

TAL



Life Insurance

**Go
Protect**

Product Disclosure Statement | 24 October 2011

TAL Life Limited ABN 70 050 109 450 AFSL 237 848

Contact details

You can contact TAL, 8:00am – 7:00pm (EST), using the details below:

TAL Life Limited

80 Alfred Street South
Milsons Point NSW 2061

Contact

Monday to Friday 8.00am – 7.00pm (AEST)

Customer Service Centre **1300 209 088**

Adviser Service Centre **1300 286 937**

Fax **1300 351 133**

Email goprotect@tal.com.au

www.tal.com.au

PO Box 142,
Milsons Point, NSW 1565

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About this document

This Product Disclosure Statement (PDS) gives you important information about an insurance policy known as Go Protect.

The information contained in this PDS is of a general nature and does not take into account Your individual objectives, financial situation or needs. You should consider how appropriate the insurance is in regards to Your objectives, financial situation and needs, and seek advice from Your financial adviser before deciding on appropriate insurance cover.

Go Protect, also called the 'Policy', is issued by TAL Life Limited (TAL, we, us, our). The formal terms and conditions of the Policy are set out in the Policy Document and the Policy Schedule which will be sent to You once the Policy is issued by us.

If there is any inconsistency between this PDS and the Policy Document, the full terms and conditions contained in the Policy Document will prevail to the extent of the inconsistency. The Policy Document is also available from your financial adviser or from our Customer Service Centre on 1300 209 088.

We use 'Life Insured' to refer to the person whose life is insured under the Policy. 'You' and 'Your' refer to either the Policy owner or the Life Insured as required by the context. If You are in any doubt, please speak to Your financial adviser and read the Policy Document.

You will see that there are a number of terms in this PDS that have been capitalised. These terms have a particular definition when used in the PDS or Policy Document. We have included some of the most important definitions on page 19 of this PDS. All of the defined terms are explained fully in the Policy Document.

You should be aware that some Limitations and Exclusions will apply to Your Policy. This means that in some cases we will not pay a claim or will pay a claim only in limited circumstances. Please see page 9 for a summary of the Limitations and Exclusions. We encourage You to read through the Go Protect Policy Document and Policy Schedule carefully and make Yourself aware of these conditions.

The information in this PDS is current at the date of issue. From time to time we may change or update information that is not of significant importance by providing a notice of any such changes on our website, www.tal.com.au. If You'd like a free printed copy of the updated information, please contact our Customer Service Centre on 1300 209 088.

If You change Your mind

We offer a 30-day cooling-off period. This cooling-off period starts on the date the Policy is issued, which is the day we accept Your application for insurance. If You change Your mind before the end of the cooling-off period, as long as You haven't made a claim, You can return the Policy Document and Policy Schedule to us with a written request to cancel the Policy. Naturally, we'll refund Your premium in full.

Go Protect Benefits

Life Insurance Plan

Benefits

We pay a lump sum in the event of death or diagnosis of a Terminal Illness. The amount we pay is the Benefit Amount shown in Your Policy Schedule.

Eligibility	
Entry ages	19 – 60
Benefit expiry age	Life insurance Policy anniversary before the Life Insured turns 70. TPD Option Policy anniversary before the Life Insured turns 65.
Minimum Benefit amount that can be applied for	\$100,000
Maximum Benefit amount that can be applied for	\$1,000,000*

* TPD Benefit Amount cannot be greater than Life insurance Benefit Amount.

Built-in Benefits

The following benefits are built-in benefits provided under Life insurance.

Benefit	Description
Death Benefit	A lump sum payment if the Life Insured dies.
Terminal Illness Benefit	Early payment of the Benefit Amount if the Life Insured is diagnosed as Terminally Ill and expected to not survive longer than 12 months.
Inflation Protection Benefit	An annual automatic increase to Your cover in line with Consumer Price Index, or not less than 5%. Increased cover affects Your premium, so You have the option to remove this benefit, which may reduce the size of Your premium increases.

Built-in Benefits apply if Life insurance is shown on Your Policy Schedule.

Benefit Option

The following option is available under Life insurance.

Benefit	Description
TPD Insurance	A lump sum payment if the Life Insured becomes Totally and Permanently Disabled.

Income Protection Plan

We provide a replacement income when Sickness or Injury prevents You from working.

Eligibility	
Entry ages	19 - 55
Benefit expiry age	Policy anniversary before the Life Insured turns 65
Minimum Benefit amount	\$1,000 per month
Maximum Benefit amount	75% of earnings to a maximum of: <ul style="list-style-type: none">• \$7,500 per month for WC+ and WC occupation classes• \$5,000 per month for BC+ and BC occupation classes
Waiting Periods available (the length of time off work before You're eligible to receive benefits)	<ul style="list-style-type: none">• 4 weeks• 13 weeks
Benefit Periods available (the length of time benefits are paid)	<ul style="list-style-type: none">• 1 year• 2 years• 5 years <p>Note: A maximum benefit period of three months will apply whilst the Life Insured resides outside of Australia.</p>

Built-in Benefits

The following benefits are built in benefits provided under Income Protection.

Benefit	Description
Total Disability Benefit	A monthly payment that covers up to 75% of the Life Insured's income if Totally Disabled at the end of Your chosen Waiting Period. The Benefit Amount is paid monthly in arrears.
Inflation Protection Benefit	An annual automatic increase to Your cover in line with Consumer Price Index or not less than 3%. Increased cover affects Your premium, so You have the option to remove this benefit, which may reduce the size of Your premium increases.
Recurrent Disability Benefit	If a disability recurs from the same or related cause within 12 months of a claim ending, we treat it as a continuation of the original claim which means no Waiting Period applies before payments recommence. Please note all claim periods will be added together to calculate the maximum Benefit Period for the disability.
Waiver of Premium Benefit	We waive Your Income Protection premiums while the Life Insured receives a benefit payment for Total Disability.

Built-in Benefits apply if Income Protection is shown on Your Policy Schedule.

Limitations and Exclusions

Each benefit available under Go Protect is subject to terms and conditions that, amongst other things, help us to make decisions on payments in a consistent and fair manner.

When deciding on the right protection for Your needs, You should consider our limitations and exclusions outlined below and how they apply to certain benefits. These limitations and exclusions modify the circumstances in which we will pay a claim and the amount payable in particular circumstances. These are also set out in the Policy Document.

We are also not liable to pay a claim or may reduce a benefit arising from or in any way connected with anything we have specifically excluded or adjusted in Your Policy Schedule.

Benefit Limitations

The person in relation to whom a claim has been made has an obligation to mitigate his or her loss. This means that person must not knowingly contribute to the severity or longevity of the disability the subject of a claim: otherwise the claim, or a part of the claim, may not be accepted.

The Life Insured must follow the reasonable advice of a Medical Practitioner. This includes following and actively participating in a recommended course of treatment and rehabilitation for any conditions on which the claim is being made.

Both the eligibility and extent of any claim payments relating to Sickness or Injury will be based solely on the impact of the Sickness or Injury. We will exclude any claims made on the basis of additional impact due to economic, seasonal or non-medical factors.

Life insurance

When will we not pay on Life insurance?

No payments will be made under Life insurance if the event giving rise to the claim is caused directly or indirectly by:

- an intentional, self-inflicted act by the Life Insured within 13 months of the later of the:
 - Plan start date;
 - date of an applied-for increase but only in respect of the increase amount; or
 - most recent date we agreed to reinstate either the Plan or Policy.
- the 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 the Life Insured stays in that country.

When will Life insurance be reduced?

Payments under TPD insurance will reduce the Life insurance Benefit Amount by the amount paid.

TPD insurance

When will we not pay on TPD insurance?

No payment will be made under TPD insurance if the event giving rise to the claim is caused directly or indirectly by:

- an intentional, self-inflicted act by the Life Insured; or
- pregnancy, unless disability continues for longer than three months after the pregnancy ends, in which case disability will be considered to have started at the date the pregnancy ends.
- war or an act of war at any time, even if the disability manifests itself after the war or warlike activity;
- the 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 the Life Insured stays in that country.
- any mental health disorder, including, but not limited to, anxiety disorders, depression, stress, adjustment disorders, eating disorders, emotional or behavioural disorders, disorders related to fatigue including chronic fatigue syndrome, drug or alcohol abuse, psychosomatic disorders, or any treatment complications; or
- the Life Insured's participation in, or training for, professional sports or speed contests or any other hazardous pursuit (eg sky diving).

When will TPD insurance be reduced?

The Benefit Amount will be reduced by any Death Benefit or Terminal Illness Benefit paid.

Income Protection

When will we not pay on Income Protection?

No payment will be made under Income Protection if the event giving rise to the claim is caused directly or indirectly by:

- an intentional, self-inflicted act by the Life Insured;
- pregnancy, unless disability continues for longer than three months after the pregnancy ends, in which case disability will be considered to have started at the date the pregnancy ends;
- war or an act of war at any time, even if the disability manifests itself after the war or warlike activity;
- the 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 the Life Insured stays in that country;
- any mental health disorder, including, but not limited to, anxiety disorders, depression, stress, adjustment disorders, eating disorders, emotional or behavioural disorders, disorders related to fatigue including chronic fatigue syndrome, drug or alcohol abuse, psychosomatic disorders, or any treatment complications; or
- the Life Insured's participation in, or training for, professional sports or speed contests or any other hazardous pursuit (eg. sky diving).

Income Protection adjustments

A reduction to Your payment under the Total Disability Benefit will only be made if the Life Insured receives other payments through:

- any other individual or group disability income insurance, credit or mortgage insurance.
- sick leave, where the Life Insured has accrued entitlements of at least 60 days at the commencement of the Waiting Period and chooses to use those entitlements during the Benefit Period. No adjustment will be made for accumulated sick leave where:
 - the Life Insured has less than 60 days accumulated sick leave; or
 - the Life Insured has at least 60 days accumulated sick leave but the Life Insured chooses not to use that leave during the Benefit Period;

- workers' compensation, common law or statute where such payments are in respect of the disability of the Life Insured and in calculating the payment the relevant authority did not, or could not, take into account payments due under the Plan.

If the workers' compensation, common law, or statute payment is received as a lump sum, it will be converted to income on the basis of 1% of the lump sum for each month that a disability benefit is paid. The disability payment will be calculated taking this figure into account for a maximum of eight years.

If an adjustment applies it will be to ensure that the Benefit Amount plus the other payments is not greater than:

- 75% of \$10,000 (\$120,000 p.a.) of Pre-Disability Earnings for occupation classes WC+ and WC; or
- 75% of \$6,666 (\$80,000 p.a.) of Pre-Disability Earnings for occupation classes BC+ and BC.

The amount of the reduction will not exceed the amount of the other payments.

No benefit will be paid when the other payments, plus the Monthly Earnings of the Life Insured in the month to be paid, is greater than or equal to 100% of Pre-Disability Earnings. In those months that a benefit payment is reduced, a proportionate refund of premiums paid for the Life Insured will be made.

The refund will be $A \times B$, where:

A = the percentage reduction in the benefit payment; and

B = the average monthly Income Protection premium (less the premium for benefit options or packages under it) over the 12 months prior to the claim starting.

The refund will be made for the lesser of 12 months or the number of months Your Income Protection was current prior to the claim starting.

A maximum Benefit Period of three months will apply whilst the Life Insured resides outside of Australia.

What are the costs?

The cost of Your Policy depends on a range of factors, including the type of cover, the Life Insured's age and gender, whether or not the Life Insured smokes and how often You choose to pay Your premiums.

We also take the Life Insured's occupation, health, income and personal pastimes into account. Once we know a little bit about the Life Insured and the cover he or she requires, we can then determine the basic costs involved. Sometimes discounts may apply to certain policies, however these may not apply for the full term of Your Policy.

In addition to the Policy cost, Government duties and charges are included in Your premium and a Policy Fee (see page 14 for details) will also apply.

A table of premium rates is available upon request, although we recommend You contact Your financial adviser to obtain an accurate quotation for Your circumstances.

When You are provided with a Policy Schedule, You should read it carefully. The Schedule will show You the first year's premium amount or the first instalment premium amount. The premium amount will also include any extra amounts charged to You when we accepted Your application or reinstated Your Policy or a Plan under it.

Premium payable

All premiums are payable in advance, by the due date shown in Your Policy Schedule (unless otherwise advised).

For subsequent years, we'll advise You of Your new premium before each Policy anniversary.

Payment frequency

Premiums are payable either yearly or monthly. A frequency discount of approximately eight per cent applies to yearly premiums.

Premiums may be paid by:

- direct debit; or
- credit card (MasterCard or Visa)

Non-payment or late payment of premiums

If we do not receive premiums by the due date, You will be sent a reminder notice and allowed a grace period of 30 days, beyond the premium due date, in which to pay the premium. If we do not receive the payment by the end of the grace period stated in Your reminder notice, Your Policy will lapse and Your insurance will no longer apply. If this happens, You will need to apply to have Your Policy reinstated if You require continuation of the cover at a later time.

Stepped premiums

Stepped premiums are based on the Life Insured's age at each Policy anniversary. This generally means Your premium will increase each year.

Changes in premium

We can increase the premium rates or Policy Fee. If we do increase them You will be advised of the change prior to the increase taking effect.

No one individual Policy can be singled out for an increase in premium rates because of an adverse change in the health or circumstances of the Life Insured, once the risk is accepted.

Policy Fee

In addition to Your premium, a Policy Fee is payable under Go Protect. This fee is included in the premium payment described in the Policy Schedule. The Policy Fee amount included in each premium payment depends on the premium frequency, as shown in the table below.

Policy Fee		
Premium frequency	Per instalment	Annual equivalent
Yearly	\$66.00	\$66.00
Monthly	\$6.00	\$72.00

The Policy Fee will be increased on each subsequent Policy anniversary to allow for inflation. The rate of increase in the Policy Fee will be the greater of the Indexation Factor or three per cent.

Commission

We may pay commissions and other benefits to Your financial adviser. Any amounts paid are factored into the cost of Your Policy.

Can TAL cancel Your Policy?

As long as Your premium payments are up-to-date, Your Policy will remain current until the benefit expiry date. This means Your insurance Policy will continue regardless of any changes in the Life

Insured's health, occupation, pastimes or income. We will honour claim payments in line with the Policy Conditions if:

- You have complied with the Duty of Disclosure; and
- You and the Life Insured have answered all questions in Your Application Form honestly and accurately.

Important information about Your cover

Duty of Disclosure

Before You enter into an insurance contract with us, You are required under the Insurance Contracts Act 1984 to provide us with the information we need to decide whether we'll accept Your application for insurance, what terms will apply and what Your premium will be.

You, and the person whose life is to be insured under Go Protect, must comply with the Duty of Disclosure as described below.

Your Duty of Disclosure applies:

- from the moment You start completing the Go Protect Policy application questions, even though You don't have to provide us with Your signature until we have accepted Your insurance.
- to the period between Your application being submitted and when we advise that we have accepted Your application for insurance
- if You apply to vary or replace Your Go Protect Policy.

You must answer all of our questions honestly and completely. You must tell us everything You know and everything that a reasonable person in the circumstances could be expected to know is relevant to our decision whether to insure You and whether any special conditions need to apply to Your Go Protect Policy.

You do not need to tell us about any matter that diminishes our risk, is of common knowledge, that we know or should know as an insurer or that we tell You we do not need to know. If You have not disclosed all relevant matters to us and we would not have entered into the contract of insurance on any terms had we known about those matters, we may avoid the Go Protect Policy from commencement.

This means that we can treat Your Go Protect Policy as if it never existed and we would not be liable to pay any claims. Alternatively,

we may decide to reduce the Benefit Amount for Your cover to an amount we would have been prepared to cover for the premium amount paid, had You disclosed all the relevant facts to us.

If You have applied for Your Go Protect Policy via a financial adviser it is also Your responsibility to ensure that the information provided to Your adviser is accurate and complete.

Taxation

If You are considering the tax implications of purchasing cover, it is important You seek independent, professional taxation advice. The following information regarding the taxation rules in force at the date of this statement is provided as a general guide only.

We reserve the right to make changes to Go Protect and premium rates in response to any taxation or other legal changes.

Goods and Services Tax

Go Protect is treated as input taxed under the Goods and Services Tax Act 1999 and any cost of GST will be included in the premium rates. An input tax credit will not be available to the Policy owner.

Tax deductions

For Income Protection, premiums are generally tax deductible and benefits paid are generally assessable as income. This is not the case for Life insurance.

Capital Gains Tax

Benefits payable under this Policy may be assessed under the capital gains provisions if You are not the original beneficial owner of Go Protect (as defined under the Income Tax Assessment Act 1997), and You acquired Go Protect for consideration.

Tax Withholding

We usually do not deduct or remit tax from claim payments, unless required to by law.

Your Privacy

The way in which we collect, use and disclose your personal and sensitive information is explained in our Privacy Policy. Our Privacy Policy is available free of charge and if you would like a copy or if you have any questions about the way in which we manage your information please contact us using the details below:

Ph: 1300 209 088

Fax: 1300 351 133

Email: goprotect@tal.com.au

Website: www.tal.com.au

PO Box 142,
Milsons Point,
NSW 1565

Personal information will be collected from or in respect of you to enable us to provide or arrange for the provision of its insurance products. We may request further personal information in the future, for example, if you want to make a claim. If you do not supply the required information, we may not be able to provide the requested product or service or pay the claim.

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL Group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as the reinsurers, your financial adviser, health professionals, investigators, lawyers, external complaints resolution bodies and as required or authorised by law.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know.

Under the current Privacy Principles, you are generally entitled to access the personal information we hold about you. To access that information, simply make a request in writing. This process enables us to confirm your identity for security reasons and to protect your personal information from being sought by a person other than yourself.

If, for any reason we decline your request to access and/or update your information, we will provide you with details of that reason.

Making a claim

When it comes to making a claim You need to follow the requirements set out in Your Policy Document.

After You become aware of any claim or potential claim under Go Protect, You must notify us at Your earliest opportunity.

Claims will only be paid if the requirements in the Policy Document have been met. We will tell You what information we need at each stage of Your claim. We usually require You to complete a claim form and certain claim information. You must prove Your claim in such a manner as we may reasonably request. Furthermore, we may require proof of any continuing entitlement from time to time, Your attendance at medical examinations at our expense and assistance (for TPD and Income Protection claims) in the ongoing management of the claim, including Your active participation in recovery and rehabilitation support programs.

No benefit will be payable under this Policy without proof of age being submitted to us. Since age and status as a smoker or non-smoker affect our underwriting of the Policy, claims may be affected if this information is not consistent with Your application.

Please note that we may need to carry out procedures to identify You, or, in the event of Your death, Your beneficiaries and may need to verify the identification information provided.

Guaranteed renewal of cover

As long as You and the Life Insured have complied with the Duty of Disclosure, answered all our questions accurately and fully paid Your premiums when due, Go Protect continues until all cover ends. This guarantee of renewal applies regardless of any change in the Life Insured's health or personal circumstances.

No cash value

None of the benefits outlined in this document – Life insurance or Income Protection – have a cash value if cancelled. The premiums paid represent the amounts due for undertaking the risk of the insured event occurring.

Complaints process

If You have a complaint about our service or Your privacy, You should direct Your complaint as follows:

The Manager,
Complaints Resolution
TAL Life Limited

PO Box 142
Milsons Point NSW 1565

We will attempt to resolve Your complaint within 45 days of the date it is received by us. If we are unable to resolve Your complaint within that period, we will inform You of the reasons for the delay and ask for Your consent to resolve the complaint within 90 days of the date it was received.

If Your complaint has not been resolved to Your satisfaction within 45 days of lodging Your initial complaint to TAL (or, if You have agreed, within 90 days) You may contact the Financial Ombudsman Service (FOS). This is an industry sponsored service, which provides free advice and assistance to consumers with complaints against financial services companies, including assisting Policy owners, to resolve complaints with their life insurance company. FOS is an independent and impartial body. Decisions made by FOS are binding on us.

FOS can be contacted as follows:

Call: 1300 780 808
Fax: 03 9613 6399
Email: info@fos.org.au

Write to:
Financial Ombudsman Service
GPO Box 3, Melbourne VIC 3001

Definitions

Words used in this PDS that are capitalised have the meaning given to them in the Policy. Some of the relevant definitions are extracted from the Policy Document and repeated below. You should read Your Policy Document for these and any other defined terms.

Accident means an Injury caused solely and directly by accidental, violent, external and visible means that stops the Life Insured performing one or more of the duties of his/her regular occupation necessary to produce income as confirmed by a Medical Practitioner and the Life Insured is not engaged in his/her regular occupation, nor any other gainful occupation.

Activities of Daily Living (ADL) are:

- Bathing – the ability to shower and bathe;
- Dressing – the ability to put on and take off clothing;
- Toileting – the ability to get on and off and use the toilet;
- Mobility – the ability to get in and out of bed and a chair; and
- Feeding – the ability to get food from a plate into the mouth.

Benefit Amount under Income Protection means the monthly benefit.

The initial benefit We will pay is the lesser of the following amounts:

- the Benefit Amount shown in Your Policy Schedule, plus any increases under the Inflation Protection Benefit and;
- 75% of \$10,000 (\$120,000 pa) of Pre-Disability Earnings for occupation classes WC+ and WC; or
- 75% of \$6,666 (\$80,000 pa) of Pre-Disability Earnings for occupation classes BC+ and BC.

less any Income Protection Adjustments if applicable.

Injury means an Accidental bodily Injury suffered by the Life Insured.

Sickness means an illness or disease suffered by the Life Insured, and is diagnosed by a Medical Practitioner.

Terminally Ill and **Terminal Illness** means an illness or condition where, after having regard to the current treatment or such treatment as the Life Insured may reasonably be expected to receive, the Life Insured will not survive more than 12 months.

Total and Permanent Disability and **Totally and Permanently Disabled** mean that:

- solely because of a Sickness or Injury, the Life Insured has not worked in any occupation for six consecutive months and is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience, or
- the Life Insured suffers:
 - Blindness; or
 - Loss of Limbs; or
 - Loss of a Single Limb and Loss of Sight in an eye; or
- the Life Insured is totally and permanently unable to perform at least two of the five Activities of Daily Living without physical assistance of another person.

Total Disability and **Totally Disabled** under Income Protection mean that, solely because of a Sickness or Injury, the Life Insured is:

- not working in any Gainful Occupation; and
- following the advice of a Medical Practitioner; and
- unable to perform one or more of the important income-producing duties in his/her Own Occupation.

Waiting Period means the period of time between the Life Insured suffering disability and disability benefits starting to accrue.

If the Life Insured does not consult a Medical Practitioner concerning the Sickness or Injury causing disability within seven days of the Sickness starting, or the Injury occurring, the Waiting Period will start when the Life Insured consults a Medical Practitioner.

If the Life Insured returns to a full-time Gainful Occupation during the Waiting Period for five consecutive days or less, the number of days the Life Insured was gainfully employed will be added to the Waiting Period remaining.

If the Life Insured returns to a full time Gainful Occupation during the Waiting Period for more than five consecutive days, the Waiting Period will recommence from the day after the last day the Life Insured was gainfully employed.

Direct Debit Request Service Agreement

This Agreement is issued by TAL, to enable you to understand your rights and responsibilities as a new customer when making premium payments by direct debit. It allows TAL to debit your nominated account to meet the premiums for your policy. Please keep this Agreement in a safe place for future reference.

Our Commitment to You

We will ensure that we:

- will give you at least 14 days written notice if there are any changes to the terms of this Agreement, and
- will keep all information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution, or otherwise as required by law.

Your Commitment to Us

Please ensure that:

- the account you have nominated can accept direct debits,
- all account holders for this nominated account agree to this Agreement, and
- that there are sufficient funds available in the nominated account, on the due dates, to cover the premiums. If there isn't, you may incur dishonour fees from your financial institution and your policy may lapse. Dishonour fees will not be charged by TAL.

If a premium due date falls on a weekend or a public holiday, we will automatically debit the payment on the next business day.

How to make changes

Please give us at least 7 days notice before your next premium due date for either:

- altering any of your direct debit or financial institution details, or
- stopping or suspending any debits, or cancelling the Agreement completely. If you do any of these, you will need to make alternative arrangements for future premiums to continue your policy.

If you want to change or cancel this agreement, or dispute a debit, please contact our Customer Service Centre on 1300 209 088. We will always respond to your query or dispute in the first instance.

TAL Life Limited

80 Alfred Street South
Milsons Point NSW 2061

Contact

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