



Issued by
Tidswell Financial Services Ltd
ABN 55 010 810 607
AFSL No. 237628

Risk Protection Plan

Product Disclosure Statement
Issue No. 2

Tidswell Financial Services Ltd
50 Hindmarsh Square
Adelaide SA 5000

† 08 8223 1676

f 08 8232 1675

e insurance@tidswell.com.au
w www.tidswell.com.au

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This document is a Product Disclosure Statement (PDS), an important document describing the main features of the insurance product that is being offered.

Important Information You Should Know

This Product Disclosure Statement (PDS) is an important document. You should read it in full before making a decision to purchase the products being offered.

This PDS will help you to:

- decide whether the selected product will meet your needs; and
- compare this product with other products you may be considering.

General Advice Warning

Any advice given in this PDS is general only and does not take into account your personal objectives, financial situation or needs. You should consider whether this product is right for you, having regard to your objectives, financial situation and needs. This PDS explains the benefits, premiums, significant risks, complaints handling process, cooling off period and other rights, terms and conditions relating to this product. We recommend you carefully read this PDS and any other documentation we send you before making a decision whether to acquire insurance within the Risk Protection Plan.

The information contained in this PDS is current at the time of issue. We reserve the right to change the product specifications and terms of these products where permitted to do so under the law. If any change occurs to any of these products which would be materially adverse, we will issue a supplementary Product Disclosure Statement.

In the case of other changes, including any notifications we are required to give you, the change or notification will be disclosed via www.tidswell.com.au and also communicated directly to you where we are legally required to do so.

You can request a paper copy of this PDS free of charge by calling Tidswell Financial Services Ltd on 08 8223 1676.

Applying for the Risk Protection Plan

The information contained in this PDS, including taxation information, is based on our understanding of legislation as at the date of issue of this statement and its continuance. The only way to apply for a product described in the following pages is to complete and submit the Application Form and *Participant's* Personal Statement.

Cheques should be made payable to Tidswell Financial Services Ltd. This offer is only available to Australian citizens and permanent residents, receiving it within Australia. We cannot accept cash, print applications or electronic applications signed, mailed or sent from outside Australia. Monies received must always be in Australian dollars.

Definitions

In this PDS

'Covered Person' means a person who by virtue of completing an application form from this PDS and having the risk accepted by the Insurer; or a member of a superannuation fund that meets the eligibility criteria and for whom, the trustee of which participates in this product, as accepted by the Insurer; or an employee of an employer that participates in this product or any other person whom Tidswell Financial Services Ltd decides shall be eligible to apply to become a Covered Person under the Policy subject to acceptance by the Insurer. Covered Persons has a corresponding meaning.

'Insurer' means the life insurance company that has issued the Policy to Tidswell Financial Services and as Tidswell Financial Services Ltd may appoint from time to time.

'Participant', 'You' and 'Your' means all participating employers, individuals, trustees and any other person who has made an application by applying for cover which has been accepted by the Insurer.

'Policy' means the group life and group salary continuance policy issued by the Insurer to Tidswell Financial Services Ltd that provides for the insured benefits.

'Policy Terms' means the terms and conditions of the Policy as in force and amended from time to time.

'Premium', 'Premiums' means the amount of money that is payable in respect of the Covered Person to obtain and maintain the benefit of the insurance offered by this product.

'Sum Insured' refers to the amount that a Covered Person is insured for under this product.

'Tidswell', 'us', 'we' means Tidswell Financial Services Ltd ABN 55 010 810 607.

Other Important Notes

Neither you nor the Covered Persons have any rights of ownership, participation or rights to amend vary or cancel the *Policy*. If you need to make a claim, then *Tidswell* must be contacted. *Tidswell* then claims on the *Policy* and if the claim is accepted by the Insurer, *Tidswell* will determine how Benefits are paid.

Tidswell is the Policy Holder.

A business day is a working day for *Tidswell* in Adelaide, South Australia as is all times that may be quoted.

Neither *Tidswell* nor any other associated company guarantee the payment of any benefit or *Sum Insured* or the return of any money.

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Section 1. Overview of the Risk Protection Plan

The Risk Protection Plan provides financial assistance through the provision of a lump sum benefit in the event of a *Covered Person's* death or if the *Covered Person* is diagnosed as having a terminal illness. You can also choose to extend the protection by selecting:

- Total and Permanent Disability insurance – a lump sum payment in the event the *Covered Person* becomes totally and permanently unable to work; and
- Income Protection insurance – pays a monthly benefit in arrears in the event the *Covered Person* becomes totally or partially disabled and are unable to work due to sickness or injury.

Important Notice

The Risk Protection Plan is not an investment or savings plan. The purpose of this product is to provide a benefit in the event of death, terminal illness, total and permanent disablement, temporary disability in the form of Income Protection, if selected. There is no surrender value attached to your membership and cover so if you terminate your membership with the Risk Protection Plan, you will not be entitled to any refund, except where there is a pro-rata refund of Premium payable to you of which we will advise.

Section 1.01 About Tidswell Financial Services Ltd

Tidswell Financial Services Ltd (*Tidswell*) is an Adelaide based company which holds both an RSE Licence and an Australian Financial Services Licence delivering trustee, administration and investment services. Its capabilities and strengths deliver services that are both complete and robust through scalable and technology driven solutions for the end-to-end administration of Superannuation Funds and insurance products. *Tidswell* is the policy owner and administrator of this product.

Section 1.02 About the Insurer

MetLife Insurance Limited ABN 75 004 274 882 , AFSL NO. 238096 (MetLife). The insurance offering provided under this PDS is delivered via group life and group Income Protection insurance policies issued by MetLife in Australia to *Tidswell* (as the policy owner and administrator only).

Section 1.03 About Group Insurance

Insurance helps provide you and your family financial security should you become disabled, terminally ill or die. Accordingly insurance should be seen as setting the bedrock of your financial plans. The insurance provided under the Risk Protection Plan is delivered through separate Group Life and Group Income Protection policies issued to Tidswell Financial Services Ltd as the policy owners.

The insurance offered via this PDS will protect you 24 hours a day, anywhere in the world.¹ Group insurance arrangements enable superannuation fund trustees and employers to tailor insurance cover to meet the particular needs of their fund or employee group.

The nature of group insurance cover means that premium rates are generally cheaper than individual retail insurance premium rates thereby delivering insurance cover with real cost benefits in your favour.

¹ subject to certain exclusions, see page 17.

Section 1.04 About the Risk Protection Plan

(a) Defined Terms

In this PDS all terms appearing in *italics* (other than in headings) are defined terms with special meanings. Detailed definitions appear on page i (inside front cover) and page 19.

(b) Product Overview

The Risk Protection Plan provides you with a choice of insurance products. If you are insured under the Risk Protection Plan, *you*, or *your* beneficiaries, will receive a lump sum in the event of *your* death, Terminal Illness or Total Permanent Disablement; or a monthly income replacement benefit (depending on the cover you select) and subject to satisfying the *Insurer's* requirements for a claim under the *Policy*.

(c) Individual Participants

As an Individual you can apply for cover or if *you* are already a *Participant*, apply to increase *your* cover by completing the 'Risk Protection Plan Application and Application for Insurance' form available on our website, www.tidswell.com.au. All insurance cover will be subject to acceptance by the *Insurer* and may include an exclusion and/or premium loading. Prior to submitting an application *you* should seek advice from a suitably qualified financial advisor to ensure the cover being applied for will meet *your* needs.

(d) Superannuation Fund Participants

Trustees of superannuation funds will have access to:

- ease of application for cover for fund members
- consolidation of cover from other insurers (subject to meeting conditions)
- *the ability for a member to maintain* insurance within the Risk Protection Plan *in the event a member leaves your fund*.
- corporate rates and automatic acceptance that may be available for groups of 50 or more *Participants* subject to acceptance by the *Insurer*
- takeover terms for existing externally insured funds that may be negotiated between us and the *Insurer* (subject to meeting conditions and acceptance by the *Insurer*)
- competitive rates

(e) Employer Group Participants

Employers will have access to:

- insurance that is available outside of *your* company superannuation arrangements
- ease of application for cover for *your* employees
- corporate rates and automatic acceptance that may be available for groups of 50 or more employees
- employees' insurance that can continue in force within the Risk Protection Plan if they leave *your* service
- takeover terms for existing externally insured group would be consider (subject to meeting conditions) subject to acceptance by the *Insurer*
- competitive rates

(f) Risk Protection Plan Membership

An individual can join the Risk Protection Plan in their own right. Superannuation fund trustees may be either a corporate trustee or individuals in the case of a Self Managed Superannuation Fund. Employers may be corporate entities, partnerships or individuals as the case may be.

Regardless of how you join the Risk Protection Plan, it is *your* responsibility to ensure all *Premiums* are paid when they fall due, otherwise the insurance cover and participation within the Risk Protection Plan will cease.

Section 2. Risk Protection Plan at a glance

(a) Individual

| Item | What is it? | More Information |
|-----------------------------|--|---|
| Product Description | This product pays a lump sum benefit on the death, Terminal Illness, Total and Permanent Disablement or a monthly benefit for Temporary Disability (Income Protection) of a <i>Covered Person</i> (depending on the cover selected). | Page 5 and Page 6 |
| Benefits | <ul style="list-style-type: none"> • Death cover – a lump sum payment on the death of the <i>Covered Person</i>. • Terminal Illness – a lump sum payment on the diagnosis of the <i>Covered Person</i> with a Terminal Illness. This payment is an advanced payment of the death benefit. • Total and Permanent Disablement (TPD) – a lump sum payment upon the TPD of the <i>Covered Person</i>. • Income Replacement (Income Protection) – on completion of an agreed waiting period, a regular monthly benefit calculated as a percentage of your income when you are absent from work due to injury or illness is paid. Payment is limited to the benefit period selected. | Page 5 and Page 7 and Page 19 and Page 6 |
| Entry Age | You must be aged between 15 and your 65 th birthday to be eligible to apply for Death, Terminal Illness or TPD cover and aged between 15 and 64 for Income Protection cover. | Page 5 and Page 6 |
| Expiry Age | <ul style="list-style-type: none"> • Death cover ceases when you turn 70 years old. • Terminal Illness – as per death cover. • TPD cover ceases when you turn 70 years old. • Income Protection cover ceases when you turn 65. | Page 5 and Page 6 |
| Membership Types | There are 3 types of memberships available: <ul style="list-style-type: none"> • Individual. • Superannuation fund (including self-managed super funds). • Employer sponsors (including key person insurance). | Page 5 |
| Automatic Acceptance | Automatic acceptance of insurance is not available to individuals. | Page 6 |
| Underwritten Cover | When you first apply for cover or subsequently look to increase your cover you will need to provide medical and personal information (by being underwritten by the <i>Insurer</i>). | Page 6 |
| Maximum Cover | <ul style="list-style-type: none"> • Death cover – \$5,000,000. • Terminal Illness – \$5,000,000. • TPD - \$3,000,000. • Income Protection up to 75% of annual income plus a 10% superannuation contribution based on annual income if cover is held within a superannuation fund, otherwise up to 75% of annual income. The total monthly benefit payable is \$30,000 per month for both options. | Page 5 and Page 6 |

| Item | What is it? | More Information |
|------------------------------------|--|---|
| How Premiums are calculated | <p>Premiums are calculated based on a number of factors including:</p> <ul style="list-style-type: none"> • whether cover is provided on an individual basis or as part of a group; • current age, occupation, gender, premium payment frequency; • personal pastimes and state of health; • level of and type of cover required (including waiting period and benefit period for Temporary Disability cover). | <p>Page 5</p> <p>and</p> <p>Page 6</p> |
| Exclusions/ Limitations | Automatic acceptance for individuals (not part of a group) is not available. There are also situations where benefits will be restricted or will not be paid. | Page 6 and Page 10 |

(b) Superannuation Funds

| Item | What is it? | More Information |
|----------------------------------|--|------------------|
| Eligibility | <ul style="list-style-type: none"> • self- managed super funds • corporate funds | |
| Automatic Acceptance | Automatic acceptance of insurance cover may be available for superannuation funds with more than 50 members. We can design automatic Group Cover that is tailored to your fund and it's membership (excluding SMSFs and SAFs). | Page 6 |
| Group Cover | Tailored insurance cover (at corporate group premium rates) for groups of 50 or more within your fund. | Page 6 |
| Group takeover terms | Terms may be negotiated for the takeover of existing group insurance arrangements for superannuation funds including for Groups within your fund. | Page 6 |
| Individual takeover terms | Where your fund has been chosen by your Participant under 'choice of fund' they may be able to transfer their existing death or death and TPD cover into your fund without medical underwriting, subject to meeting specific conditions. | Page 6 |

(c) Employer Groups

| Item | What is it? | More Information |
|--|---|--------------------------|
| Eligibility | Small, medium and large employers. | |
| Automatic Acceptance for Groups | Automatic insurance cover may be available for employer groups of 50 or more employees. Group cover, tailored (at corporate group premium rates) may be provided. | Page 5 and Page 6 |
| Group takeover terms | Terms may be negotiated for the takeover of existing group insurance arrangements for companies. | Page 6 |

Section 3. Insurance Product Description

Please note that each of the product descriptions applies to you regardless of whether you are applying for cover as an:

- individual
- superannuation trustee
- employer.

Section 3.01 Death &/or Total and Permanent Disablement

The Risk Protection Plan pays a lump sum benefit on the death, Terminal Illness (refer page 7) or (where applicable) *Total and Permanent Disablement of a Participant*.

| | |
|---|--|
| Eligible ages | Individuals aged between 15 and 65 can apply for cover. |
| Expiry age | Cover expires at age 70. |
| Applicable Definition of Total and Permanent Disablement | In respect to Total and Permanent Disablement benefits, only part 1 of the TPD definition applies if you are less than age 65 and working at least 15 hours per week. If you are aged between 65 and 70 or not in permanent employment working less than 15 hours per week, part 2 of the TPD definition applies, whilst part 3 of the TPD definition applies if your occupation is <i>Home Maker</i> . (refer to pages 19 and 20). |
| Minimum Premium | \$100 per annum per <i>Participant</i> . |
| Minimum Cover Available | \$100,000 per <i>Participant</i> . |
| Maximum Cover Available | There is a limit of \$5,000,000 on the amount of death cover you can apply for under this PDS. However, Total and Permanent Disablement benefits cannot exceed \$3,000,000. |
| How Premiums are Calculated | <i>Premiums</i> are based on: your level of cover, type of cover selected, and your current age. Your circumstances, including state of health, occupation and pastimes, may also affect your <i>Premium</i> . Refer page 15 . |
| Benefits | <ul style="list-style-type: none"> • Death cover - a lump sum payment on the <i>Participant's</i> death or diagnosis of Terminal Illness. Refer page 19. • Death & Total and Permanent Disablement (TPD) cover - a lump sum payment on the <i>Participant's</i> death, diagnosis of Terminal Illness or <i>Total and Permanent Disablement</i>. Refer page 19 . |
| Exclusions/Limitations | There are conditions under which benefits will not be paid. Refer page 10. |
| Other Important Information | <ul style="list-style-type: none"> • Alterations - We reserve the right to change the product specifications and terms of this product where permitted to do so under the law and as agreed between us and the <i>Insurer</i>. Refer to page i (inside front cover). • Information about your cover - Refer page 17 for details of what information you will receive on your cover. |

Section 3.02 Income Protection

The Risk Protection Plan pays a monthly benefit where you are *Totally or Partially Disabled* and are unable to work due to sickness or injury. Refer page 21 for details of what is covered.

| | |
|------------------------------------|---|
| Eligible ages | Individuals aged between 15 and 64 can apply for cover |
| Expiry age | Cover expires at age 65. |
| Waiting Period | You have the choice of 30, 60 and 90 days. |
| Benefit Period | You have the choice of 2 years, 5 years, to age 60 or to age 65 |
| Benefit | Up to 75% of annual income if non superannuation or 85% of annual income if held in a superannuation fund (which includes a 10% superannuation contribution) of the first \$400,000 of annual income and 50% of any income in excess of \$400,000 of annual income up to the Maximum Cover Available, payable on a monthly basis. |
| Minimum Premium | \$100 per annum per <i>Participant</i> . |
| Maximum Cover Available | The total monthly benefit applied for under this PDS cannot exceed \$30,000. There may be tax implications on the payment of benefits. Refer to page 18. |
| How Premiums are Calculated | <i>Premiums</i> are based on: your level of cover, waiting period and benefit period selected, insured benefit and your current age. Your circumstances, including state of health, occupation and pastimes, may also affect <i>Premiums</i> . Refer page 15. |
| Exclusions/Limitations | There are conditions under which benefits will not be paid. Refer page 10. |
| Other Important Information | <ul style="list-style-type: none"> Alterations - We reserve the right to change the product specifications and terms of this product where permitted to do so under the law. Refer to page i (inside front cover). Information about your cover - Refer page 17 for details of what information you will receive on your cover. |

Section 3.03 Applying for Cover under the Risk Protection Plan

(a) Who can apply?

All Australian residents who are aged between 15 and your 65th birthday for Group Life or aged between 15 and 64 for Income Protection can apply for cover, subject to the terms of the applicable *Policy*.

(b) Does Automatic Acceptance apply?

There are no Automatic Acceptance Limits within the Risk Protection Plan. Each *Participant* will be required to supply satisfactory evidence of health to the *Insurer*. The *Insurer* may be prepared to consider offering Automatic Acceptance in respect to an application received from a trustee of a superannuation fund or employer with 50 or more *Participants*/employees that are prepared to meet specific eligibility criteria both initially and on an ongoing basis. Trustees and employer are invited to enquire to determine whether their applications would be considered.

(c) Can cover be increased?

You may apply to increase cover at any time before the cessation date of the cover applying to you, however it is up to the *Insurer* to determine if it will accept your application.

(d) Can cover be taken over? – Income Protection

In certain circumstances the *Insurer* may be prepared to accept or “takeover” your existing insured benefits up to a maximum of \$15,000 per month with another provider within the Risk Protection Plan. Assuming you are eligible, the Risk Protection Plan can accept a transfer of your existing insurance cover without the need for further underwriting. In respect to cover in excess of \$15,000 per month, the *Insurer* will advise its additional requirements when it considers your eligibility to transfer cover.

We will need to obtain information about the existing cover in order to determine if it is eligible to be transferred under "takeover terms. Contact us for more details.

(e) When does cover start?

When you apply for cover you will be asked to nominate a 'commencement date'. Provided your Premium is received by Tidswell, you will be covered from the date the Insurer receives your completed application for Accidental Cover for up to 90 days while the Insurer assesses your application. Full cover will commence from the date the Insurer accepts the cover in writing. In order for the Insurer to assess your insurability you are required to fill in and provide a personal statement and declaration of health. The Insurer may seek additional information as part of its assessment.

If circumstances mean that the Insurer is unable to complete its assessment within 90 days of the nominated commencement date, you will be refunded any Premiums paid in respect of this period.

If, as a result of this assessment, the Insurer declines your cover, all Premiums paid by you in respect of the cover you were applying for will be refunded.

(f) When will cover cease?

Your cover will cease on the first of any one of the following:

- Upon receipt of a written request from you requesting termination of cover;
- A Death, Terminal Illness or Total and Permanent Disablement is paid to you or your estate;
- You reaching the cover cessation age;
- Thirty (30) days after you cease to be a Participant of the Risk Protection Plan;
- Thirty (30) days after the due date of a Premium that has not been paid.
- The day upon which you commence active duty with the armed forces of any country;
- The Policy is cancelled or terminated for any reason;
- You cease being totally or partially disabled.

Cover is conditional upon you notifying us of any claim for Total and Permanent Disablement within twelve (12) months of you becoming absent from work with your employer, if such absence is the subject of a claim for Total and Permanent Disablement.

(g) Benefits of the Risk Protection Plan

We will pay you a lump sum or, where applicable, an income benefit, equal to the amount you are covered for if, while cover is in force you:

- die; or
- if you have selected Death and TPD cover, you become Totally and Permanently Disabled; or
- if you have selected group Income Protection cover, you become Disabled; or

We may also pay you a lump sum if you are diagnosed with a Terminal Illness while cover is in force, as outlined below.

(h) Terminal Illness benefit

If you have Death only, or Death and TPD cover, and are expected to live less than 24 months, and you are diagnosed with a terminal illness the Insurer may pay a Terminal Illness benefit up to 100% of the Death cover where a person who suffers from an illness which:

- Two medical practitioners, one of whom specialises in the Participant's illness, certify in writing that despite reasonable medical treatment the Participant's illness will lead to the Participant's death within 12 months of the date of the certification, and
- The Insurer is satisfied, on medical or other evidence that despite reasonable medical treatment the Participant's illness will lead to the Participant's death within 12 months of the date of the certification referred to in the previous paragraph.

However, if you are a member of a superannuation fund where the insurance is provided by the Risk Protection Plan, you should be aware that if you withdraw your full entitlement from your superannuation fund, any insurance cover through the Risk Protection Plan will cease at that time as you will have ceased to be a member of that fund. In order to apply for an insured terminal illness benefit, which is based on a 12 month prognosis, you will need to maintain an account balance within

the superannuation fund to ensure sufficient funds are available to cover your insurance premiums and will need to complete the insurer's terminal illness claim documentation. This is due to a difference between the 24 month timeframe required by super legislation and the 12 month time frame relevant to your insurance cover provided by the Risk Protection Plan.

Please note that where a Terminal Illness benefit is paid we will reduce your Death only cover, or Death and TPD cover, by the amount paid.

(i) Future Life Events Option- Group Life

This benefit allows you to increase your Sum Insured without the need for more health questions to be assessed by the Insurer.

This benefit allows you to increase your death and/or death and total and permanent disablement insurance cover by an amount limited to the lesser of \$100,000 or 25% of the insurance cover held by the Covered Person at the date of the event or the amount of the mortgage when the following events occur (and we have received evidence of the event occurring):

- getting married; or
- adopting or becoming a natural parent of a child; or
- obtaining a mortgage on a newly purchased property in which you intend to reside in immediately after its purchase.

It is easy to apply for this benefit, simply contact us on 08 8223 1676 for a Future Life Events Benefit application form, complete it and return it to us.

The following conditions apply:

- you can increase your insurance cover on one occasion only within the Risk Protection Plan;
- your application for a Future Life Events benefit increase must be made within sixty (60) days of the event occurring;
- if you are not in capable, by any illness or injury of working for at least 30 hours per week on the day the Insurer receives your application under this offer, Limited Cover will apply to the amount of the increase in cover until you have returned to work for 30 consecutive days working 30 or more hours per week.
- your original insurance terms will apply to the increased insurance amount;
- your Premium will be adjusted based on the increased insurance amount;
- any increase in insurance cover will be subject to the maximum cover limit as set out on page 3; and
- that this benefit cannot be applied for if you are entitled to make, or are receiving or seeking payment of, a claim under the Risk Protection Plan.

(j) How to calculate your income for Income Protection purposes?

1. Full-time employee

Your total monthly regular income received from your employer from personal exertion for your usual occupation (including salary sacrifice amounts but excluding overtime, profit distributions, director's fees and any other non regular payments). Where your income includes commission and bonuses these components will be averaged over a three (3) year period.

2. Self-employed

Your total monthly income is your share of the net income before tax of the business (your share of business income less business expenses) due directly to your personal exertion. Your income excludes Investment income, business expenses and mandated superannuation contributions. Monthly income is the average over the previous 12 months.

3. Employed but not in Permanent Employment

Your total monthly regular income received as described for a Full-time employee above averaged over the previous 12 months or the actual period if less, subject to a minimum averaging period of 6 months.

(k) Partial Disability – Income Protection

What if I can still perform some of my duties or can only work for a limited number of hours?

In this case a proportional benefit (a Partial Disablement Benefit) is paid if you resume employment at a

reduced income while you remain partially disabled.

The Partial Disability Benefit will be paid when:

- You have been totally disabled for 7 consecutive days out of the first 12 working days of the waiting period;
- You are either totally disabled or partially disabled for the balance of the waiting period; and
- At the end of the waiting period you remain partially disabled.

Your Partial Disability Benefit is calculated in accordance with the following formula:

$$\frac{(\text{Monthly Income} - \text{Disability Income}) \times \text{Disability Monthly Benefit}}{\text{Monthly Income}}$$

(l) Recurrent Disability – Income Protection

If your illness or injury recurs within 6 months of a Total Disability or a Partial Disability, the *Insurer* will treat the same or related illness or injury as a continuation of the previous claim and a new waiting period will be waived, but the payments will only be made for any remaining part of the benefit period.

(m) Automatic Indexation of Income Protection Benefit following claim admission

To retain the real value of your Income Protection Insurance following admission of a claim, the *Insurer* will automatically increase your monthly benefit payable each year on the anniversary of the end of the waiting period applicable to your benefit. The increase will be limited to the lesser of:

- 5%; or
- The percentage increase in the Consumer Price Index over the 12 month period concluding at the end of the last reported quarter prior to the anniversary described above.

Note, any increase under this provision cannot increase any benefit to greater than the maximum monthly benefit as set out on page 6.

(n) Death Benefit – Income Protection

In the event of your death while you are receiving benefits, the *Insurer* will pay three (3) times your Disability Monthly Benefit and Superannuation Contribution (if applicable) to your nominated beneficiary (if applicable), or to your estate.

You can nominate a beneficiary at the time of application or call (08) 8223 1676 to request a Nomination of Beneficiary Form. You can change the beneficiary at any time and you should review your nomination if your personal circumstances changes.

(o) Rehabilitation Expense Benefit – Income Protection

If the *Insurer* has approved your claim, you may be entitled to reimbursement of rehabilitation expenses up to certain limits. The *Insurer* will pay a Rehabilitation Expense Benefit equal to the amount of your rehabilitation expenses incurred up to a maximum of six (6) times your monthly *Sum Insured* and superannuation contribution (if applicable) if:

- you are *Disabled* or *Partially Disabled*; and
- the *Insurer* approves the Rehabilitation Expenses in writing before they are incurred; and
- the Rehabilitation Expenses are incurred to:
 - directly assist you to return to work in your occupation or any gainful occupation; and
 - undertake a vocational retraining program.

Note that the *Insurer* will pay the Rehabilitation Expense Benefit directly to the provider of the applicable service relating to the Rehabilitation Expense or as the *Insurer* may approve on a case by case basis.

(p) Interim Accident Cover

Whilst your application is being considered by the *Insurer*, whether a new application or an application to increase existing cover, you will be provided with Interim Accident Cover. This cover commences when the *Insurer* receives your fully completed insurance application.

The maximum benefit payable is:

- For death or TPD cover, the lesser of the amount of insurance applied for and \$1,000,000 of either death or TPD insurance; and
- For Income Protection cover, the lesser of the amount of insurance applied for and \$10,000 per month of Income Protection insurance.

Interim Accident Cover is paid in the event of *your* death by accident or disablement by accident depending on the type of cover you have applied for. Refer to the definition of *Accidental Death and Disablement* on page 19.

Interim Accident Cover ceases when *your* application for cover is either accepted, rejected, withdrawn or 90 days from the date *your* application began, whichever is the earlier.

(q) Reductions of Income Protection benefits

Income protection benefits will be reduced by any payment made under a similar policy or by any Workers Compensation payments or any other statutory compensation or social security payments.

(r) Exclusions & Limitations – Group Life and Income Protection

No benefit will be payable under an applicable *Policy*:

- where the payment of such a benefit would expose the *Insurer*, the *Policy Owner*, or the *Covered Person* to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or United States of America; OR
- if *you* die or become disabled within a period of twelve (12) months from the date cover commences, is reinstated, or from the date of any increase (but only in respect of the increase), where death or disablement is caused directly or indirectly by *your* own hand or act whether *you* are sane or insane in respect of Death only or Death and TPD cover; OR
- if *you* become Totally or Partially Disabled at any time from the date cover commences, is reinstated, or from the date of any increase (but only in respect of the increase), and the disablement is caused directly or indirectly by *your* own hand or act whether *you* are sane or insane in respect of income protection cover; OR
- if the cause of the death or disability claim has been excluded or restricted by the *Insurer* and we have advised *you* of the exclusion or restriction after undertaking the *Insurer's* normal underwriting process; OR
- if *you* become Totally Disabled (under the Group Life *Policy*) or Disabled or Partially Disabled (under the Income Protection *Policy*) as a result of a normal and uncomplicated pregnancy or childbirth, threatened miscarriage, in-vitro fertilisation or other medically assisted fertilisation techniques OR
- If *your* illness or injury resulting in *your* death or disability is caused by war (whether declared or not) outside Australia; OR
- If *you* commence duty with the military services (other than the Australian Armed Forces Reserve and are not on active duty outside Australia) of any country; OR
- If *you* became Disabled (under the Income Protection *Policy*) as a result of war; OR
- if:
 - a physical condition which is known about prior to commencement of cover but was not disclosed on the application, or
 - engaging in any pursuit or occupation that was not disclosed in the application that the *Insurer* would not normally cover.

(s) Continuation Option – Group Life

If *your* insurance cover from the Risk Protection Plan is provided on *your* life via either a superannuation fund or an employer sponsor within a group of 50 or more members or employees and *you* leave either that superannuation fund or *your* employer, cover may be continued as an individual, provided that an application for continuation of cover is received and accepted by *us* and the applicable *Premiums* continues to be paid. Please contact *us* for should *you* qualify and *you* wish to take advantage of this Continuation Option so that we may issue the relevant form to put this into effect.

Section 4. Premiums, Fees and Other Costs

The Risk Protection Plan provides insurance benefits only - it is **not** an investment and **does not** provide any investment return. There is no residual value once the *Premiums* are applied to your *Participant's* Account. If there is an alteration to either the premium rates applied by the *Insurer* or any charges applied in the ongoing administration of the Risk Protection Plan, we will give you 30 days written notice before application of any increase in rates or charges.

The *Premium* is calculated based on the following factors:

- the *Covered Persons* age next birthday
- gender
- whether the *Covered Person* is a smoker or non smoker
- the *Sum Insured* required
- type of cover
- waiting period selected
- benefit payment period selected
- stamp duty (if applicable)
- the *Covered Persons* occupation category
- any special factors that the *Insurer* may apply upon underwriting the insurance application

All Fees, charges, Adviser remuneration and taxes (if any) are automatically included within a levied *Premium*.

Section 4.01 Administration Fees

| Fee Type | Amount | How and when paid |
|----------------------------------|---|--|
| Account Fee | \$93.60 pa for each <i>Participant's</i> Account for the year ending 31 May 2016 | That portion of the fee is deducted from the <i>Premium</i> as it is received |
| Claims Administration Fee | 10% of Death or Death and TPD premium and 25% of Income Protection Premium | |
| Premium Frequency Fee | Paid Yearly : 0% of premium Paid Half Yearly : 5% of premium Paid Quarterly : 8% of premium | |

Section 4.02 What are the Other Fees?

Currently, apart from the *Premium* which is charged by the *Insurer* and the fees charged by *Tidswell*, no other fees are charged. However both the *Insurer* and *Tidswell* retain the right to introduce new fees. If either or both the *Insurer* or *Tidswell* introduces any new fees, or there is an increase to any current fee, you will be notified at least thirty (30) days prior to such fee taking effect.

Section 4.03 Adviser Remuneration

If you join the Risk Protection Plan through a financial adviser, the adviser selling you this product may receive payment (remuneration from your *Premium*) for this sale. Your adviser has to meet their expenses from this remuneration and may also rely on it to provide them with an income. Your adviser may negotiate with you a service fee as a percentage of the insurance premium to cover costs associated with agreed service deliveries to you. The agreed negotiated fees must be advised in writing when your application is received or at the time any re-negotiated fee is arranged. Your adviser may charge you directly a fee for service.

Section 4.04 Stamp Duty

State governments may impose stamp duty in accordance with the stamp duty rates applicable in the state or territory in which the *Covered Person* lives. They vary from state to state and currently range between 0% and 11%. If applicable, the stamp duty will be included in the *Premium*. Should changes in the law result in additional taxes or imposts in relation to the applicable *Policy*, these amounts may be added to the *Policy* and reflected in any revised *Premium*.

Section 4.05 Goods and Services Tax (GST)

The Federal government GST is applied to the administration fee levied by *Tidswell* and any commission paid to your financial adviser and is automatically included within the *Premium* levied.

Section 4.06 Tax or other Government Impost

Where we believe that we will become liable for any tax or other impost levied by any Commonwealth, State or Territory government, authority or body in connection with the insurance offered under the Risk Protection Plan, we may vary or otherwise adjust any amounts (including the *Premium*) under the insurance offered in a manner and to the extent that we determine to be appropriate to take account of the tax or impost.

Section 4.07 Wartime Premiums

In the event of any war which involves an act of invasion of the states and/or territories of Australia in which the Commonwealth of Australia's armed forces are involved, the *Insurer* reserves the right to alter the premium rates applicable to the Risk Protection Plan.

Section 5. Taxation

It is important to know the impact of tax on premiums and benefits of the Risk Protection Plan. The table below summarises the tax treatment of both premiums and benefits paid with respect to the Risk Protection Plan. This information is a general guide only and is based on current taxation laws, their continuation and their interpretation. For information about *your* individual circumstances, we recommend you seek professional advice from a suitably qualified licensed financial adviser or tax adviser to determine the correct tax treatment that applies to you.

| Premiums – tax treatment | | | |
|---------------------------------|---|--|--|
| Insurance Type | Tax deductibility of premiums – individuals outside of super | Tax deductibility of premiums – Superannuation funds | Tax deductibility of premiums – businesses (eg Key person) |
| Death Benefit | <i>Premiums</i> are generally not tax deductible. | <i>Premiums</i> are generally tax deductible for the Trustee of a super fund provided the Account is in the name of the Trustee and the life insured is a <i>member</i> of the super fund. | <i>Premiums</i> may be tax deductible for businesses that insure key people's income to the business. The premiums are not tax deductible if the purpose of the insurance is to provide a lump sum capital payment to the business, but the benefits received from this cover do not incur taxes. The employer may also incur an FBT and GST liability in relation to the premiums paid. |
| TPD Benefit | <i>Premiums</i> are generally not tax deductible. | <i>Premiums</i> are generally tax deductible for the Trustee of a super fund provided the Account is in the name of the Trustee and the life insured is a <i>member</i> of the super fund. | <i>Premiums</i> may be tax deductible for businesses that insure key people's income to the business. The premiums are not tax deductible if the purpose of the insurance is to provide a lump sum capital payment to the business, but the benefits received from this cover do not incur taxes. The employer may also incur an FBT and GST liability in relation to the premiums paid. |
| Terminal Illness benefit | <i>Premiums</i> are generally not tax deductible. | <i>Premiums</i> are generally tax deductible for the Trustee of a super fund provided the account is in the name of the Trustee and the life insured is a <i>member</i> of the super fund. | <i>Premiums</i> may be tax deductible for businesses that insure key people's income to the business. The premiums are not tax deductible if the purpose of the insurance is to provide a lump sum capital payment to the business, but the benefits received from this cover do not incur taxes. The employer may also incur an FBT and GST liability in relation to the premiums paid. |

Premiums – tax treatment

| Insurance Type | Tax deductibility of premiums – individuals outside of super | Tax deductibility of premiums – Superannuation funds | Tax deductibility of premiums – businesses (eg Key person) |
|----------------------------------|--|---|--|
| Income Protection benefit | Premiums are generally tax deductible under Section 8-1 of the <i>Income Tax Assessment Act (1997)</i> . | Premiums are generally tax deductible for the Trustee of a super fund provided the Account is in the name of the Trustee and the life insured is a <i>member</i> of the super fund. | Premiums may or may not be tax deductible. Specialist tax advice should be sought. |

Benefit payments – tax treatment

| Insurance Type | Tax payable on benefits – individuals outside of super | Tax payable on benefits – Superannuation funds | Tax payable on benefits – businesses (eg Key person) |
|----------------------------------|---|--|---|
| Death | Payments are generally not subject to income tax. | Payments made to the spouse or financial dependant are tax free. Payments made to a non-financially dependant person may be taxed at up to 30% plus Medicare Levy. | Payments may be assessed as income to the business and could incur tax. |
| TPD Benefit | Payments are generally not subject to income tax. | Payments are generally tax free if paid to <i>Participants</i> who are over age 60. Subject to certain requirement, part of the benefit paid to a <i>Participant</i> under age 60 may be tax free. | Payments may be assessed as income to the business and could incur tax. |
| Terminal Illness benefit | Payments are generally not subject to income tax. | Payments are generally tax free. | Payments may be assessed as income to the business and could incur tax. |
| Income Protection benefit | Payments will be assessed as income and will be taxed at the recipient's marginal tax rate. | Payments will be assessed as income and will be taxed at the recipient's marginal tax rate. | Payments may be assessed as income to the business. Specialist tax advice should be sought. |

Disclaimer

This information is a guide only and is based on current taxation laws, their continuation and their interpretation. For information about your specific circumstances, contact your taxation adviser.

Section 6. Important Information

Section 6.01 Underwriting

In order to obtain cover you are required to undergo a process known as underwriting. This underwriting process takes into account your health, pastimes and occupation.

If you are in good health (as determined by the *Insurer* during underwriting), and you are not involved in pastimes recognised by the *Insurer* as carrying an associated high risk (such as skin diving), and are not in an occupation which includes duties deemed by the *Insurer* to be of a hazardous nature (such as explosives handling), then a standard premium will be payable. If the underwriting process indicates that you have poor health, are involved in high-risk pastimes or perform hazardous duties at work, a premium that is higher than the standard premium may be payable or cover may be limited or declined.

Section 6.02 Cooling Off Period

A 21 day cooling off period applies. Within this time you may cancel the cover and receive a full refund of any premiums paid, provided you have not lodged a claim under the Risk Protection Plan. Your request will need to be in writing and forwarded to *Tidswell* at the address shown on the front cover of this brochure.

If you exercise any rights in relation to the insurance cover before the 21 day period has elapsed, your option to cancel the cover and receive a refund will be forfeited.

Section 6.03 Premiums

(a) What are premiums and how are they calculated?

Premiums are the amount charged by us in respect of any *Participant* in order to arrange and provide cover with the *Insurer*. *Premiums* will depend on the level and type of cover you require, as well as your current age and, where applicable, salary. *Premiums* will also depend on your personal circumstances including your state of health, occupation and pastimes. A discount is available for paying premiums annually in advance.

Premiums will include any stamp duty charged by a state or territory government as well as any other taxes that may be levied by state or federal governments. Refer to page 12 for further details.

(b) What if I don't pay the premium?

If you do not pay the premium when it is due, cover will lapse after thirty (30) days, this means cover will cease.

(c) How can I pay the premium?

Premiums can be paid by:

- Cheque; or
- Electronic Funds Transfer (EFT).

Cheques are to be made payable to "**Tidswell Financial Services Ltd**".

Please contact us on 08 8223 1676 for necessary details to effect an EFT payment.

(d) Are premium rates guaranteed?

Premium rates are not guaranteed and can change from time to time. Any change, however, will affect all *Participants*, not just you. We will notify you at least thirty (30) days prior to any such change taking effect.

(e) Guaranteed Renewable

If you meet your obligations, including, complying with your Duty of Disclosure during the underwriting process and paying your premium when due, your cover cannot be cancelled by the *Insurer*.

Section 6.04 Your Duty of Disclosure

(a) Duty of Disclosure

A person who enters into a life insurance contract in respect of *your* life has a duty under the Insurance Contracts Act, 1984 (Cth), before entering into the contract, to tell the *Insurer* anything that he or she knows, or could reasonably be expected to know, may affect the *Insurers* decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the *Insurer* agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the *Insurer* anything that:

- reduces the risk the *Insurer* insures you for; or
- is common knowledge; or
- the *Insurer* knows or should know as an insurer; or
- the *Insurer* waives *your* duty to tell it about.

If you do not tell the *Insurer* something that you know, or could reasonably be expected to know, may affect the *Insurers* decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell the *Insurer*.

(b) If the person entering the contract does not tell the *Insurer* something

In exercising the following rights, the *Insurer* may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the *Insurer* may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the *Insurer* anything he or she is required to, and the *Insurer* would not have provided the insurance if he or she had told the *Insurer*, the *Insurer* may avoid the contract within 3 years of entering into it.

If the *Insurer* chooses not to avoid the contract, the *Insurer* may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the *Premium* that would have been payable if he or she had told the *Insurer* everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, the *Insurer* may only exercise this right within 3 years of entering into the contract.

If the *Insurer* chooses not to avoid the contract or reduce the amount of insurance provided, the *Insurer* may, at any time vary the contract in a way that places the *Insurer* in the same position it would have been in if he or she had told the *Insurer* everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the *Insurer* is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

(c) Your Privacy

The *Insurer* and *Tidswell* respect *your* privacy. Before we collect personal information you should know the following things:

We need personal information (including health information) about you to:

- assess *your* application for one of our products; and
- administer the insurance cover that may result (including assessing and processing any claims).

Where relevant for this purpose, we will disclose this information (which may include disclosure of sensitive information such as health information):

- to *your* adviser and the licensed dealer or broker the adviser represents;
- to our agents, contractors, business partners and service providers who provide financial, administration and other services in connection with the operation of our business or products.

A copy of the *Insurer's* privacy policy can be located on their website, www.metlife.com.au

Similarly, *Tidswell's* privacy policy may be found on our website www.tidswell.com.au.

We may also disclose information about you where we are required or permitted to do so by law.

If you do not provide the information asked for, we may not be able to:

- accept your application for this insurance cover; or
- offer insurance cover (or increased insurance cover).

We may use personal information (but not sensitive information, such as health information) collected about you to notify you of other products and services, or we may pass it to other companies in the *Tidswell Group* to allow them to notify you of their products or services. If you do not want any of this personal information used in this way you should contact us.

In most cases, on request, we will give you access to any personal information we hold about you. We may charge you for reasonable administrative costs associated with providing you with this information.

You may contact the *Insurer*, MetLife Insurance Limited by telephone on 1300 555 625 or by writing to:

The Privacy Officer
MetLife Insurance Limited
PO Box 3319
Sydney NSW 2001.

You may contact *Tidswell* by telephone on (08) 8223 1676 or by writing to:

The Privacy Officer
Tidswell Financial Services Ltd
50 Hindmarsh Square
Adelaide SA 5000

To help us respond promptly to your enquiry, please provide details of your membership where known.

By applying for this product you agree to the above uses of information.

Section 6.05 Other Information

(a) 24-hour World-wide Cover

Cover is provided in respect of a *Participant* 24 hours a day worldwide subject to the war exclusion referred to in the exclusions section. *Participants* who make a claim may be required to return to Australia at their own cost in order to be assessed.

Under the *Income Protection Policy*, *Participants* residing overseas will have the payment of their benefits limited to 12 months unless they reside in Canada, New Zealand, the UK, the US or in other countries as agreed by the *Insurer*.

(b) Information on Your selected Cover

When you commence cover under the Risk Protection Plan, you will receive an Insurance Certificate. The Insurance Certificate will outline the cover you have within the Risk Protection Plan. It is an important document and should be read carefully. Should there be any changes to the benefits included in the Insurance Certificate, you will be notified by mail.

Each year *Tidswell* will send you a renewal advice approximately 4 weeks prior to the due date with full details of the premium due for payment on the renewal date.

(c) Further Information

You may request further information about the products offered under the Risk Protection Plan, including a copy of the *Policy* documents, by contacting *Tidswell* at the address shown on the front cover or by telephoning us on (08) 8223 1676. If so requested, we will give you further information which has previously been generally made available to the public and might reasonably influence your decision whether to acquire these products. The provision of further information may be subject to a charge.

(d) Enquiries and Complaints Resolution

If you have an enquiry or require further information about your insurance, please contact Tidswell on (08) 8223 1676.

If you have a complaint about your insurance, please contact Tidswell who will aim to acknowledge any complaint within 21 days and to resolve the complaint within 45 days. Tidswell and the Insurer are also Participants of the Financial Ombudsman Service (FOS), an independent body designed to help you resolve complaints relating to your account, as well as complaints relating to financial or investment advice and sales of financial or investment products. If you are not satisfied with the response from Tidswell, or we fail to resolve the complaint within 45 days (or any extended period you agree), you can raise the matter with FOS at GPO Box3, Melbourne VIC 3001. The toll free number for FOS is 1800 367 287. Their email address is info@fos.org.au.

(e) How to Make a Claim

We must be advised of the death or *Total and Permanent Disablement* or *Total Disability* of a Participant as soon as is reasonably possible. If you are late notifying us of a claim, the Insurer may reduce the amount we pay if the Insurer is prejudiced by the delay.

You can do this by contacting Tidswell and a claim form will be forwarded to you.

Before a claim is payable, we and in turn, the Insurer must receive proof to the Insurers satisfaction of your death or *Total and Permanent Disablement* or *Total or Partial Disability*

Proof of occurrence of a claimable event must be supported by:

- a completed claim form available by calling Tidswell on (08) 8223 1676;
- one or more appropriate reports from a medical practitioners registered in Australia or New Zealand (or other country approved by the Insurer) who are not related to you;
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence; and
- if it is a result of a surgical procedure, we will require evidence that the procedure was medically necessary.

The Insurer's medical advisers must support the occurrence of the claimable event. The Insurer reserves the right to conduct surveillance and to require you to undergo an examination or other reasonable tests with a medical doctor of the Insurer's choice or other specialists to confirm the occurrence of your *Total and Permanent Disablement* or *Total Disability*.

(f) Significant risks

The risks associated with becoming a Participant of the Risk Protection Plan that need to be considered include:

- whether membership of the Risk Protection Plan will provide the necessary cover required
- if the duty of disclosure is not complied with, the claim may be rejected in full or part
- if terms and conditions applicable to membership are not complied with (eg Premiums not paid by the due date or delayed lodgement of a claim and the Insurer's/policy owner's interests have been prejudiced by the delay), entitlements may be cancelled in full or part
- if membership is cancelled a person will receive nothing. Membership does not include any savings or investment element
- the claim not being accepted or the Benefit is reduced in certain circumstances
- premium rates are not guaranteed, and
- an event including the Insurer's insolvency which may prevent the payment of a claim.

It is recommended that you seek professional financial advice from a suitably qualified and licensed financial adviser to determine your particular needs and requirements to ensure the right product is provided to match your needs whilst minimising risks that might apply to you. The duty of disclosure is explained on page 16.

This PDS contains a summary of the benefits available. Should you wish to obtain a copy of the applicable Policy please contact us on 08 8223 1676 and we will provide you with a copy.

Section 7. Definitions

For the purpose of this PDS the following important definitions apply in addition to those appearing on the inside of the front cover. Note they are a summary of the definitions under the applicable *Policy*:

Section 7.01 Group Life

Accidental Death and Disablement means death or disablement as a result of Injury where death or disablement occurs within 365 days of the Injury and the accident occurred while the cover is in force.

Limited Cover means the person is only covered for an illness that first becomes apparent, or an injury that first occurs, on or after the date cover commenced.

Terminal Illness means the conclusive diagnosis by two Medical Practitioners, one of whom specialises in the Covered Person's illness that the Covered Person has a remaining life expectancy of less than twelve (12) months.

Total and Permanent Disablement and "TPD" means

Part 1: - For a Covered Person who, at the Date of Disablement, was less than age 65, in Permanent Employment working at least the Minimum hours, where one of the following Part 1, (a), (b), (c) or (d) applies:

- (a) The Covered Person suffering the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot).
- (b) The Covered Person having been absent from their occupation through Illness or Injury for six consecutive months and having provided proof to the satisfaction of us that the Covered Person has become incapacitated to such an extent as to render the Covered Person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.
- (c) The Covered Person through Illness or Injury and having provided proof to the satisfaction of us is permanently unable to perform 2 of the following 6 basic activities of everyday living:
 - Bathing - to shower or bathe;
 - Dressing – to dress or undress;
 - Toileting – to use the toilet including getting on and off
 - Feeding – to eat and drink;
 - Continence – to control bladder and bowel functions;
 - Mobility – to get out of bed or chair or wheelchair.

If the Covered Person can perform the activity by using special equipment they will be considered able to undertake that activity.

- (d) The Covered Person through Illness or Injury is suffering from the permanent deterioration or loss of intellectual capacity and has provided proof to our satisfaction that the Covered Person is required to be under continuous care and supervision by another adult person for 6 consecutive months and this care is likely to be on a permanent daily basis and on-going.

Part 2: Where a Covered Person is not in Permanent Employment working at least the Minimum hours at the Date of Disablement or is aged between 65 and 70 years at the Date of Disablement, if one of the following Part 2 (a), (b) or (c) applies:

- (a) The Covered Person suffering the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot).
- (b) The Covered Person through Illness or Injury and having provided proof to the satisfaction of us is permanently unable to perform 2 of the following 6 basic activities of everyday living:
 - Bathing - to shower or bathe;
 - Dressing – to dress or undress;
 - Toileting – to use the toilet including getting on and off;
 - Feeding – to eat and drink;
 - Continence – to control bladder and bowel functions;
 - Mobility – to get out of bed or chair or wheelchair.

If the *Covered Person* can perform the activity by using special equipment they will be considered able to perform the activity.

- (c) The *Covered Person* through Illness or Injury is suffering from the permanent deterioration or loss of intellectual capacity and has provided proof to our satisfaction that the *Covered Person* is required to be under continuous care and supervision by another adult person for 6 consecutive months and this care is likely to be on a permanent daily basis and on-going.

Part 3: Where at the Date of Disability a *Covered Person's* Occupation is Home Maker, one of the following Part 3, (a), (b), (c) or (d) applies:

- (a) The *Covered Person* suffering the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot),
- (b) The *Covered Person* through illness or injury and having provided proof to the satisfaction of us is permanently unable to perform 2 of the following 6 basic activities of everyday living:
- Bathing - to shower or bathe;
 - Dressing – to dress or undress;
 - Toileting – to use the toilet including getting on and off
 - Feeding – to eat and drink;
 - Continence – to control bladder and bowel functions;
 - Mobility – to get out of bed or chair or wheelchair.

If the *Covered Person* can perform the activity by using special equipment they will be considered able to perform the activity),

- (c) The *Covered Person* through Illness or Injury is suffering from the permanent deterioration or loss of intellectual capacity and has provided proof to our satisfaction that the *Covered Person* is required to be under continuous care and supervision by another adult person for 6 consecutive months and this care is likely to be on a permanent daily basis and on-going.
- (d) The *Covered Person* as a result of Illness or Injury, who is under the regular care of a Medical Practitioner and for a minimum period of 6 consecutive months, is unable to:
- Perform Normal Domestic Duties.
 - Leave their home unaided; and
 - Be engaged in any employment

And at the end of six months provided proof to our satisfaction that the *Covered Person* has become incapacitated to such an extent as to render the *Covered Person* to likely require permanent ongoing medical care and be unlikely ever to engage in Normal Domestic Duties nor any occupation

Section 7.02 Group Income Protection

Partially Disabled or Partial Disability means a Covered Person:

- a. has been Disabled for at least 7 days out of the first 12 working days of the Waiting Period; and
- b. is unable to work in their Occupation at full capacity as a result of the Illness or Injury resulting in Disability; and
- c. is working in their Occupation or any other occupation but only in a limited capacity; and
- d. is earning a monthly Disability Income less than their Monthly Income; and
- e. is under the regular care and following the advice of a Medical Practitioner.

Disabled or Disability means solely as a result of Illness or Injury occurring whilst the Policy is in force if a Covered Person is:

- a. unable to perform at least one Income Producing Duty of his or her Occupation; and
- b. not working in any occupation, whether or not for reward; and
- c. under the regular care and following the advice of a Medical Practitioner.

Income has the same meaning as that described on page 8 at Section 3.03(j) under the heading "How to calculate your income for Income Protection purposes?".

Income Producing Duty means a duty of the Covered Person's Occupation that generates at least 20% of the Covered Person's Monthly Income.

Occupation means the employment or activity in which the Covered Person is principally Employed by an Employer, or self employed as applicable.

Section 8. Subscriber Application Form

To make an application you will need to download the appropriate Application Form from www.tidswell.com.au. The Application Form you select to complete will depend on whether you are an:

- Individual; or
- Incorporated Body

who is looking to effect the insurance cover being offered through this PDS.

Section 8.01 Application Checklist

1. When completing the Application Form please
 - Use a black or blue pen
 - Use BLOCK LETTERS ONLY
 - Use (✓) in boxes
 - If you make a mistake, do not use correction fluid, instead cross out the error, initial the change and be sure to date it.
2. To apply, complete and sign the separate application form.
3. Complete any questionnaires if requested to do so.
4. If you intend to have your payments debited directly from your bank account, please ensure you have complete Direct Debit Request contained in the Application form.
5. If you are making your first payment by cheque, please make it payable to "Tidswell Financial Services Ltd" for the agreed *Premium* amount.
6. Attach any completed questionnaires requested together with your cheque (if either applicable) to the application form.
7. To lodge your application and all supporting documents by either:
 - Handing them to your financial adviser for lodgement
or
 - Mail it to:

Tidswell Financial Services Ltd
50 Hindmarsh Square
ADELAIDE SA 5000

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The issuer and policy owner is
Tidswell Financial Services Ltd
ABN 55 010 810 607 AFSL 237628

Address
50 Hindmarsh Square, Adelaide SA 5000

Postal Address
50 Hindmarsh Square, Adelaide SA 5000

t (08) 8223 1676

f (08) 8232 1675

w www.tidswell.com.au

e insurance@tidswell.com.au