Life Insurance

SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT | 10 JUNE 2011

This Supplementary Product Disclosure Statement (SPDS) supplements the ANZ Life Insurance Product Disclosure Statement and Policy (PDS) issued 28 April 2011. This SPDS is to be read together with the PDS (including any other SPDS) for the relevant product. Terms that are defined in the PDS have the same meaning in this SPDS.

The purpose of this SPDS is to increase the maximum sum insured available for the Life Benefit and optional Critical Illness Benefit.

Change to your PDS

On page 4, replace the 'Cover amounts' table with the following:

	Life Benefit		Critical Illness Benefit (Optional)	
Age at application	**Minimum sum insured**	**Maximum sum insured***	**Minimum cover amount**	**Maximum cover amount***
18-44	$50,000	$2,250,000	$25,000	50% of Life Benefit sum insured
45-54	$50,000	$1,250,000	$25,000	
55-59	$50,000	$500,000	$25,000	

* For each life insured, the maximum sum insured available for the Life Benefit and maximum cover amount available for the optional Critical Illness Benefit will be based on a life insured's:

- gross annual income, and
- other life insurance held at time of application.

A3088/0511

Life Insurance

PRODUCT DISCLOSURE STATEMENT AND POLICY
| 28 APRIL 2011

About this PDS

This Product Disclosure Statement and Policy (PDS) sets out the features, benefits, risks and exclusions of this product and provides information about the costs of the product.

The information provided is of a general nature and does not take into account your needs and financial circumstances. You should consider the appropriateness of the information, having regard to your objectives, financial situation and needs. You should read this PDS and consider whether this product is right for you.

Policy issuer

If your application for cover under this product is accepted, your policy is issued by OnePath Life Limited (ABN 33 009 657 176, AFSL 238341) (referred to in this document as 'OnePath Life','OnePath', 'we', 'our' or 'us'). Our contact details are:

OnePath Life Limited
347 Kent Street
Sydney NSW 2000
Phone: 13 16 14

OnePath Life is a wholly owned subsidiary of Australia and New Zealand Banking Group Limited (ANZ) (ABN 11 005 357 522). ANZ is an authorised deposit taking institution (Bank) under the *Banking Act 1959* (Cth). OnePath Life is the issuer of the product but is not a Bank. Except as set out in the issuer's contract terms (including this PDS), 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.

What documents make up your policy?

Your policy consists of the following documents:

- this PDS and any Supplementary Product Disclosure Statement (SPDS) we may subsequently provide to you
- your Policy Schedule, and
- any endorsements or other notices we may give to you in writing.

How to read this PDS

'You' and 'your'

References to 'you' and 'your' refers to the applicant for insurance i.e. the prospective 'policy owner' and 'principal life insured'.

Policy owner

There can only be one policy owner for each policy.

The policy owner is the owner of the policy and principal life insured, as referred to in the Policy Schedule.

The policy owner is the only person who may extend, vary, cancel or otherwise exercise any rights under the policy.

The policy owner is responsible for paying the premium and is the only person who is entitled to receive any benefits, or nominate beneficiaries to receive any benefits payable under this policy in the event that a life insured suffers an insured event as described in this PDS.

In the event of the policy owner's death, all benefits payable under this policy will be paid to the policy owner's estate or the policy owner's beneficiaries.

Life insured

There can be up to two lives insured under this policy.

A 'life insured' is a person whose life is to be insured or a person who is named in the Policy Schedule as the principal life insured or the second life insured. The second life insured must be the partner of the policy owner.

Wherever appropriate, references to principal life insured and second life insured will be made explicit.

Features

Eligibility to apply

To be eligible for cover, a life insured must be:

- aged between 18 and 59
- an Australian or New Zealand citizen or a holder of an Australian Permanent Residency Visa, and
- currently residing in Australia.

You must receive this PDS in Australia.

Cover amounts

The following table shows the minimum and maximum cover amounts available for the Life Benefit and optional Critical Illness Benefit.

	Life Benefit		Critical Illness Benefit (Optional)	
Age at application	**Minimum sum insured**	**Maximum sum insured**	**Minimum cover amount**	**Maximum cover amount**
18–44	$50,000	$1,500,000	$25,000	50% of Life Benefit sum insured
45–54	$50,000	$750,000		
55–59	$50,000	$250,000		

We may limit the total cover amount we pay under the policies a life insured has with us (as described in the 'Benefit limitations' section of this PDS).

Benefits

Life Benefit

The Life Benefit provides a lump sum for a valid claim if a life insured dies. If a life insured is diagnosed as being terminally ill, the full Life Benefit will be paid to you in advance.

The Policy Schedule will show the Life Benefit sum insured.

Advance Assistance Benefit

The Advance Assistance Benefit of $15,000 provides an advance payment of part of the Life Benefit for a life insured.

It is paid within five business days of our receipt of a life insured's full Australian death certificate or other evidence satisfactory to us stating the cause of that life insured's death.

This benefit is not payable if a life insured dies as a result of anything excluded under this policy.

The Advance Assistance Benefit payable under this policy in the event of the policy owner's death is paid to the primary beneficiary. If there is no primary beneficiary then the benefit will be paid to the policy owner's estate.

The Advance Assistance Benefit payable in respect of the second life insured will be paid to the policy owner.

Payment of this benefit is not an admission of our liability to pay the remaining portion of the Life Benefit in respect of a life insured.

Critical Illness Benefit (Optional)

The Critical Illness Benefit is an optional benefit which provides a single lump sum payment to you for a valid claim where a life insured suffers one or more of the following specified conditions:

- cancer*†
- chronic kidney failure
- coronary artery by-pass surgery*†
- heart attack*†
- multiple sclerosis†
- paralysis
- severe burns
- stroke*†

* These specified conditions are subject to a qualifying period for the benefit to be payable.

† These specified conditions must be diagnosed and certified by a specialist medical practitioner.

The Policy Schedule will show if a life insured has cover for the Critical Illness Benefit and if so, the amount of cover under the policy for this benefit.

For a claim to be paid for the Critical Illness Benefit, the diagnosis and certification of the specified condition must be made by a medical practitioner or specialist medical practitioner agreed to by us.

Upon payment of the Critical Illness Benefit for a life insured, cover in respect of the life insured for this benefit will end.

Qualifying period for the Critical Illness Benefit

There is no Critical Illness Benefit cover and no benefit will be payable if the specified condition(s) marked with an asterisk (*) first occur, or are first diagnosed, or the symptoms leading to the condition(s) first become reasonably apparent during the first 90 days after:

- the date from which the Critical Illness Benefit cover commences,
- the date of the most recent reinstatement of the Critical Illness Benefit cover, or
- the date of an increase in the amount of the Critical Illness Benefit cover (in respect of the increased portion of cover only).

Auto conversion for the Critical Illness Benefit

From the policy anniversary date after a life insured turns age 70, the Critical Illness Benefit is subject to a life insured suffering from an event causing a loss of independent existence rather than from a specified condition.

Benefit reductions

The Life Benefit amount insured for a life insured will be reduced by any amount paid for that life insured's Advance Assistance Benefit and Critical Illness Benefit claim, and the amount of premium payable for that life insured will then also reduce accordingly.

Indexation

At each policy anniversary date, the sum insured for the Life Benefit and the cover amount for the Critical Illness Benefit (if applicable) as shown in the Policy Schedule, will automatically increase by either the indexation factor or 5%, whichever is the greater.

As the sum insured and cover amounts increase, the premium will also increase. If you do not want the indexation increase, you must notify us within 30 days of the increase occurring.

We will cease to offer indexation when a life insured reaches the maximum sum insured applicable to that life insured at age of application.

Benefit payments

All benefits are paid to you, your beneficiaries or your estate. Benefits are payable under the terms and conditions of the policy. A life insured must also satisfy our claim requirements.

Benefit limitations

We may limit the total cover amount we pay under all policies you have with us in two ways:

1. If you have more than one ANZ Life Insurance policy, we may limit the total of all cover amounts payable to the maximum sum insured for each life insured's age at application (as shown in the 'Cover amounts' section of this PDS).

   and

2. Where a life insured is covered under more than one policy issued by us, we may also limit the cover amounts payable under this policy so that the total of that life insured's lump sum cover amounts payable does not exceed $3 million.

If we limit cover in accordance with this section, we will refund premiums in the respect of the reduced portion of cover on a pro-rata basis.

General Information

About the premium

We calculate the premium at the policy acceptance date and at each policy anniversary date. The premium payable for the first year of the policy will be shown on the Policy Schedule.

Premiums can be paid fortnightly, monthly and annually by direct debit from a credit card or bank account. You need to pay the premiums when due to keep the policy in force.

You may be entitled to earn Qantas Frequent Flyer points on the premiums you pay for this policy. Please visit our website at onepath.com.au/qff-terms-conditions for details.

This policy does not have a savings, investment, cash or surrender value. The premiums for this policy are paid into our No. 1 Statutory Fund.

Premium rates

We calculate the premium by reference to a table of premium rates for the cover(s) selected. A table of premium rates is available on request or we can prepare a premium quotation for you by calling 13 16 14.

In setting the premium we take into consideration each life insured's age, gender and smoker status, any applicable medical loadings, the costs of setting up and administering the policy, a policy fee and any stamp duty and other government charges that may apply.

We may increase the premium rates at any time, but only after giving you 30 days notice of the change and only with effect from the policy anniversary date after the change. Premium rates cannot increase for an individual policy within a defined risk group unless all premium rates for all policies in that defined risk group are increased.

Discount for combined cover

If you take out cover for yourself as the principal life insured and also for a second life insured, the following discounts will apply to the premium in respect of the second life insured:

- if you pay fortnightly a discount of $2.50 off the fortnightly premium
- if you pay monthly a discount of $5 off the monthly premium
- if you pay annually a discount of $40 off the annual premium.

Discount for paying premiums annually

If you pay your premium annually a discount will apply. The discount will be included in the calculation of your annual premium amount as shown in your premium quotation.

Exclusions

We will not pay a claim arising directly or indirectly from:

- suicide by a life insured within 13 months of the policy acceptance date, reinstatement date or cover increase date (with respect to the increased portion of cover only)
- a life insured's intentional or deliberate act or omission
- a life insured contracting Human Immunodeficiency Virus (HIV) or AIDS
- war (whether formally declared or not), hostilities, civil commotion or insurrection, or
- a life insured visiting a country for which the Australian Department of Foreign Affairs and Trade (DFAT) has issued a 'Do Not Travel' warning advice that is in force during the time a life insured stays in that country.

Policy start and end

Cover under the policy begins on the policy acceptance date.

The policy will end when the earliest of the following events occur:

- the policy anniversary date after the policy owner turns 75 (unless the policy is assigned as set out below)
- upon the death of the policy owner and payment of all benefits in relation to the principal life insured (unless the policy is assigned as set out below)
- the date we cancel the policy, in accordance with our legal rights, including in circumstances where we do not receive the premium when due
- cancellation of the policy by the policy owner.

Where the policy provides cover for a second life insured, then:

- if the principal life insured (policy owner) dies,

  or

- on the policy anniversary date after the policy owner turns 75,

the policy owner (or, in the event of their death, the policy owner's estate) may assign the policy to the second life insured.

As from the assignment date, the second life insured will become the named policy owner and the principal life insured under the policy. This information will be specified in writing, and all covers and benefits relating to the second life insured will then continue.

Policy assignment will not be possible on the death of both life insureds and cover will end in the event of the death of both life insureds.

When does cover for a life insured end?

Cover for all benefits for a life insured will end on the policy anniversary date after that life insured's 75th birthday.

Area of cover

Cover applies 24 hours a day, 365 days a year, anywhere in the world, subject to the terms and conditions of this policy.

Cooling-off period and cancellation

You may cancel the policy at any time.

If the policy is cancelled or avoided during the 21 day cooling-off period, we will return any premiums paid, provided no claim has been made. After the cooling-off period, we will not refund any monthly or fortnightly premiums if the policy is cancelled. We will pay a pro rata refund where premiums are paid annually and you cancel the policy before the next annual payment is due.

You can cancel the policy within 21 days of receiving the Policy Schedule by contacting us on 13 16 14.

Nominating a beneficiary

Generally, benefits payable under the policy in the event of the life insured's death are paid to the policy owner or to the policy owner's estate.

As a policy owner, you can nominate up to five beneficiaries (including the primary beneficiary) to receive the Life Benefit. The primary beneficiary will also receive the Advance Assistance Benefit payable in the event of your death. If you do not nominate a beneficiary, your Life Benefit and Advance Assistance Benefit will be paid to your estate. Similarly, your estate will receive any benefits allocated to a beneficiary in the event that they die before you, or the nomination is otherwise invalid.

You cannot nominate beneficiaries to receive benefits in respect of the second life insured. Any Life Benefit and Advance Assistance Benefit payable in respect of the second life insured will be paid to the policy owner.

You cannot nominate yourself as a beneficiary and any nominations will be cancelled if the ownership of the policy is transferred to the second life insured.

If you wish to obtain a Nomination of Beneficiary Form, please contact Customer Services on 13 16 14.

Insurance risks

The insurance risks you should be aware of include:

- the type of insurance cover you select may not provide the appropriate cover for your needs,
- the amount of insurance cover you select may not be sufficient to cover your needs, and
- if we do not receive the premiums when due, we may cancel the policy in accordance with our legal rights and may not assess any claim that arises from an event which occurs after the cancellation date.

Duty of disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of matter:

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

Non-disclosure

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

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

Misrepresentations

If your application for cover includes any misrepresentations and the insurer would not have entered into the contract on any terms if the misrepresentation had not been made, the insurer may avoid the contract within three years of entering into it. If your misrepresentation is fraudulent, the insurer may avoid the contract at any time.

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

Claims

If a claim needs to be made, please call our Customer Services team on 13 16 14 and we will advise you, or your estate, of all the necessary requirements and send the appropriate forms.

The cover under the policy will be as specified in the Policy Schedule or Annual Policy Summary which was current at the time of the event. All amounts payable will be paid to you or your estate in Australian currency.

If we are required to pay any tax, duty or government charge or levy relating to any amount payable under this policy, we may reduce the amount we pay by the amount of that tax, duty or government charge or levy.

Taxation

Generally, benefits are free of personal income tax and premiums are not tax deductible.

Taxation information in this PDS is based upon our interpretation of and the continuation of legislation in place as at the date this PDS is prepared. The information is of a general nature and may not apply to your individual circumstances. You should seek professional advice on your own taxation position.

Complaint resolution

Please contact the Customer Services team on 13 16 14 if you are dissatisfied with any matter relating to your policy or the manner in which a claim is handled.

If you are dissatisfied with our response, you can contact the Financial Ombudsman Service, an independent body whose services are available to you at no cost, by calling 1300 780 808, emailing info@fos.org.au, or writing to GPO Box 3, Melbourne, Victoria 3001.

Privacy Statement

In this section, 'you' and 'your' refers to the policy owner and second life insured. 'We', 'us' and 'our' refers to OnePath Life and other members of the ANZ Group. We are committed to ensuring the confidentiality, security and privacy of your personal information.

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

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

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

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

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

We may send you information about our financial products and services from time to time. You may elect not to receive such information at any time by contacting Customer Services on 13 16 14.

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

Privacy Officer – OnePath
GPO Box 75
Sydney NSW 2001
Phone: 02 9234 8111
Fax: 02 9234 8095
Email: privacy@onepath.com.au

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

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

Alternative Form of Remuneration Register

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

The Register outlines the alternative forms of remuneration which are paid and received from givers and receivers of such remuneration. The Register is publicly available and can be accessed by contacting OnePath Life. This insurance product does not pay or receive any alternative remuneration.

How to obtain up to date information

The information in this PDS may change from time to time. Updated information will be available free of charge from onepath.com.au/important-information or call 13 16 14 for a paper copy. We will issue a supplementary or replacement PDS if there is a materially adverse change to or omission from information in this PDS.

Glossary of important terms

beneficiary/beneficiaries: Is the natural person(s) or individual(s) you nominate (including the primary beneficiary) to receive the Life Benefit. A beneficiary cannot be you or your estate.

cancer: The presence of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

The following cancers are not covered:

- melanomas of less than 1.5mm maximum Breslow thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination
- all hyperkeratoses or basal cell carcinomas of the skin
- all squamous cell carcinomas of the skin unless there has been spread to other organs
- low level prostatic cancers which are:
  - histologically described as TNM Classification T1a or T1b or lesser classification
  - characterised by a Gleason score less than seven, and
  - appropriate and necessary 'major interventionist treatment' has not been performed specifically to arrest the spread of malignancy.

  'Major interventionist treatment' includes removal of the entire prostate, radiotherapy, chemotherapy, hormone therapy or any other similar interventionist treatment.

- chronic lymphocytic leukaemia less than Rai Stage 1, and
- tumours showing the malignant changes of carcinoma in situ* (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre-malignant or which are classified as FIGO Stage 0, or which have a TNM classification of Tis. 'FIGO' refers to the staging method of the International Federation of Gynaecology and Obstetrics.

* Carcinoma in situ is covered in the following circumstances where the procedures are performed specifically to arrest the spread of malignancy and are considered the appropriate and necessary treatment:
- carcinoma in situ of the breast if it results directly in the removal of the entire breast
- carcinoma in situ of the testicle if it results directly in the removal of the testicle
- carcinoma in situ of the prostate if it results directly in the removal of the prostate or where characterised by a Gleason score of seven or greater.

chronic kidney failure: End stage renal disease which requires permanent dialysis or renal transplantation.

coronary artery by-pass surgery: The undergoing of coronary artery by-pass surgery that is considered necessary to treat coronary artery disease causing inadequate myocardial blood supply. Surgery does not include intra-angioplasty, arterial procedures or non-surgical techniques.

heart attack: Death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with myocardial infarction (and not due to medical intervention):

- new electrocardiographic (ECG) changes, and
- diagnostic elevation of cardiac enzyme CK-MB or Troponin I greater than 2.0 µg/L or Troponin T greater than 0.6µg/L.

If the above is inconclusive, then we will consider a claim based on conclusive evidence that a life insured has been diagnosed as having suffered a myocardial infarction, resulting in either one of the following:

- new pathological Q waves, or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

immediate family member:

- a life insured's partner
- a life insured's son, daughter, father, mother, father-in-law or mother-in-law, brother or sister.

indexation factor: The indexation factor is determined each year based on the percentage increase in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the 12 month period ending on 31 December each year. If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against previous reductions in the CPI when we determine the next indexation factor. If the CPI is not published, we will calculate the indexation factor from another retail price index which, in our actuary's opinion, is the closest to it.

life insured: A person whose life is to be insured or a person who is named in the Policy Schedule as the principal life insured or the second life insured.

loss of independent existence: Means a life insured is totally and permanently unable to perform at least two of the five activities of daily living without the assistance of another adult person. Activities of daily living are:

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

medical consultation: Any activity undertaken for the detection, treatment or management of an illness, injury, medical condition or related symptom, including but not limited to the application of prescribed drugs or therapy (whether conventional or alternative).

medical practitioner: A registered and qualified medical practitioner in Australia or in another country, as approved by us, who is not a life insured or a life insured's business partner or another immediate family member of a life insured.

multiple sclerosis: The unequivocal diagnosis of multiple sclerosis made by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

paralysis: The total and permanent loss of use or function, through accident or disease of:

- both sides of the body (Diplegia). Diplegia facialis is excluded
- one side of the body (Hemiplegia)
- both arms or both legs resulting from injury to the spinal cord and/or to the brain (Paraplegia)
- both arms and both legs (Quadriplegia).

partner: A spouse, de-facto spouse or person living in a bona fide domestic living arrangement, irrespective of their gender, where either or both provide the other with financial support, domestic support and personal care.

policy: The contract between you, the policy owner, and OnePath.

policy acceptance date: The date we accept the application from the policy owner and when cover starts, as set out in the Policy Schedule.

policy anniversary date: The anniversary date of the policy acceptance date.

policy owner: The owner of the policy and principal life insured, as referred to in the Policy Schedule.

Policy Schedule: Means the document entitled 'Policy Schedule' issued by OnePath Life confirming the details of cover for each life insured under the policy.

primary beneficiary: Is the person you nominate to receive the Life Benefit along with any other beneficiaries.

This person is the only beneficiary that will be eligible to receive the Advance Assistance Benefit.

principal life insured: The principal life insured as referred to in the Policy Schedule who is also the policy owner.

reasonably apparent: A reasonable person in the circumstances could be expected to have been aware of the symptoms.

second life insured: The second life insured as referred to in the Policy Schedule. The second life insured can only be a partner of the policy owner.

severe burns: Tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the body surface area as measured by the Rule of Nines or the Lund and Browder Body Surface Chart
- the whole of both hands, requiring surgical debridement and/or grafting
- the whole of both feet, requiring surgical debridement and/or grafting
- the whole of the skin of the genitalia, requiring surgical debridement and/or grafting, or
- the whole of the face, requiring surgical debridement and/or grafting.

specialist medical practitioner: An appropriate specialist physician who is medically qualified and registered and approved by us. The specialist medical practitioner cannot be a life insured, business partner or another immediate family member of that life insured.

specified conditions: The following specified conditions covered under the Critical Illness Benefit:

- cancer
- chronic kidney failure
- coronary artery by-pass surgery
- heart attack
- multiple sclerosis
- paralysis
- severe burns
- stroke.

stroke: A cerebrovascular accident or event producing a neurological deficit lasting more than 24 hours.

There must be clear evidence:

- of the onset of objective neurological deficit
- on a CT, MRI or similar scan that a stroke has occurred, and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

terminal illness/terminally ill: An illness that, in the opinion of an appropriate specialist medical practitioner approved by us, is likely to lead to the death of a life insured within 12 months from the date that the opinion is provided to us.

you or your: refers to the applicant for insurance i.e. the prospective policy owner and principal life insured.

Direct Debit Servicing Agreement

Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request, and
- keep information relating to your Direct Debit Request private and confidential.

If the date on which we usually debit your account falls on a weekend or public holiday, your account will be debited on the next working day.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept Direct Debits and that all account holders on the nominated account agree to the debiting arrangements
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each Direct Debit, and
- check with your financial institution before completing the Direct Debit Request, in the event that you have any queries about how to complete the Direct Debit Request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us.

Such notice should be received at least 14 days before the next debit is due.

When you consider that a debit has been initiated incorrectly, you should contact OnePath directly. We will then investigate your query.

If we find that your account has been incorrectly debited, we will arrange for your financial institution to adjust your account (including interest and charges) accordingly.

We will also notify you in writing of the amount by which your account has been adjusted.

If we find your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding. If we cannot resolve this matter, you can still refer it to your financial institution, which may lodge a claim on your behalf.

Customer Services

13 16 14 weekdays between 9am and 6pm (AEST)

customers.di@onepath.com.au

OnePath Life Limited
347 Kent Street
Sydney NSW 2000

A2706/0511

anz.com