as published in the Australian Financial Review. If this rate is no longer published, we will determine a similar replacement rate.

### Goods and Services Tax implications

There is no GST charged on the premium payable for your cover.



# What do you need to know about the policy?

## Assignment and termination of the policy

The **policy** comes into force on the **policy start date** that we agree with the **policy owner** and generally remains in force, as long as premiums are received by us and the terms of the **policy** are observed, until the earliest of:

- the date the **policy** is cancelled or terminated
- the date there are no longer any **insured members** covered under the **policy**
- the date we issue individual replacement policies to **fund trustees** or **insured members** covered under the **policy**
- the date we accept a request to assign the **policy** to another party, with the written agreement of us, at which time a replacement policy will be issued.

It is important to note that the **policy** may remain in force even after cover for any individual **insured member** has stopped. This is because it is a group policy and it covers multiple **insured members**.

More information about when cover ends in respect of an **insured member** is explained on page 19 of this Fund Trustee and Insured Member Book.

## How you obtain cover

**Fund trustees** and their **prospective insured members** can obtain cover under the **policy**, by submitting either an online or a paper application. This application must then be assessed and accepted by OnePath in order for an SMSF member to become an **insured member** under the **policy**.

Your accountant or financial adviser will be able to assist you with making an application. To make the application process fast and easy, your adviser can apply on your behalf on line.

As an alternative you can fill in the paper application form in the back of this Fund Trustee and Insured Member Book, and give it to your adviser, who will then submit the information you provide in the form as an online application, or alternatively, you can complete the online application with your adviser in person or over the phone.

Where your financial adviser, submits an application for you either online or by other

means, they are acting as agent for the **fund trustee** and/or **insured member**.

Once we have received a completed application form, we may request that the **prospective insured member** undergo additional tests or provide us with further medical, financial or other information. Cover does not start until an application for cover has been accepted and the first premium is paid within 30 days.

In assessing your application, we will rely on the information provided by you and the **prospective insured member**. Cover may not be provided or may be subsequently avoided or cancelled where the **fund trustee** and/or the **prospective insured member** fail to comply with the Duty of Disclosure, or fail to provide correct and complete answers to all the questions we ask. The Duty of Disclosure is outlined on page 26 of this Fund Trustee and Insured Member Book.

Interim cover will be provided whilst the **fund trustee's** application is being assessed. Interim cover is described on page 18 of this Fund Trustee and Insured Member Book.

An application can only be made for cover up to the maximum benefit level of \$1 million or for an amount equal to or above the minimum benefit level of \$50,000.

A copy of the application form can be found in the back of this Fund Trustee and Insured Member Book.

In order to be eligible to apply for cover, the **prospective insured member** must meet the **eligibility criteria** outlined on page 18.

## Transfers of cover

If the prospective **insured member** already holds death only or death and TPD cover under another life insurance contract, they may apply to transfer that cover to cover under the Self Secure SMSF Group Life insurance **policy**. The **prospective insured member** must meet the below **eligibility criteria** in order to be eligible to transfer cover.

Amounts equal to or above the minimum benefit level of \$50,000 and up to the maximum benefit level of \$1 million may be transferred.

Any transferred cover accepted under the **policy** will be subject to any special conditions, restrictions, premium loadings or endorsements applicable to the **prospective insured member's** cover under the previous insurance arrangement.

To apply to transfer cover, a **fund trustee** and the **prospective insured member** must complete the transfer application form, available in the back of this Fund Trustee and Insured Member Book. Evidence of the validity and currency of the previously held cover will need to be provided along with the transfer application.

Once accepted as an **insured member** under the **policy**, the previously held cover must be cancelled immediately. If the previous cover level was above the transferred amount, only the amount transferred needs to be cancelled. In the event that an **insured member** does not cancel his or her other cover, then in the event of an accepted claim for death, **terminal illness** or **total and permanent disablement** under the **policy**, we will reduce any benefit payable under the **policy** by the amount of any benefit payable under the other arrangement that should have been cancelled.

### Eligibility criteria

A **prospective insured member** must meet the following **eligibility criteria** in order for the **fund trustee** to be able to apply for cover and for the **insured member** to apply for, obtain and remain covered.

At the time of applying for cover:

- Be less than 65 years of age if applying for death only cover
- Be less than 60 years of age if applying for TPD cover

And ongoing:

- Be less than age 100 in relation to death cover
- Be less than age 70 in relation to TPD cover
- Be a member of the registered and complying Self Managed Superannuation Fund nominated in the application form

- Be an **Australian resident** or holder of a **visa**
- Reside in Australia (unless overseas as allowed under the **policy**)
- Have not previously received or be currently eligible to receive any TPD benefit under any life policy or superannuation fund (in which case they may apply for and hold death only cover).

### Interim cover

Whilst an application for cover is being assessed by us, we will provide death cover and/ or TPD cover (if applicable) for events arising as the result of an **accident** (interim cover), at no extra cost.

Interim cover starts from the date an application for cover is received by us and it will end upon the earlier of:

- the date we notify the **fund trustee** or **insured member** that we accept or reject the application for cover
- 90 days after the date interim cover starts
- when the **fund trustee** or **insured member** withdraws or cancels the application for cover
- cover otherwise ceasing in respect of that **insured member** under the **policy**.

### The amount of interim cover

The benefit we will pay will be the lesser of:

- the benefit amount applied for in the application for cover
- the difference between the level of increased cover applied for and the current level of cover
- the maximum benefit level

or the minimum benefit level if higher.

We do not charge a premium for interim cover. If an application is accepted, premiums will be charged from the effective date of any cover we approve. Payment is drawn in arrears at the end of the first part month, plus in advance for the full proceeding month. Premiums are drawn in advance each month thereafter. If an application for cover is not accepted by us, no premium will be charged for the period in which interim cover was provided.

### Maximum benefit

The insured benefit under the **policy** in respect of any **insured member** is subject to an overriding limit of the maximum benefit level of \$1 million.

### Minimum benefit

Trustees seeking cover under the **policy** on a member's behalf are required to take out a sum insured of at least \$50,000 death only cover or \$50,000 death and TPD cover.

### Duration of cover

In general an **insured member** under the **policy**, will be covered 24 hours a day, 365 days a year, worldwide.

Cover does cease in certain circumstances, such as when an **insured member** commences duty with the armed forces. Please see below for circumstances where cover ceases.

### Cover and overseas travel - Australian residents

**Insured members** who are **Australian residents** will remain covered whilst they travel or reside overseas for a period of up to three (3) years. Cover will automatically cease once an **insured member** who is an **Australian resident** is overseas for longer than this period without the need for us to notify you or the **insured member**.

An application for cover will be required to reinstate cover if it ceases in these circumstances. We may refuse to accept such an application at our sole discretion.

### Cover and overseas travel – non-Australian residents

For **insured members** who are not **Australian residents** cover will terminate three months after they depart Australia to travel or reside overseas. An application for cover will be required to reinstate cover if it ceases in these circumstances. We may refuse to accept such an application at our sole discretion.

### When cover starts

Cover starts for an **insured member** on the date we accept the member as an insured person under the **policy**, as long as the

premiums payable in respect of the **insured member's** cover are paid with 30 days of the acceptance date. The acceptance date will be advised in the **confirmation of cover**.

If the initial premium payable is not paid within 30 days of the acceptance date, cover will be considered never to have been provided and the **prospective insured member** will need to make another application for cover. Interim cover starts (and ends) as outlined under the heading 'interim cover' on page 18.

### When cover ends

Cover in respect of an **insured member** will cease, without the need for us to notify you, on the earliest of the following dates:

- Immediately upon the cessation of the **insured member's** membership of the the fund nominated on the application form
- Upon the **insured member** attaining age 100 for death cover
- Upon the **insured member** attaining age 70 for TPD cover
- Upon payment of a death, TPD or terminal illness benefit to the **fund trustee** in respect of that **insured member**
- The date we receive the **fund trustee's** written request to cancel cover
- The date 3 years and 1 day after an **insured member** who is an **Australian resident** has been residing or travelling overseas
- The date three months and 1 day after and **insured member** who is not an **Australian resident** has been travelling or residing overseas
- 30 days after the last premium in respect of the **insured member's** cover was due and has not been paid
- The date the **policy** is terminated or cancelled
- The date the **insured member** commences **active service** with the armed forces of any country (except where the **insured member** is a member of the Australian Defence Force Reserves, in which case, cover for all benefits will

cease only when the Reservist becomes the subject of a call out order under the Defence Act 1903 (Cth))

- The date the **insured member** dies
- The date the **insured member** ceases to be a member of the complying SMSF in respect of which cover applies.

#### **Extended cover**

Cover continues under the **policy** for a maximum of 30 days after the date an **insured member** ceases to meet the **eligibility criteria**, provided the **insured member** had not received, or is entitled to receive a benefit under the **policy**, nor was in a waiting period for such a benefit.

Extended cover will cease on the earlier of:

- The date the **insured member** reaches the benefit expiry age
- 30 days after the date the **insured member** ceases to meet the **eligibility criteria**.

#### **Administration**

The **policy owner/SSL** will maintain records and establish administrative systems to enable the **policy** to be administered efficiently, including the maintenance of records regarding the cover for each **fund trustee/insured member**, the collection of premiums on behalf of us and other tasks as agreed between us

and them from time to time. The **policy owner/SSL** will also be authorised by the **fund trustee** and the **insured member** (or **prospective insured member**), to collect information required in order to establish or maintain cover or assist in assessing a claim for benefits as required.

#### **Terminating cover**

The **fund trustee** may cancel the cover held on behalf of an **insured member** at any time by writing to SSL. Cover will be cancelled as at the date of receipt of such a request, or any date in the future nominated in the cancellation request.



# What benefits are payable?

## Death Benefit

If the **insured member** dies while their cover is in force we will pay the **fund trustee** the death benefit.

### The benefit amount

The death benefit amount will be the amount of cover for which the **insured member** is insured and for which the **fund trustee** has made an application and been accepted by OnePath and for which premiums have been paid. This amount is advised to the **fund trustee** in the **confirmation of cover** issued to the **fund trustee** upon commencement of cover for an **insured member** or such later confirmation of cover that we may issue.

## Terminal Illness Benefit

If the **insured member** is diagnosed as having a **terminal illness** whilst their cover is in force, we will pay the **fund trustee** the terminal illness benefit.

A person is regarded as terminally ill when they have an illness or injury that in the opinion of at least two **medical practitioners** (one whom we may elect and require to be a specialist physician) is likely to lead to the death of the **insured member** within 12 months from the date of diagnosis of the terminal illness.

## The benefit amount

The terminal illness benefit amount is the same as the death benefit amount.

## Total and Permanent Disablement (TPD) Benefit

We will pay the **fund trustee** the TPD Benefit (if it applies) if the **insured member** becomes **totally and permanently disabled (TPD)** whilst their cover is in force.

In order to be considered **TPD** the **insured member** must meet one or more of the **policy's** definitions of **TPD** as outlined on pages 22 and 30-31.

### The benefit amount

The TPD benefit amount will be the sum insured for which the **fund trustee** has made an application and been accepted by OnePath. This amount is set out in the **confirmation of cover** issued to the **fund trustee** upon commencement of cover for an **insured member** or such later confirmation of cover that we may issue.

### Total and Permanent Disablement definition

Our definition of **TPD** has 5 parts. The part(s) of the **TPD** definition that the **insured member** must satisfy in order to qualify for a TPD benefit is dependant upon the **insured member's** employment status as outlined below.

In general:

Employment status	Applicable definition sections
Employed for 30+ hours per week	1, 2, 3, or 4
Employed for less than 30 hours per week	2, 3, or 4
Unemployed (but not a home maker)	2, 3, or 4
Homemaker	5
See pages 30-31 for the definition of TPD.	

Further details regarding satisfying each section of the definition are outlined below.

#### Working 30 or more hours per week

If the **insured member** was employed or engaged in **gainful employment** or a business for an average of at least 30 hours per week for six consecutive months prior to the date the **insured member** ceased to be employed or engaged in that employment or business as a result of injury or illness, the **insured member** must satisfy either parts 1, 2, 3, or 4 of the definition of **TPD** in order to be eligible to receive a TPD benefit.

If the **insured member** has worked for less than six consecutive months since the cover commenced he or she may still be eligible for unrestricted cover if he or she has worked for an average of 30 hours or more per week since cover commenced under the **policy**.

#### Employed for less than 30 hours per week

If the **insured member** was unemployed or employed or engaged in **gainful employment** or a business for an average of less than 30 hours per week within six months of the date they ceased to be employed or engaged in that employment or business as a result of injury or illness, the **insured member** must satisfy part 2, 3, or 4 of the definition of **TPD** in order to be eligible to receive a TPD benefit.

This does not include a person who is a homemaker.

#### Homemakers

If the **insured member** was engaged primarily in **normal domestic duties** immediately prior to becoming disabled due to injury or illness, the **insured member** must satisfy part 5 of the **TPD** definition in order to be eligible to receive a TPD benefit.

#### Who are benefits paid to

Benefits will be paid by OnePath to the **fund trustee**. Payment of the benefit from the SMSF **fund trustee** to the **insured member** will then be a matter for you.

# What are the risks?

## It is important to be aware of the risks and possible limitations of SMSF Group Life Insurance.

### Insurance risks

There are a number of insurance risks you should be aware of:

- if the first premium payable is not paid within 30 days of the acceptance date, cover will be considered never to have been provided
- for all subsequent premiums, if the premium is not received by us within 30 days of the due date, we may cancel or terminate your cover after we give you 30 days written notice and we may charge interest on any amount due. We may not accept an **insured member's** claim that arises after the due date where premiums are outstanding
- the maximum amount of the insurance cover you select may not be sufficient to provide adequate insurance cover for an **insured member** in the event of their illness or injury
- we are not bound to accept your application
- if you or an **insured member** do not comply with the Duty of Disclosure (see page 26 of this Fund Trustee and Insured Member Book) or make a relevant misrepresentation, we may avoid the contract, or avoid cover in respect of an individual **insured member**.

### Benefit reductions

If you have transferred cover in respect of an **insured member** from another life insurance policy to this **policy**, we will reduce the amount of the benefit payable in the event of a claim by an **insured member**, if the **insured member** failed to

reduce their former cover by the amount that was transferred to this **policy**.

### Repayment of benefits

If, for any reason, it is determined that a benefit paid was not actually payable under the terms of the **policy**, all or the part of the benefit that was not payable must be repaid to us by the **fund trustee**.

### War

In the event of **war** in Australia, New Zealand or the **insured member's** country of residence, we may at our discretion:

- increase premium rates, including during the premium rate guarantee period
- exclude benefit payments if the event giving rise to the claim is caused directly or indirectly, wholly or partially, from such **war** and
- exclude benefit payments if an **insured member** dies on **war service**.

### Risk profile

If any aspect of the insured membership profile (number, sex, age, occupation) has changed materially from that existing at the **policy start date**, or the date on which we last reviewed the premium rates, as the result of:

- a merger with or the joining of another group into the **policy** (whether they were previously insured or not) or
- the transfer of all or some of the members insured under the **policy** to another policy

we may review and adjust the premium rates, even during the premium rate guarantee period, stop accepting new members, or vary the terms on which new **insured members** are accepted under the **policy**, such as, but not limited to the underwriting requirements.

# What do you need to know about making a claim?

## How to make a claim

SSL will generally send you, or the **insured member**, or in the case of a deceased **insured member**, their legal personal representative, claim forms within seven days of receiving notice of a claim. A claim form provides us with the information we require so that we can validate a claim for insured benefits.

We generally ask for medical information and evidence to enable a claim for a TPD benefit or terminal illness benefit to be assessed. During the course of a **TPD** claim, the **insured member** may be required to be interviewed, attend vocational assessments, and provide us with all information required in order to determine their eligibility for benefits.

## Payment of the claim

For us to pay a claim the **insured member** must provide a properly executed claim form and proof, in a form which is subject to our verification, of all of the following:

- proof that you and the **insured member** met all our requirements upon acceptance (or acceptance of an increase to the insured benefit)
- entitlement to claim the applicable insured benefit
- confirmation that the relevant SMSF is a complying fund
- the **insured member's** age.

Payment of the claim is conditional upon you or the **insured member** establishing entitlement by:

- providing an original or certified death certificate (if applicable), birth certificate (or other proof of birth to our satisfaction) and all other documents we require

- providing medical reports from treating **medical practitioners**
- providing financial documentation (including, without limitation, tax returns, Notices of Assessment, Group Certificates and the like)
- when reasonably required by us (and at our expense), being examined by a **medical practitioner** we nominate who must confirm the condition
- undergoing an employability assessment
- being interviewed by us
- providing all the relevant information we request and
- providing pathology, blood tests, x-ray or other appropriate evidence.

Where an **insured member** dies outside of Australia, we may require proof of the **insured member's** death to take the form of an original death certificate or copy of the death certificate that is certified by the Australian Embassy in the country of the **insured member's** death. If such proof is not produced, we may, at our sole discretion, refuse to pay a death benefit.

## To whom do we pay benefits

Benefit payments are paid directly to the **fund trustee** by OnePath. They are not paid to the **policy owner**.



# What do you need to know about taxation?

The taxation implication of insurance benefits and premiums under non-superannuation and superannuation policies will differ depending on individual circumstances and the **fund trustee** should always consider all potential taxation consequences that will apply to the premiums and benefit payments under any group life policy.

The **fund trustee** and the **insured member's** specific circumstance may be different and have not been taken into account in providing this information. It is important therefore, that the **fund trustee** and the **insured member** seek professional and independent taxation advice specific to your circumstance regarding any taxation implications of purchasing a non-superannuation or superannuation group life insurance policy.

# Other information

## Duty of Disclosure

Before a **fund trustee** or a **prospective insured member** enters into a contract of insurance with us, you and/or the **prospective insured member** have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to us every matter that you and/or the **prospective insured member** knows or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You and an **insured member** have a duty to disclose those matters to us before you or an **insured member** renew, extend, vary or reinstate a contract of insurance. Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by us
- is of common knowledge
- we know, or in the ordinary course of business, ought to know or
- we have waived.

If you, a **prospective insured member** or an **insured member** do not disclose to us every matter that you know or could reasonably be expected to know, would be relevant to our decision whether to accept the risk of the insurance and if so, on what terms, we may avoid the contract, or cover in respect of an individual **insured member**, within three years of entering into it, provided we would not have entered that contract or accepted cover for an **insured member** on any terms had full disclosure been made. 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 the **insured member** has been insured for in accordance with a formula that takes into account the premium that would have been payable if all relevant matters has been disclosed to the insurer.

If your, or an **insured member's** non-disclosure is fraudulent, we may avoid the contract, or cover in respect of an **insured member**, at any time. The Duty of Disclosure continues to apply until we issue the **confirmation of cover** or confirmation of any change in cover.

## Changes to member and other information

The **fund trustee** must notify SSL of any changes to the **fund trustee's** or the **insured member's** details or circumstances in relation to your insurance. It is important that the details SSL holds about the **fund trustee**, the **insured member** and your cover are current. As such, the **fund trustee** and the **insured member** should ensure that these details are kept up to date at all times. SSL will provide your information to us from time to time and in the event of a claim.

## Governing law

The **policy** is governed by the law that applies in the state or territory of Australia in which the **policy** is registered.

## Currency

All payments to or from us are to be made in Australian dollars.

## Statutory fund

The **policy** is issued from Statutory Fund Number 3.

Neither you nor any **insured member** has any rights of ownership of the assets of that fund. The **policy** does not participate in any surplus arising in any of our statutory funds. The **policy owner** is entitled to a profit share rebate arising under the formula stated in the **policy**. Any profit share amount is payable to the **policy owner** only. The **policy** does not acquire a cash surrender value.

## Cooling-off period

Generally, the **fund trustee** may cancel the cover applied for on behalf of an **insured member** within 14 days of the date the **confirmation of cover** is issued by us to the **fund trustee**.

This is known as the 'cooling-off period'.

The **fund trustee** cancels cover held under the **policy** during the cooling-off period by giving us notice in writing and returning the **confirmation of cover** and other documentation provided. If the **fund trustee** does this we will terminate the cover in respect of the **insured member** and refund any money paid (except any amounts of

taxation which we are unable to recover).

However, the **fund trustee** cannot cancel cover in this manner if a claim for benefits under the **policy** has already been made.

### Customer concerns

If you, or an **insured member**, have any concerns or a complaint about the **policy**, please refer them to SSL in the first instance. If you are not satisfied with the outcome, you may contact OnePath.

**Self Secure Life**  
**Level 7**  
**215 Spring Street**  
**Melbourne VIC 3000**  
**Ph 03 8646 4040**  
**Fax 03 8646 4010**  
**Web [www.selfsecure.com.au](http://www.selfsecure.com.au)**  
**Email [info@selfsecure.com.au](mailto:info@selfsecure.com.au)**

**OnePath**  
**347 Kent Street**  
**Sydney NSW 2000**  
**Ph 1800 199 414**  
**Fax 02 9234 8095**  
**Email [group.risk@onepath.com.au](mailto:group.risk@onepath.com.au)**

If concerns are not resolved to your satisfaction, a complaint may be lodged with the Financial Ombudsman Service.

**Financial Ombudsman Service**  
**GPO Box 3**  
**Melbourne VIC 3000**  
**Ph 1300 78 08 08**  
**Fax 03 9613 6399**  
**[www.fos.org.au](http://www.fos.org.au)**

### Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life and Self Secure Life, a member of the Paradigm Wealth Management Group of companies. We are committed to ensuring the confidentiality, security and privacy of your personal information. 'You' and 'your' refers to fund trustees and insured members.

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, or companies within the Paradigm Wealth Management Group to the extent necessary to service our relationship with

you and carry on business

- 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).

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 or other members of the ANZ Group and/or the Paradigm Wealth Management Group 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 us or the particular company which has sent you the information.

You may access the personal information we hold about you, subject to permitted exceptions and subject to us still holding that information, by contacting us as follows:

**Privacy Officer**  
**OnePath**  
**GPO Box 75**  
**Sydney NSW 2001**  
**Phone 02 9234 8111**  
**Fax 02 9234 8095**  
**Email [privacy@onepath.com.au](mailto:privacy@onepath.com.au)**

**Privacy Officer**  
**Self Secure Life c/-**  
**Paradigm Wealth Management**  
**Level 7**  
**215 Spring Street**  
**Melbourne VIC 3000**  
**Ph 03 8646 4040**  
**Fax 03 8646 4010**  
**Web [www.selfsecure.com.au](http://www.selfsecure.com.au)**  
**Email [info@selfsecure.com.au](mailto:info@selfsecure.com.au)**

If any of your personal information is incorrect or has changed, please let us know by contacting us. Copies of the Privacy Policies of OnePath and Self Secure Life are available without charge upon request.

A woman with long, wavy brown hair is lying on a light-colored sofa, reading an open book. She is wearing a grey top and blue pants. Her legs are raised and bent at the knees. The background is a bright, out-of-focus view of green trees and foliage, suggesting a sunny day. The text "Fast, simple life insurance that offers great peace of mind." is overlaid in the upper right corner.

Fast, simple life  
insurance that offers  
great peace of mind.

**Terms used throughout this Fund Trustee and Insured Member Book are defined here.**

**Accident** means a fortuitous, external event which was unexpected and unintended causing death or injury.

**Events that are not accidents in relation to interm cover.**

The following situations are not **accidents**, and any claims arising from these situations are excluded where:

- one of the contributing causes of injury or death was any of the following conditions:
  - > illness
  - > disease
  - > allergy
  - > any gradual onset of a physical or mental infirmity.
- the injury or death, which was unintended and unexpected, was the result of an intentional act or omission.
- the **insured member** was injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.

**Australian resident** means an Australian citizen or a New Zealand citizen or an Australian permanent resident living in Australia on a permanent basis.

**Active service** refers to an **insured member's** occupation as part of a military force (including without limitation the defence force, the army, the navy, the air force or the like). Reserve duty is excluded.

**Confirmation of cover** means the document we issue in respect of an **insured member** when the **fund trustee's** application for cover, an increase in cover, or variation in cover has been accepted by us, setting out details of the following:

- the type and level of insured benefits provided for that **insured member**
- the date the cover starts or an increase in cover starts
- the premium rate
- any special conditions applying.

**Eligibility criteria** means those criteria outlined on page 18.

**Fund trustee** means the trustee of the Self Managed Superannuation Fund that applies for cover on behalf of a **prospective insured member**.

**Gainfully employed/gainful employment** means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

**Insured member** refers to a person who is covered by the **policy** and is a member of the registered complying Self Managed Superannuation Fund named in the application form. All references to **insured member** assume the **policy** is in force and cover in respect of that **insured member** under the **policy** continues.

**Medical practitioner** means a registered and qualified medical practitioner in Australia, or another country as approved by us, who is not the **insured member** or you and not related to the relevant **insured member**.

**Policy** means the policy of Group Life Insurance issued by OnePath Life to the **policy owner** and includes each application for cover and associated documentation from an **insured member, prospective insured member** or **fund trustee**, each **confirmation of cover** and any notices issued or received by us under the **policy** and any written variation of the **policy**. The **policy** does not form part of this Fund Trustee and Insured Member Book. The **policy** constitutes the legal agreement between the parties.

**Policy owner** means Paradigm Wealth Management Pty Ltd.

**Policy start date** means the **policy** start date shown in the **policy** schedule.

**Prospective insured member** means a person who is eligible to have an application made on their behalf for cover under the



**policy**, but has not as yet been accepted as an **insured member**.

**Terminal illness/terminally ill** means an illness or injury that in the opinion of at least two **medical practitioners** (one whom we may elect and require to be a specialist physician) is likely to lead to the death of the **insured member** within 12 months from the date of diagnosis.

**TPD/total and permanent disablement/total and permanent disability or totally and permanently disabled** means as defined below:

**Part 1) Unlikely to return to work**

If the **insured member** is **gainfully employed** when suffering an illness or injury and, as a result of that illness or injury, he or she is:

- totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months and
- determined by us at the end of that six month period and certified by at least two **medical practitioners**, to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business profession or employment, for which he or she is reasonably suited by education, training or experience.

OR

**Part 2) Permanent impairment**

If the **insured member** is **gainfully employed** when suffering an illness or injury and, as a result of that illness or injury, he or she:

- suffers a permanent impairment of at least 25% of whole person impairment 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 us; and
- is disabled to such an extent, as a result of this impairment, that they are unlikely ever again to be able to engage in any occupation, business, profession,

or employment for which they are reasonably suited by their education, training or experience and at least two **medical practitioners** certify that to be the case.

OR

**Part 3) Loss of independent existence**

As a result of illness or injury, the **insured member** suffers **loss of independent existence** and at least two **medical practitioners** have certified that to be the case.

**Loss of independent existence** means a condition whereby we have determined the **insured member** is totally and irreversibly unable to perform at least two of the five **activities of daily living** without the assistance of another adult person.

**Activity/Activities of daily living** are:

- 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.

OR

**Part 4) Cognitive loss**

As a result of illness or injury, the **insured member** suffers **cognitive loss**.

**Cognitive loss** means we have determined a total and permanent deterioration or loss of intellectual capacity that has required the **insured member** 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, they are likely to require ongoing continuous care and supervision by another adult person, provided at least two **medical practitioners** have certified that to be the case.

## Part 5) Domestic duties

As a result of injury or illness, the **insured member** has :

- been unable to perform **normal domestic duties**, leave their **home** unaided or do any occupation for six months, and requires the ongoing care of a **medical practitioner**, and
- is determined by us at the end of that six months and certified by at least two **medical practitioners**, to be unlikely to be able to ever perform **normal domestic duties** or any occupation for which they are reasonably suited by education, training or experience.

**Normal domestic duties** mean the tasks performed by an **insured member** whose sole occupation is to maintain their family **home**. These tasks are unassisted:

- cleaning of the **home**
- cooking of meals for their family
- doing their family's laundry
- shopping for their family's food and
- taking care of dependent children (where applicable).

Normal domestic duties do not include duties performed outside the **insured member's home** for salary, reward or profit.

**Home** means the **insured member's** principal place of residence.

**Visa** means a current and valid visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act which enables a **prospective insured member** or an **insured member** to work in Australia.

**War or war service** includes but is not limited to:

- declared war, and armed aggression by one or more countries resisted by any country, combination of countries or international organisations
- participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace in a country or region.

## Direct Debit Service Agreement

The following is your Direct Debit Service Agreement with **Self Secure Life** Pty Ltd, ACN 150 967 356, DE User ID 414815. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with **Self Secure Life**. It also details what **Self Secure Life's** obligations are to you as your Direct Debit Provider. It is recommended you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with the DDR section of the application form.

### Definitions

In this section, terms have the following meaning:

- **Account** means the account held at **your financial institution** from which **Self Secure Life** are authorised to arrange for funds to be debited.
- **Agreement** means this Direct Debit Request Service Agreement between **you** and **Self Secure Life**.
- **Banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
- **Debit day** means the day that payment by **you** to **Self Secure Life** is due.
- **Debit payment** means a particular transaction where a debit is made.
- **Direct debit request** means the Direct Debit Request between **Self Secure Life** and **you**.
- **Self Secure Life** means **Self Secure Life** Pty Ltd, ACN 150 967 356, DE User ID 414815, (the Debit User) **you** have authorised by signing a **direct debit request**.
- **You** means the customer who signed the **direct debit request**.
- **Your financial institution** means the financial institution nominated by **you** on the DDR at which the **account** is maintained.

## 1. Debiting your account

By signing a **direct debit request**, **you** have authorised **Self Secure Life** to arrange for funds to be debited from **your account**. **You** should refer to the **direct debit request** and this **agreement** for the terms of the arrangement between **Self Secure Life** and **you**.

**Self Secure Life** will only arrange for funds to be debited from **your account** as authorised in the **direct debit request**. If the **debit day** falls on a day that is not a **banking day**, **Self Secure Life** may direct **your financial institution** to debit **your account** on the following **banking day**. If **you** are unsure about which day **your account** has or will be debited **you** should ask **your financial institution**.

## 2. Amendments by Self Secure Life

**Self Secure Life** may vary any details of this **agreement** or a **direct debit request** at any time by giving you at least fourteen (14) days' written notice.

## 3. Amendments by you

**You** may change, stop or defer a debit payment, or terminate this agreement by providing **Self Secure Life** with at least fourteen (14) days' notification by writing to: **Self Secure Life Pty Ltd, ACN 150 967 356, DE User ID 414815** or by telephoning on **(03) 8646 4040** during business hours. **You** may also cancel or alter payments through your own financial institution.

## 4. Your obligations

It is **your** responsibility to ensure that there are sufficient clear funds available in **your** account to allow a **debit payment** to be made in accordance with the **direct debit request**.

If there are insufficient clear funds in your account to meet a debit payment:

- **you** may be charged a fee and/or interest by **your financial institution**;
- **you** may also incur fees or charges imposed or incurred by **Self Secure Life**; and
- **you** must arrange for the **debit payment**

to be made by another method or arrange for sufficient clear funds to be in **your account** by an agreed time so that **Self Secure Life** can process the **debit payment**.

**You** should check **your account** statement to verify that the amounts debited from **your account** are correct.

If **Self Secure Life** is liable to pay goods and services tax ("GST") on a supply made in connection with this **agreement**, then **you** agree to pay **Self Secure Life** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## 5. Dispute

If **you** believe that there has been an error in debiting **your account**, **you** should notify **Self Secure Life** directly on (03) 8646 4040 and confirm that notice in writing with **Self Secure Life** as soon as possible so that **Self Secure Life** can resolve **your query** more quickly. Alternatively **you** can take it up with **your financial institution** directly.

If **Self Secure Life** conclude as a result of their investigations that **your account** has been incorrectly debited **Self Secure Life** will respond to **your query** by arranging for **your financial institution** to adjust **your account** (including interest and charges) accordingly. **Self Secure Life** will also notify **you** in writing of the amount by which **your account** has been adjusted.

If **Self Secure Life** conclude as a result of their investigations that **your account** has not been incorrectly debited **Self Secure Life** will respond to **your query** by providing **you** with reasons and any evidence for this finding in writing.

## 6. Accounts

**You** should check:

- with **your financial institution** whether direct debiting is available from **your account** as direct debiting is not available on all accounts offered by financial institutions
- that **your account** details which **you** have provided to **Self Secure Life** are correct by checking them against a

recent **account** statement

- with **your financial institution** before completing the **direct debit request** if **you** have any queries about how to complete the **direct debit request**.

## 7. Confidentiality

**Self Secure Life** will keep any information (including **your account** details) in **your direct debit request** confidential. **Self Secure Life** will make reasonable efforts to keep any such information that **Self Secure Life** has about **you** secure and to ensure that any of **Self Secure Life's** employees or agents who have access to information about **you** do not make any unauthorised use, modification, reproduction or disclosure of that information.

**Self Secure Life** will only disclose information held about **you**:

- to the extent specifically required by law or
- for the purposes of this agreement (including disclosing information in connection with any query or claim)
- To OnePath for the purposes of the payment of any benefits **you** may receive under the **policy**.

## 8. Notice

If **you** wish to notify **Self Secure Life** in writing about anything relating to this agreement, **you** should write to **Self Secure Life Pty Ltd** at Level 7, 215 Spring Street Melbourne Vic 3000. **Self Secure Life** will notify **you** by sending a notice in the ordinary post to the address **you** have given us in the **direct debit request**. Any notice will be deemed to have been received on the third banking day after posting.







# Self Secure SMSF Group Life Insurance Application Form

**Self Secure Life Pty Ltd ACN 150 967 356.**  
**Corporate Authorised Representative of Paradigm Wealth Management AFSL 297465.**  
**Level 7, 215 Spring Street, Melbourne Vic 3000**

**Complete this form if:**

You are a member and Trustee of a Self Managed Superannuation Fund (SMSF) and wish to apply for death only or death and Total and Permanent Disablement (TPD) insurance.  
You wish to apply for a sum insured of up to \$750,000.

If you wish to apply for cover in excess of \$750,000 you must complete a Full Personal Statement to apply for cover. Your financial adviser may complete this application on your behalf.

OnePath is the insurer in respect of Self Secure SMSF Group Life Insurance. This application form should only be completed after reading the Self Secure SMSF Group Life Insurance Product Disclosure Statement (PDS). The PDS contains a summary of important information about the Self Secure product. The completion of this form serves as an acceptance of the terms and conditions outlined in the PDS.

## Part A: Adviser Details

Adviser name

ABN  Dealer Group number

☐

I confirm that the below listed Self Managed Superannuation Fund is a registered and compliant Fund.

## Part B: Self Managed Superannuation Fund details

Fund name

Fund ABN

Trustee name (if Company)

- Trustee names (if individual trustees)
1.
2.
3.
4.

## Trustee Contact Details

Address – street name and number

Suburb/Town

State

Postcode

Phone (H)

(w)

(m)

Email

## Part C: Proposed Insured Member Details

Provide the below details for the SMSF member to be insured. If more than one member of the SMSF wishes to take out insurance, a separate application form must be completed for each member.

Title: Mr

Mrs

Miss

Ms

Dr

Other

Sex: Male

Female

Surname

First name

Date of birth

Age you were at the last 1 July

I am an Australian resident or holder of a visa that allows me to work in Australia.

Yes

No

Note you must be under age 65 to apply for death cover and under age 60 to apply for TPD cover. You must also be an Australian resident or holder of a visa that allows you to work in Australia to be eligible for cover.

## Part D: Required insurance cover

Provide details below regarding the type and amount of cover you are applying for.

- The minimum amount you can apply for is \$50,000.
- The maximum, via this application form is \$750,000. To take out cover up to \$1 million, you must complete a Full Personal Statement.
- You can take out death only cover, or death and TPD cover. You cannot take out TPD cover only.
- The death and TPD sum insured can differ however, the TPD sum insured cannot exceed the death sum insured.

☐

Death only cover

Death sum insured

\$

☐

Death & TPD cover

Death sum insured

\$

TPD Sum insured

\$

## Part E: Occupation details

Please indicate your occupation. This will help to determine the premium rates applicable to your cover.

☐

White collar

The duties of your occupation are limited to professional, administrative, clerical, secretarial or similar sedentary tasks, which do not involve manual work and are undertaken entirely (or at least 80%) within an office environment.

☐

Non-white collar

Anyone who doesn't meet the definition of white collar. This includes those not working and/or engaged in home duties.

# Part F: Health Information

☐ Smoker      ☐ Non-smoker

	YES	NO
1) Are you at the date of this application off work due to injury or illness or restricted from performing any duties of your usual occupation (including homemaker duties) due to injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you currently receiving any form of medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3) To the best of your knowledge 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)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever received a Total and Permanent Disability (TPD) benefit or are you eligible to claim a TPD benefit from either this fund or any other source?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following?		
A) High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
B) Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, RSI, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression?	<input type="checkbox"/>	<input type="checkbox"/>
C) Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)?	<input type="checkbox"/>	<input type="checkbox"/>
D) To the best of your knowledge are you suffering from Acquired Immune Deficiency Syndrome (AIDS), infected with HIV or carrying antibodies to HIV?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions, you are required to complete a Full Personal Statement in order to apply for insurance cover.

# Part G: Direct Debit Request

Complete this section to nominate the bank account from which the premiums in relation to your cover will be deducted. Note this must be the SMSF's bank account and not a private account of the insured member. Insurance premiums will be deducted monthly. If joint signatures are required in relation to the superannuation fund bank account, both signatories must sign below.

Account Name

Financial Institution Name

BSB

Account Number

Signatory 1

X

Signatory 2

X

I request and authorise Self Secure Life Pty Ltd ACN 150 967 356, Corporate Authorised Representative 406706 and DE User ID 414815 of Paradigm Wealth Management AFSL 297465, to arrange for any amount Self Secure Life Pty Ltd may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above subject to the terms and conditions of the Direct Debit Service Agreement. Direct debit is not available from all account types. If in doubt check with your financial institution. By completing this Direct Debit Request I/ we acknowledge that I have read and understood the Direct Debit Service Agreement and are bound by the terms and conditions contained in the Agreement.

# Part H: Declarations

## Insured member declaration

I declare that:

- I authorise the collection, use and disclosure of my personal information for the purposes of administration and maintenance of the policy, as outlined in the privacy statement. I understand that OnePath Life Limited will not be able to process a claim or administer the policy without this consent.
- I agree to Self Secure Life or the insurer OnePath Life communicating to me electronically to provide information in connection with this product including but not limited to any notice or document required under any law which requires written notice to the product holder or beneficiary.
- I accept that where I or the policy owner or OnePath Life Limited has appointed a financial adviser or other intermediary to arrange and/or administer the 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 authorise any medical practitioner, or health professional to release to OnePath Life Limited or any other organisation duly appointed by OnePath Life Limited any medical information needed in connection with this application.
- OnePath Life Limited may require additional information or medical tests to enable assessment of this application.
- I have read and carefully considered the questions in this application, including the health related questions, and all answers provided are to the best of my knowledge true and correct.
- I have read the PDS, the Duty of Disclosure and the Privacy Policy contained within the PDS and understand my rights and obligations in relation to the policy and to the policies listed above.

SMSF Trustee/member

X

Signature

Date

## SMSF Trustee declaration

I declare that:

- I have read the PDS and the Duty of Disclosure, the Privacy Policy and the Direct Debit Service Agreement contained within the PDS and understand my rights and obligations in relation to the policy and to the policies listed above.
- By completing this direct debit authority and signing this application form, I on behalf of the SMSF authorise Self Secure Life Pty Ltd (SSL) (DE user ID 414815) to deduct any amount required from the bank account nominated on this form in accordance with the Direct Debit Service Agreement.
- I have read and carefully considered the questions in this application and all answers provided are to the best of my knowledge true and correct.
- OnePath Life Limited may require additional information or medical tests to enable assessment of this application.
- Cover does not start until OnePath Life Limited has accepted this application for insurance cover and any premiums due are paid within 30 days of the acceptance date.
- I agree to keep OnePath and SSL informed at all times regarding any changes to the SMSF, such as contact details, as well as information regarding the complying status of the SMSF that has taken out cover for the insured member and I also agree to inform OnePath and SSL when the insured member ceases to be a member of that Fund, at which time their cover will cease.
- Any benefits payable in respect of insurance cover taken out are payable only in accordance with the policy and confirmation of cover issued by OnePath Life Limited to the SMSF.
- In signing this application I acknowledge that cover will cease on the date that the insured member commences active duty with the armed forces of any country and that OnePath Life Limited will not pay a claim where an insured person dies on war service.
- I acknowledge that as the SMSF trustee I have the capacity and authority to sign this application as authorised by the governing rules and trust deed of the SMSF named in this application form. I further declare that there is an executed trust deed in existence for the SMSF and all members of the SMSF are bound by the provisions contained therein and that the SMSF is regulated under the Superannuation Industry (Supervision) Act 1993.

SMSF Trustee/member

X

Signature

Date

## Adviser Declaration

I declare that:

- As the Adviser making this application on behalf of a Fund Trustee, I have made the Fund Trustee aware of their rights and obligations under the policy and have used my best endeavours to ensure that the information provided is true and correct. I acknowledge that I am obligated to ensure that all information received upon confirmation of acceptance of this application is provided to the Fund Trustee.

Adviser Signature

X

Date

Send your completed application form to:  
**Self Secure Life**  
Level 7, 215 Spring Street, Melbourne Vic 3000  
Ph 03 8646 4040, Fax 03 8646 4010  
Web [www.selfsecure.com.au](http://www.selfsecure.com.au) Email [info@selfsecure.com.au](mailto:info@selfsecure.com.au)

**OnePath Life Limited**  
ABN 33 009 657 176  
AFSL 238341

# Self Secure SMSF Group Life Insurance Transfer Application Form

**Self Secure Life Pty Ltd ACN 150 967 356.**  
**Corporate Authorised Representative of Paradigm Wealth Management AFSL 297465.**  
**Level 7, 215 Spring Street, Melbourne Vic 3000**

**Complete this form if:**

You are a member and Trustee of a Self Managed Superannuation Fund (SMSF) and wish to apply to transfer death only or death and Total and Permanent Disablement (TPD) insurance held in another arrangement to Self Secure SMSF Group Life insurance.

OnePath is the insurer in respect of Self Secure SMSF Group Life Insurance. This application form should only be completed after reading the Self Secure SMSF Group Life Insurance Product Disclosure Statement (PDS). The PDS contains a summary of important information about the Self Secure product. The completion of this form serves as an acceptance of the terms and conditions outlined in the PDS.

## Part A: Adviser Details

Adviser name

ABN

Dealer Group number

☐ I confirm that the below listed Self Managed Superannuation Fund is a registered and compliant Fund.

## Part B: Self Managed Superannuation Fund details

Fund name

Fund ABN

Trustee name (if Company)

Trustee names (if individual trustees)

1.

2.

3.

4.



## Trustee Contact Details

Address – street name and number

Suburb/Town

State

Postcode

Phone (H)

(w)

(m)

Email

## Part C: Proposed Insured Member Details

Provide the below details for the SMSF member to be insured. If more than one member of the SMSF wishes to take out insurance, a separate application form must be completed for each member.

Title: Mr

Mrs

Miss

Ms

Dr

Other

Sex: Male

Female

Surname

First name

Date of birth

Age you were at the last 1 July

I am an Australian resident or holder of a visa that allows me to work in Australia.

Yes

No

Note you must be under age 65 to apply for death cover and under age 60 to apply for TPD cover. You must also be an Australian resident or holder of a visa that allows you to work in Australia to be eligible for cover.

## Part D: Required insurance cover

Provide details below regarding the type and amount of cover you are applying to transfer.

- The minimum amount you can transfer is \$50,000.
- The maximum you can transfer is \$1 million.
- You can transfer death only cover, or death and TPD cover. You cannot transfer TPD cover only.
- The death and TPD sum insured can differ however, the TPD sum insured cannot exceed the death sum insured.

☐

Death only cover

Death sum insured

\$

☐

Death & TPD cover

Death sum insured

\$

TPD Sum insured

\$

☐

I have attached details (policy document or statement etc) confirming the amount and type of current cover, evidence that premium payments are up to date and details of any loadings, exclusions or special conditions that apply. I also confirm that upon acceptance as an insured member for my new cover, my previous cover will be immediately cancelled.

# Part E: Occupation details

Please indicate your occupation. This will help to determine the premium rates applicable to your cover.

☐ White collar

The duties of your occupation are limited to professional, administrative, clerical, secretarial or similar sedentary tasks, which do not involve manual work and are undertaken entirely (or at least 80%) within an office environment.

☐ Non-white collar

Anyone who doesn't meet the definition of white collar. This includes those not working and/or engaged in home duties.

# Part F: Health Information

☐ Smoker☐ Non-smoker

YES

NO

1) Are you at the date of this application off work due to injury or illness or restricted from performing any duties of your usual occupation (including homemaker duties) due to injury or illness?

☐

☐

2) Are you currently receiving any form of medical treatment, or are you intending to seek medical advice?

☐

☐

3) To the best of your knowledge 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)?

☐

☐

4) Have you ever received a Total and Permanent Disability (TPD) benefit or are you eligible to claim a TPD benefit from either this fund or any other source?

☐

☐

5) Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following?

☐

☐

Heart complaint, stroke, diabetes, cancer, malignant growth or tumour, mental health including stress and anxiety, liver or bowel condition, back or joint condition including paralysis?

If you have answered yes to any of the above questions, you are required to complete a Full Personal Statement in order to apply to transfer insurance cover.

# Part G: Direct Debit Request

Complete this section to nominate the bank account from which the premiums in relation to your cover will be deducted. Note this must be the SMSF's bank account and not a private account of the insured member. Insurance premiums will be deducted monthly. If joint signatures are required in relation to the superannuation fund bank account, both signatories must sign below.

Account Name

Financial Institution Name

BSB

Account Number

Signatory 1

X

Signatory 2

X

I request and authorise Self Secure Life Pty Ltd ACN 150 967 356, Corporate Authorised Representative 406706 and DE User ID 414815 of Paradigm Wealth Management AFSL 297465, to arrange for any amount Self Secure Life Pty Ltd may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above subject to the terms and conditions of the Direct Debit Service Agreement. Direct debit is not available from all account types. If in doubt check with your financial institution. By completing this Direct Debit Request I/ we acknowledge that I have read and understood the Direct Debit Service Agreement and are bound by the terms and conditions contained in the Agreement.

# Part H: Declarations

## Insured member declaration

I declare that:

- I authorise the collection, use and disclosure of my personal information for the purposes of administration and maintenance of the policy, as outlined in the privacy statement. I understand that OnePath Life Limited will not be able to process a claim or administer the policy without this consent.
- I agree to Self Secure Life or the insurer OnePath Life communicating to me electronically to provide information in connection with this product including but not limited to any notice or document required under any law which requires written notice to the product holder or beneficiary.
- I accept that where I or the policy owner or OnePath Life Limited has appointed a financial adviser or other intermediary to arrange and/or administer the 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 authorise any medical practitioner, or health professional to release to OnePath Life Limited or any other organisation duly appointed by OnePath Life Limited any medical information needed in connection with this application.
- OnePath Life Limited may require additional information or medical tests to enable assessment of this application.
- I have read and carefully considered the questions in this application, including the health related questions, and all answers provided are to the best of my knowledge true and correct.
- I have read the PDS, the Duty of Disclosure and the Privacy Policy contained within the PDS and understand my rights and obligations in relation to the policy and to the policies listed above.

SMSF Trustee/member

X

Signature

Date

## SMSF Trustee declaration

I declare that:

- I have read the PDS and the Duty of Disclosure, the Privacy Policy and the Direct Debit Service Agreement contained within the PDS and understand my rights and obligations in relation to the policy and to the policies listed above.
- By completing this direct debit authority and signing this application form, I on behalf of the SMSF authorise Self Secure Life Pty Ltd (SSL) (DE user ID 414815) to deduct any amount required from the bank account nominated on this form in accordance with the Direct Debit Service Agreement.
- I have read and carefully considered the questions in this application and all answers provided are to the best of my knowledge true and correct.
- I confirm that the current cover in relation to the insured member is valid at the time of application and will be immediately cancelled up to the amount transferred upon receipt of the confirmation of cover from OnePath.
- OnePath Life Limited may require additional information or medical tests to enable assessment of this application.
- Cover does not start until OnePath Life Limited has accepted this application for insurance cover and any premiums due are paid within 30 days of the acceptance date.
- I agree to keep OnePath and SSL informed at all times regarding any changes to the SMSF, such as contact details, as well as information regarding the complying status of the SMSF that has taken out cover for the insured member and I also agree to inform OnePath and SSL when the insured member ceases to be a member of that Fund, at which time their cover will cease.
- Any benefits payable in respect of insurance cover taken out are payable only in accordance with the policy and confirmation of cover issued by OnePath Life Limited to the SMSF.
- In signing this transfer application I acknowledge that cover will cease on the date that the insured member commences active duty with the armed forces of any country and that OnePath Life Limited will not pay a claim where an insured person dies on war service.
- I acknowledge that as the SMSF trustee I have the capacity and authority to sign this application as authorised by the governing rules and trust deed of the SMSF named in this application form. I further declare that there is an executed trust deed in existence for the SMSF and all members of the SMSF are bound by the provisions contained therein and that the SMSF is regulated under the Superannuation Industry (Supervision) Act 1993.

SMSF Trustee/member

X

Signature

Date

## Adviser Declaration

I declare that:

- As the Adviser making this application on behalf of a Fund Trustee, I have made the Fund Trustee aware of their rights and obligations under the policy and have used my best endeavours to ensure that the information provided is true and correct. I acknowledge that I am obligated to ensure that all information received upon confirmation of acceptance of this application is provided to the Fund Trustee.

Adviser Signature

X

Date

**Send your completed application form to:**

**Self Secure Life**

**Level 7, 215 Spring Street, Melbourne Vic 3000**

**Ph 03 8646 4040, Fax 03 8646 4010**

**Web [www.selfsecure.com.au](http://www.selfsecure.com.au) Email [info@selfsecure.com.au](mailto:info@selfsecure.com.au)**

**OnePath Life Limited**

**ABN 33 009 657 176**

**AFSL 238341**

[illegible]

