

Real Life Insurance

Product Disclosure Statement
16 December 2024





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Real Life Insurance and this Product Disclosure Statement (PDS) is issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**) ABN 37 062 395 484 of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000.

Hannover holds an Australian Financial Services Licence 530811 to settle and handle claims.

Real Life Insurance is distributed and promoted by Real Insurance, a trading name of Greenstone Financial Services Pty Ltd (**GFS**) ABN 53 128 692 884, Australian Financial Services Licence 343079 of 50 Norwest Blvd, Norwest NSW 2153.

Welcome to Real Insurance

Real Insurance is a trading name of Greenstone Financial Services (**GFS**). GFS has partnered with Hannover Life Re of Australasia Ltd (**Hannover**) which is the insurer of this Real Life Insurance and the issuer of this PDS.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. The life insurance business of Hannover has been operating in the Australian market since 1994, has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong) and as at 31 December 2023 had total annual in force premium of AU\$1.927 billion.

Hannover is regulated by the Australian Prudential Regulation Authority (**APRA**) and the Australian Securities and Investments Commission (**ASIC**).

Our promise to you

To ensure that you receive the highest standard of service when you take out life insurance, we comply with the Life Insurance Code of Practice (**the Code**). We also ensure our partners, including GFS, comply with the Code in all their dealings with you.

What does the Life Insurance Code of Practice cover?

The Code sets out the life insurance industry's key commitments and obligations. It covers many aspects of your relationship with GFS and Hannover, from buying insurance to making a claim, to providing options if you experience financial hardship or require additional support.

Key Code promises

- ✔ We will be honest, fair, respectful, timely and transparent when we communicate with you, and we will use plain language unless medical or other technical terminology is needed.
- ✔ We will monitor sales and retention practices to ensure they are completed appropriately.
- ✔ If a sale occurs using unacceptable sales practices, we will fix it.
- ✔ Additional support is available if you have difficulty with buying insurance or making a claim.
- ✔ When you make a claim, we will explain the process to you and keep you informed on the progress of your claim.
- ✔ A decision on your claim will be made within the Code timeframes, and if in circumstances beyond our control, we cannot meet these timeframes, we will explain why and you will have access to our complaints process.
- ✔ If we deny your claim, we will explain the reasons in writing and let you know the next steps if you disagree with our decision.
- ✔ We will restrict the use of investigators and surveillance, to preserve your right to privacy.
- ✔ The independent Life Code Compliance Committee will monitor our compliance with the Code.
- ✔ If we do not correct the Code breaches, sanctions can be imposed on us.

Getting a copy

You can find out more about the Code and how to get a copy on the Real Insurance website at realinsurance.com.au/code-of-practice/life-insurance

Product Disclosure Statement

Explaining this Product Disclosure Statement

This Product Disclosure Statement (**PDS**) is designed to help you decide if Real Life Insurance is right for you. It tells you the terms and conditions that apply to a Real Life Insurance Policy, explains Real Life Insurance's features and benefits to help you compare it to other insurance products and it also provides important information about keeping premium payments up to date, what to do if you want to make a change to your Policy and how to go about making a claim.

Any advice given in this PDS is general only and does not take into account your individual objectives, financial situation or needs. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this PDS, the Target Market Determination (**TMD**) and any other documentation we send you.

Real Insurance and GFS do not guarantee Real Life Insurance and they are not liable to pay benefits under a Real Life Insurance Policy. The assessment and payment of claims for benefits is the responsibility of the insurer, Hannover. The Insurance provided under this Policy is written out of the Hannover Australian Statutory Fund.

Both Real Insurance and GFS have consented to being named in this PDS in the way shown and have not withdrawn their consent before the date of this PDS. From time to time, Real Life Insurance may be updated. Updates which are not material will be made available to you on the Real Insurance website at realinsurance.com.au

If there are material updates to your policy, we will make these updates known to you in a Supplementary Product Disclosure Statement (**SPDS**). If you request a paper copy, this will be provided to you free of charge.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the '**Definitions**' on page 36 of this PDS.

It is important that you comply with:

- ✔ your duty to take reasonable care on page 35; and
- ✔ the terms and conditions of your Policy.

If you do not, we may refuse to pay a claim or reduce the amount we pay. By law, we may also in some circumstances cancel the Policy.

Also, in this PDS, references to 'you', 'your' and 'yours' means unless otherwise stated, the person who is the Policyowner and/or the Life Insured as the context requires. 'We', 'us' and 'our' means Hannover Life Re of Australasia Ltd.

Who is this Policy for?

To understand who this product has been designed for, and if the Insurance is likely to be consistent with your needs, objectives and financial situation, you should review the TMD which is available at realinsurance.com.au or you can request a free paper copy by contacting Real Insurance at **1300 367 325**.

This Product Disclosure Statement is written in two parts:

Part 1: Real Life Insurance – At a Glance

The At a Glance part provides an overview of Real Life Insurance. Full details can be found in Part 2.

Part 2: Real Life Insurance Policy, from page 11

This part explains Real Life Insurance in full, including:

- ✓ events covered under the Policy;
- ✓ events not covered;
- ✓ terms and conditions;
- ✓ general information; and
- ✓ claims.

IMPORTANT INFORMATION: It is important to read the information contained within both parts of this document to ensure the product suits your needs.



Part 1: Real Life Insurance – At a Glance

Who can apply?

To be eligible to apply for Life Insurance, you must be:



aged between 18 and 74 years old



an Australian Resident



once you have considered this PDS, you can apply over the phone by calling us on **1300 367 325** or visit realinsurance.com.au

When you apply, we will ask you questions about your health, lifestyle and pastimes to determine whether we can offer you Insurance. In some circumstances we may apply Special Terms or Conditions to your cover. If we do, we will advise you of these terms and agree with you at the time you apply. See page 12 for full details.

What can I be covered for?

Real Life Insurance offers a range of insurance combinations to suit your needs. You can be covered for Life Insurance, which you can apply for on its own, plus there are a range of optional benefits to choose from.

Life Insurance

Life Insurance Benefit:

- ✓ Upon your death, your beneficiaries will receive your chosen Life Insurance Benefit Amount.

Terminal Illness Benefit:

- ✓ If you are diagnosed with Terminal Illness, you will receive the Life Insurance Benefit Amount.

Advance Funeral Benefit:

- ✓ Advance payment of 20% of the Life Insurance Benefit Amount (up to a maximum of \$20,000 – some exclusions apply).

You can apply for a Life Insurance Benefit Amount between **\$100,000** and **\$2,000,000** depending on your age.

See page 13 for full details.

Optional Benefits

Serious Illness Insurance:

- + Upon the diagnosis of Cancer (excluding specified early stage cancers), Heart Attack with evidence of severe permanent heart muscle damage, Heart Bypass Surgery (Coronary Artery Bypass Graft) or Stroke resulting in specified permanent impairment you will receive your chosen Serious Illness Insurance Benefit Amount.
- + You can apply for a Serious Illness Benefit Amount between **\$50,000** and **\$500,000**.

See page 17 for full details.

Total & Permanent Disability Insurance:

- + If you suffer cognitive impairment, loss of limbs or sight, loss of independent existence or are unable to work as a result of sickness or injury you will receive the Total & Permanent Disability Benefit.
- + You can apply for a Total & Permanent Disability Benefit Amount of **\$50,000** up to **\$1,000,000**.

See page 20 for full details.

Children's Insurance:

- + Upon the death or diagnosis of a defined serious illness or injury of your insured child aged between 2-21 years, you will receive the Children's Insurance Benefit Amount.
- + Choose between **\$20,000** to **\$50,000** for each Child Insured under the Policy.

See page 23 for full details.

Benefit Amounts are subject to age, income criteria, maximum limits and maximum proportions of the Life Insurance Benefit Amount.

Payment of Serious Illness or Total & Permanent Disability Insurance Benefit will reduce other Insurance Benefit Amounts of Real Life Insurance explained further in this PDS.

Special Terms or Conditions may apply, including premium loadings, exclusions, reduced Benefit Amount, Accident Only Period and maximum Policy Terms.

How much will my cover cost?

Premiums are the cost of your Insurance.

How your premiums are calculated

Your premiums are determined by various factors including:

- ✓ age;
- ✓ sex at birth;
- ✓ smoking status;
- ✓ the Benefit Amount;
- ✓ any optional benefits;
- ✓ health and lifestyle factors; and
- ✓ occupation.

How your premium is structured

Your Policy has stepped premiums. This means your premiums are recalculated each year on your Policy Anniversary and will increase each year.

Your premium payment frequency options

Premiums for your Policy can be paid fortnightly, monthly, or annually in advance.

What happens if I do not pay my premiums?

We will remind you if you have missed a payment, if you do not pay your premiums for more than one month, we will need to take necessary steps to cancel your Policy. Your cover only continues while premiums are up to date.

Is there a cooling-off period?

If you cancel your cover within the first 30 days from the Commencement Date and you have not made a claim during this time, we will, within 15 days, give you a full refund of any premiums you have paid.

When will a Life Insurance Benefit Amount not be paid?

We will not pay a Life Insurance Benefit Amount if:

- ✗ you do not meet your duty to take reasonable care;
- ✗ the Policy has ended;
- ✗ you die or are diagnosed with a Terminal Illness as a result of an intentional self-inflicted act or attempted suicide within 13 months of:

- the Policy Acceptance Date; or
- the date any increase to your Life Insurance or addition of an optional Benefit(s) starts (only in respect of the increase or addition); or
- where we agree to reinstate a Policy, the date the Policy has been reinstated after it was cancelled (reinstatement date); or
- ✗ where we have agreed with you any exclusion, Special Terms or Conditions in respect of your cover that specifically excludes the event or conditions leading to the claim.

See page 16 for full details.

When will my Policy end?

Your Policy will end upon the earliest of any of the following events:

- ✗ the date of your death;
- ✗ the date of payment of a Terminal Illness claim;
- ✗ the date you cancel the Policy;
- ✗ the date we cancel the Policy;
- ✗ payment of a Life Insured claim or date of any other benefit claim that exhausts your Life Insurance Benefit Amount; or
- ✗ if the policy is subject to a maximum Policy Term, the date the Policy Term ends.

See page 16 for full details.

How do I make a claim?

To claim under this Policy, please contact us via:

Phone: 1300 307 297

Email: claims@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

How do I make a complaint?

We hope you never have a reason to complain however, if you do need to lodge a complaint, please contact us using one of the following:

Phone: 1300 367 325

Email: service@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153



Part 2: Real Life Insurance Policy



Introducing Real Life Insurance

Real Life Insurance offers a range of insurance combinations, to suit your needs.

There's Life Insurance – providing a lump sum Benefit Amount in the event of death or Terminal Illness. You can apply for Life Insurance on its own.

Plus, there is a range of optional benefits that you can apply for with your Life Insurance:

- + Serious Illness Insurance – a lump sum Benefit Amount is paid in the event the Life Insured is diagnosed with a covered serious illness;
- + Total & Permanent Disability Insurance – a lump sum Benefit Amount is paid in the event the Life Insured suffers a Total & Permanent Disability; and
- + Children's Insurance – a lump sum Benefit Amount is paid in the event of the death, a Terminal Illness diagnosis, or a defined serious injury or illness of the Child Insured.

Whatever combination you choose, with Real Life Insurance the Life Insured is protected 24 hours a day, 7 days a week, worldwide, while your Policy is in force.

A full explanation of these benefits, and the terms and conditions of Life Insurance is contained in this PDS.

Your Insurance Policy

If we accept your application, we will issue you a Policy Schedule. Your Real Life Insurance Policy consists of the Policy Schedule and:

- ✓ this PDS (includes the terms and conditions applying to your Policy);
- ✓ the application; and
- ✓ any Special Terms or Conditions, amendments or endorsements we issue to you.

Keep these documents in a safe place for future reference.

Your Real Life Insurance Policy may not be transferred or assigned to another person unless permitted by law. The Insurance provided under this Policy is written out of the Hannover Australian Statutory Fund.

Purchasing a Policy

When you apply for Real Life Insurance, we conduct a process called underwriting.

During the underwriting process, we will ask questions about your health and medical history, income, occupation, lifestyle, and pastimes. The information you give us in response to our questions help us decide whether we can offer you Insurance, and if so, on what terms and for what price.

Depending on the outcome of your application, your Policy may be subject to Special Terms or Conditions which may limit the benefits available to you. If your Policy is subject to any Special Terms or Conditions, we will advise and agree with you at the time you purchase this Policy or we agree to reinstate your Policy, and in addition, it will also appear in your Policy Schedule.

Special Terms or Conditions can include, but are not limited to:

- a) a premium loading;
- b) exclusions;
- c) reduced Benefit Amount;
- d) an Accident only period; and
- e) a maximum Policy Term.

Life Insurance

Eligibility To be eligible to apply for this Policy, you must be:

- a) an Australian Resident; and
- b) aged between 18 and 74.

How much can you insure You can apply for a minimum Benefit Amount of \$100,000. The maximum Benefit Amount you can apply for at the Commencement Date is:

Age	Maximum Benefit Amount
18-44	\$2,000,000
45-49	\$1,500,000
50-54	\$1,000,000
55-59	\$750,000
60-64	\$500,000
65-69	\$300,000
70-74	\$200,000

To qualify for a Benefit Amount over \$1,000,000, you must not only meet the age requirement but also have an annual income of at least \$50,000.

If your Policy is subject to a maximum Policy Term, your maximum Life Insurance Benefit Amount at the Policy Acceptance Date will be \$200,000 regardless of your age.

Multiple Life Insurance Policies and Combined Limits

Combined Benefit Amount limits apply where the Life Insured is covered under one or more Real Insurance life policies (being Real Life Insurance and Real Family Life Cover).

The maximum combined Benefit Amount applicable when you are applying for a new policy or an increase to an existing policy is:

- ✓ based on your age at application (see table above); or
- ✓ \$200,000 if your Policy is subject to a maximum Policy Term.

If, during the application of a new policy or an increase to an existing policy, the Benefit Amount exceeds the maximum permitted limits, we will adjust the Life Insurance Benefit Amount most recently commenced to comply with the limits and refund the premiums paid for the excess amount.

We will make reasonable attempts to contact you prior to making any adjustments. If we are unable to reach you, we will:

Multiple Life Insurance Policies and Combined Limits (continued)

- ✔ proceed with the adjustments and provide a refund of premium if required as described above; and
- ✔ send you an updated Policy Schedule reflecting the adjustments to the Policy.

If the Life Insurance Benefit Amount once adjusted still does not comply with the maximum or minimum limit available on the Policy, we reserve the right to cancel the Policy from inception and treat it as though it never existed. We will notify you of the cancellation in writing.

Interim Accidental Death Insurance

If we require further information to assess your application, you will automatically be provided with interim Accidental Death Insurance for up to 30 days while we assess your application. The amount of interim Accidental Death Insurance you are covered for is the Life Insurance Benefit Amount for which you applied and will be paid as a lump sum. This cover is provided at no additional cost to you and is subject to the terms explained in this PDS.

Your interim Accidental Death Insurance will cease after 30 days, or on the date we either accept or reject your application, whichever occurs first.

What is not covered under your interim Accidental Death Insurance

We will not pay an Accidental Death Insurance Benefit Amount if the Life Insured suffers Accidental Death as a result of:

- ✘ intentional self-inflicted bodily injury; or
 - ✘ engaging in any criminal activities or illegal acts; or
 - ✘ suicide or attempted suicide; or
 - ✘ the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
 - ✘ the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
 - ✘ engaging in any professional sport (meaning the Life Insured's livelihood is substantially dependent on income received as a result of playing sport); or
 - ✘ war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion; or
 - ✘ being a pilot or crew member of any aircraft or engaging in any aerial activity except as a passenger in a properly licensed aircraft.
-

What is payable when you claim under your Life Insurance benefit

We will pay the Benefit Amounts explained below if the Life Insured suffers an insured event, namely death or Terminal Illness, while covered under the Policy.

Life Insurance

We will pay the Life Insurance Benefit Amount as a lump sum on the death of a Life Insured.

What is payable when you claim under your Life Insurance benefit (continued)

Once we receive satisfactory evidence of the Life Insured's age and death, we will advance 20% of the Life Insurance Benefit Amount up to a maximum of \$20,000 for death that is not the result of a self-inflicted injury. This is to assist with the costs associated with funeral or other similar expenses without waiting for a full claim assessment. This advance payment is not payable if we have reason to doubt whether you have complied with your duty to take reasonable care (see page 35 for further details on your duty to take reasonable care).

Terminal Illness

We will pay the Life Insurance Benefit Amount as a lump sum if the Life Insured is diagnosed with a Terminal Illness while covered under the Policy.

Limit on benefits

Only one Life Insurance Benefit Amount is payable per Life Insured. The Life Insurance Benefit Amount will be reduced by the amount of:

- ✓ any Total & Permanent Disability Insurance Benefit Amount paid for a Life Insured; and
- ✓ any Serious Illness Insurance Benefit Amount paid for a Life Insured; and
- ✓ any advance payment of the Life Insurance Benefit Amount.

If we reduce the Life Insurance Benefit Amount, we will reduce the premiums accordingly.

Accident Only Period

If an Accident Only Period applies to your policy, the Life Insurance Benefit Amount will be payable as a lump sum in the case of Accidental Death only (as defined in '**Definitions**' on page 36).

The Accident Only Period is the period of time from your Policy Acceptance Date or the reinstatement date.

Upon completion of your application, we will advise you

- ✓ if an Accident Only Period is applicable to your Policy; and
- ✓ the period of time from the Policy Acceptance Date the Accident Only Period will apply.

If your Policy is subject to an Accident Only Period, it will also appear in your Policy Schedule.

Policy Term

means the maximum period of time that your Policy will remain in force. A Policy Term may be applied to your Policy based on the responses in your application. If a Policy Term applies to your Policy, it will be listed on your Policy Schedule and will start from the Policy Acceptance Date and continue until the 20th Policy Anniversary or until your 85th birthday, whichever occurs first.

The Policy Term will end earlier if any of the events noted under '**When your Policy ends**' apply.

What is not covered under Life Insurance

We will not pay a Life Insurance Benefit Amount, if your death, or your diagnosis of a Terminal Illness, is as a result of an intentional self-inflicted injury, within 13 months from:

- ✗ the Acceptance Date of the Policy; or
- ✗ the date that any increase in cover starts (but only in respect of the increase); or
- ✗ where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy (reinstatement date).

If your Policy is subject to a maximum Policy Term, we will only pay a Life Insurance Benefit Amount, if your death is as a result of an Accident. This only applies for the first 12 months from:

- ✔ the Acceptance Date of the Policy; or
- ✔ where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy (reinstatement date).

We will not pay any Benefit Amount where we have agreed Special Terms or Conditions with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such Special Terms or Conditions will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

When your Policy starts

If we accept your application, your Policy starts on the Acceptance Date. Your first premium is deducted on the Commencement Date. Your Acceptance Date and Commencement Date are shown on your Policy Schedule.

We guarantee to renew your Policy each year on the Policy Anniversary (provided you pay your premiums when due) until your Policy ends as explained below.

When your Policy ends

Your Policy will end on the earliest of:

- ✔ the date of your death; or
- ✔ the date of payment of a Terminal Illness claim; or
- ✔ the date of payment of a Total & Permanent Disability claim for the Life Insured where the Total & Permanent Disability Benefit Amount exhausts the Life Insurance Benefit Amount for the Life Insured (see page 20); or
- ✔ the date you cancel the Policy; or
- ✔ the date we cancel the Policy; or
- ✔ your Policy reaching Policy Term if it is subject to a maximum Policy Term.

Where the Policy ends, cover for any Child Insured under this Policy also ends.

Serious Illness Insurance Option

This option is only available with Life Insurance. You only have this cover if we accepted your application and it is shown in your Policy Schedule.

Eligibility To be eligible to apply for Serious Illness Insurance, you must be:

- a) an Australian Resident; and
- b) aged between 18 and 59.

If your Policy is subject to a maximum Policy Term, you will not be eligible to add Serious Illness Insurance to your Policy. If you are not eligible to add Serious Illness Insurance, we will advise you at the time of your application.

How much can you insure You can apply for a minimum Benefit Amount of \$50,000. The maximum Benefit Amount you can apply for at the Commencement Date is shown in the table below. The Benefit Amount you apply for cannot exceed 50% of the Life Insurance Benefit Amount under your Policy at the Commencement Date.

Age	Maximum Benefit Amount (at Commencement Date)
18-44	\$500,000
45-54	\$375,000
55-59	\$275,000

What is payable when you claim under Serious Illness Insurance We will pay the Serious Illness Insurance Benefit Amount as a lump sum if the Life Insured suffers an insured serious illness event, while covered under the Policy providing the Life Insured survives for 14 days after the day that the serious illness is contracted.

A Benefit Amount is payable for a Life Insured under this Serious Illness Insurance as a result of the Life Insured experiencing:

- ✓ Cancer – excluding specified early stage cancers; or
- ✓ Heart Attack – with evidence of severe permanent heart muscle damage; or
- ✓ Heart Bypass Surgery (Coronary Artery Bypass Graft Surgery); or
- ✓ Stroke – resulting in specified permanent impairment,

while covered under the Policy.

The serious illness event must be diagnosed by a Medical Practitioner or Specialist Medical Practitioner (as indicated in 'Definitions' on page 36), and the diagnosis may require confirmation by our medical advisers.

For further information on how to claim see 'Making a Claim' section on page 28.

What is payable when you claim under Serious Illness Insurance (continued)

Limit on benefits

Only one Benefit Amount is payable per Life Insured under this Serious Illness Insurance, as a result of an insured serious illness event.

The total Serious Illness Insurance Benefit Amount payable for a Life Insured cannot exceed 50% of the total Life Insurance Benefit Amount for the Life Insured under this Policy.

If the Life Insured is covered for Serious Illness Insurance under more than one Real Insurance life policy (being Real Life Insurance and Real Family Life Cover), we will apply this limit to the total of the Serious Illness Benefit Amount payable for the Life Insured under all life insurance policies.

Any reduction in the Serious Illness Insurance Benefit Amount will be applied to the Serious Illness Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Serious Illness Insurance Benefit Amount is reduced.

Where a Benefit Amount is paid under Serious Illness Insurance, we will reduce the Life Insurance and any Total & Permanent Disability Insurance Benefit Amount by the Serious Illness Insurance Benefit Amount in respect of that Life Insured. If we reduce the Life Insurance Benefit Amount and/or the Total & Permanent Disability Benefit Amount, we will reduce your premium accordingly.

What events are not covered under your Serious Illness Insurance

We will not pay a Serious Illness Insurance Benefit Amount if the Life Insured suffers:

- ✗ Cancer – excluding specified early stage cancers; or
- ✗ Heart Attack – with evidence of severe permanent heart muscle damage; or
- ✗ Heart Bypass Surgery (Coronary Artery Bypass Graft Surgery); or
- ✗ Stroke – resulting in specified permanent impairment, as a result of an intentional self-inflicted bodily injury or attempted suicide.

There are a number of cancers excluded from the definition of Cancer – excluding specified early stage cancers. It is important that you check these in **'Definitions'** on page 36.

No Benefit Amount will be payable if the condition resulting in a claim first becomes apparent before the Serious Illness Insurance for the Life Insured starts or during the first three months after:

- ✗ the Serious Illness Insurance for the Life Insured starts; or
 - ✗ the date that any increase in cover starts (but only in respect of that increase); or
 - ✗ where we have agreed to reinstate the Policy after it was cancelled, the date on which we reinstate the Policy (reinstatement date).
-

What events are not covered under your Serious Illness Insurance (continued)	<p>We will pay for any new and unrelated occurrence of a defined serious illness after this three-month period.</p> <p>We will not pay any Benefit Amount where we have agreed Special Terms or Conditions with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such Special Terms or Conditions will be agreed with you before your Policy is issued and will appear on your Policy Schedule.</p>
When your Serious Illness Insurance starts	<p>If your application for Serious Illness Insurance is accepted by us, then the Serious Illness Insurance starts on the Acceptance Date. If we agree to add Serious Illness Insurance to your Policy after the Acceptance Date, we will advise you of the date the Serious Illness Insurance starts.</p>
When your Serious Illness Insurance ends	<p>The Serious Illness Insurance ends for a Life Insured when the first of the following occurs:</p> <ul style="list-style-type: none"> ✔ the date of death of the Life Insured; or ✔ the date of payment of a Terminal Illness claim; or ✔ the date of payment of a Serious Illness Benefit Amount for the Life Insured; or ✔ the date of payment of a Total & Permanent Disability Insurance claim for the Life insured where the Total & Permanent Disability Insurance Benefit Amount exhausts the Serious Illness Insurance Benefit Amount of the Life Insured; or ✔ the date you cancel the Policy; or ✔ the date we cancel the Policy; or ✔ the date you cancel the Serious Illness Insurance cover; or ✔ the Policy Anniversary following the Life Insured's 65th birthday.

Total & Permanent Disability Insurance Option

This option is only available with Life Insurance. You only have this cover if we accepted your application, and it is shown in your Policy Schedule.

Eligibility To be eligible to apply for Total & Permanent Disability Insurance, you must be:

- a) an Australian Resident; and
- b) aged between 18 and 59; and
- c) working at least 20 hour per week.

If your Policy is subject to a maximum Policy Term, you will not be eligible to add Total & Permanent Disability Insurance to your Policy. If you are not eligible to add Total & Permanent Disability Insurance, we will advise you at the time of your application.

How much can you insure The minimum Total & Permanent Disability Insurance Benefit Amount is \$50,000.

The maximum Total & Permanent Disability Insurance Benefit Amount for a Life Insured under the Policy at the Commencement Date is the lesser of the maximum Benefit Amount based on your age (shown below) or the Life Insurance Benefit Amount for that Life Insured provided under your Policy.

Age	Maximum Benefit Amount (at Commencement Date)
18-44	\$1,000,000
45-54	\$750,000
55-59	\$500,000

What is payable when you claim Total & Permanent Disability benefit

We will pay the Total & Permanent Disability Insurance Benefit Amount as a lump sum if the Life Insured suffers Total & Permanent Disability (insured event) while covered under the Policy.

The Total & Permanent Disability must be certified by a Medical Practitioner or Specialist Medical Practitioner (as indicated in the 'Definitions' on page 36), and the diagnosis may require confirmation by our medical advisers.

For further information on how to claim see 'Making a Claim' section on page 28.

Limit on benefits

Only one Benefit Amount is payable for the Life Insured under this Total & Permanent Disability Insurance.

The Total & Permanent Disability Insurance Benefit Amount payable for a Life Insured cannot exceed the Life Insurance Benefit Amount for the Life Insured under this Policy.

What is payable when you claim Total & Permanent Disability benefit (continued)

If you are covered for Total & Permanent Disability Insurance under more than one Real Insurance life policy (being Real Life Insurance and Real Family Life Cover), we will apply this limit to the total of the Total & Permanent Disability Insurance Benefit Amount payable to you under all such life policies.

Any reduction in the Total & Permanent Disability Insurance Benefit Amount will be applied to the Total & Permanent Disability Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Total & Permanent Disability Insurance Benefit Amount is reduced.

Where a Benefit Amount is paid under this Total & Permanent Disability Insurance, we will reduce the Life Insurance and any Serious Illness Insurance Benefit Amount by the Total & Permanent Disability Insurance Benefit Amount in respect of that Life Insured. If we reduce the Life Insurance Benefit Amount and/or the Serious Illness Insurance Benefit Amount, we will reduce your premium accordingly.

What events are not covered under your Total & Permanent Disability Insurance

We will not pay a Total & Permanent Disability Insurance Benefit Amount if the Life Insured suffers a Total & Permanent Disability as a result of:

- ✘ an injury caused or accelerated by an intentional act performed by the Life Insured, Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- ✘ an injury caused as a result of engaging in any motor sport as a rider, driver and/or passenger.

We will not pay any Benefit Amount where we have agreed Special Terms or Conditions with you in respect of your cover that specifically excludes the event or condition leading to the claim. Any such Special Terms or Conditions will be agreed with you before your Policy is issued and will appear on your Policy Schedule.

When your Total & Permanent Disability Insurance starts

If your application for Total & Permanent Disability Insurance is accepted by us then the Total & Permanent Disability Insurance starts on the Acceptance Date. If we agree to add Total & Permanent Disability Insurance to your Policy after the Acceptance Date, we will advise you of the date the Total & Permanent Disability Insurance starts.

**When your
Total &
Permanent
Disability
Insurance ends**

Total & Permanent Disability Insurance ends for a Life Insured when the first of the following occurs:

- ✓ the date of death of the Life Insured; or
 - ✓ the date of payment of a Terminal Illness claim; or
 - ✓ the date of payment of a Total & Permanent Disability Insurance Benefit Amount for the Life Insured; or
 - ✓ the date of payment of a Serious Illness Insurance Benefit Amount for the Life Insured where the Serious Illness Insurance Benefit Amount exhausts the Total & Permanent Disability Benefit Amount of the Life Insured; or
 - ✓ the date you cancel the Policy; or
 - ✓ the date we cancel the Policy; or
 - ✓ the date you cancel the Total & Permanent Disability cover; or
 - ✓ the Policy Anniversary following the Life Insured's 65th birthday.
-

Children's Insurance Option

This option is only available with Life Insurance. You only have this cover if we accepted your application, and it is shown in your Policy Schedule.

Purchasing Children's Insurance	If you are a parent or legal guardian of a child, you can apply for this Insurance cover for the child, if the child at application is aged between 2 and 17 years of age, and the child is an Australian Resident. If you have Children's Insurance, each Child Insured is shown in the Policy Schedule.
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How much can you insure	You can apply for a Children's Insurance Benefit Amount from \$20,000 up to a maximum of \$50,000 for each Child Insured under the Policy.
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What is payable when you claim	<p>We will pay the Benefit Amount if the Child Insured suffers an insured event, namely death from any cause, is diagnosed with a Terminal Illness or suffers a defined serious injury or illness, while covered under the Policy.</p> <p>Only one Children's Insurance Benefit Amount is payable per Child Insured. Once a Benefit Amount has been paid for a Child Insured, the Children's Insurance will cease for that Child Insured and no further claims can be made.</p> <p>Death from any cause</p> <p>We will pay the Children's Insurance Benefit Amount as a lump sum in the case the Child Insured dies from any cause, or is diagnosed with a Terminal Illness, at least three months after the day cover starts providing we have paid no Children's Insurance Benefit Amount in relation to a serious injury or illness for that Child Insured.</p> <p>Accidental Death</p> <p>We will pay the Children's Insurance Benefit Amount as a lump sum in the case of Accidental Death of the Child Insured provided we have not paid a Children's Insurance Benefit Amount in relation to a serious injury or illness or a Terminal Illness for that Child Insured.</p> <p>Serious injury or illness</p> <p>We will pay the Children's Insurance Benefit Amount as a lump sum in the event the Child Insured suffers the defined serious injury or illness listed below at least three months after the coverage start date:</p> <ul style="list-style-type: none">✓ Bacterial Meningitis (and/or invasive meningococcal disease); or✓ Benign (non-cancerous) tumour of the Brain or Spinal Cord – with permanent neurological impairment, or requiring specified treatment; or✓ Cancer (Children's Insurance Option); or✓ Encephalitis – with permanent neurological impairment; or✓ End Stage Chronic Kidney Failure requiring specified treatment; or✓ Hearing Loss (permanent and of specified severity, or requiring cochlear implant); or
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What is payable when you claim (continued)

- ✓ Major Brain Injury – requiring admission of more than 4 consecutive days in an Intensive Care Unit (ICU); or
- ✓ Major Burns to the Skin – of specified severity; or
- ✓ Major Organ Transplant – specified organs or being on a transplant waiting list; or
- ✓ Paralysis (total and permanent) – specified; or
- ✓ Total and Permanent Loss of Use of One Specified Limb; or
- ✓ Vision Loss (permanent and of specified severity, despite best treatment), as a result of injury or illness while covered under the Policy.

Where we have paid a Children’s Insurance Benefit Amount in relation to serious injury or illness, there are no further benefits payable under this Children’s Insurance option for that Child Insured.

The serious injury or illness condition must be diagnosed by a Medical Practitioner or Specialist Medical Practitioner (as indicated in ‘Definitions’ on page 36), the diagnosis may require confirmation by our medical advisers.

For further information on how to claim see ‘Making a Claim’ section on page 28.

Limit on benefits

Only one Benefit Amount is payable per Child Insured. The total benefit payable cannot exceed \$50,000 for each Child Insured, plus any automatic sum insured increases.

If the Child Insured is covered for Children’s Insurance under more than one Real Insurance life policy (being Real Life Insurance and Real Family Life Cover), we will apply this limit to the total of the Children’s Insurance Benefit Amount payable for the Child Insured under all such policies.

Any reduction in the Children’s Insurance Benefit Amount will be applied to the Children’s Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Children’s Insurance Benefit Amount is reduced.

What events are not covered under your Children’s Insurance

We will not pay a Children’s Insurance Benefit Amount if the Child Insured suffers a defined serious injury or illness as a result of:

- ✗ a Congenital Condition; or
- ✗ the intentional act of the Policyowner or person who will otherwise be entitled to all or part of the Benefit Amount; or
- ✗ an injury which occurs or an illness which becomes apparent, before the Children’s Insurance for the Child Insured starts, or during the first three months after the Children’s Insurance starts or, if reinstated, the reinstatement date.

We will not pay for a Children’s Insurance Benefit Amount if the Child Insured dies (other than from an Accidental Death where the Accident occurs after the Acceptance Date) or is diagnosed with a Terminal Illness which becomes apparent before or during the first three months after the Children’s Insurance starts or, if reinstated, the reinstatement date.

What events are not covered under your Children's Insurance (continued)

We will pay for any new and unrelated occurrence of:

- ✔ Bacterial Meningitis (and/or invasive meningococcal disease); or
 - ✔ Benign (non-cancerous) tumour of the Brain or Spinal Cord – with permanent neurological impairment, or requiring specified treatment; or
 - ✔ Cancer (Children's Insurance Option); or
 - ✔ Encephalitis – with permanent neurological impairment; or
 - ✔ End Stage Chronic Kidney Failure requiring specified treatment; or
 - ✔ Hearing Loss (permanent and of specified severity, or requiring cochlear implant); or
 - ✔ Major Brain Injury – requiring admission of more than 4 consecutive days in an Intensive Care Unit (ICU); or
 - ✔ Major Burns to the Skin – of specified severity; or
 - ✔ Major Organ Transplant – specified organs or being on a transplant waiting list; or
 - ✔ Paralysis (total and permanent) – specified; or
 - ✔ Total and Permanent Loss of Use of One Specified Limb; or
 - ✔ Vision Loss (permanent and of specified severity, despite best treatment),
- suffered by a Child Insured after this three-month period, while covered under the Policy.

When the Children's Insurance starts

If your application for Children's Insurance is accepted by us, then the Children's Insurance starts on the Acceptance Date. If we agree to add Children's Insurance to your Policy after the Acceptance Date, we will advise you of the date the Children's Insurance starts for each Child Insured.

When the Children's Insurance ends

The Children's Insurance ends for a Child Insured when the first of the following occurs:

- ✔ the date of death of the Child Insured; or the date of death of the Life Insured; or
- ✔ the date of payment of a Children's Insurance Benefit Amount for the Child Insured; or
- ✔ the date you cancel the Policy; or
- ✔ the date we cancel the Policy; or
- ✔ the date you cancel the Children's Insurance cover; or
- ✔ the Policy Anniversary following Child Insured's 21st birthday.

Where the Policy ends, any Children's Insurance under this Policy also ends.

Premiums

How we calculate your premiums

Premiums are the cost of your insurance. The premium you are required to pay when the Policy starts is shown in the Policy Schedule.

Your premium for Life Insurance (and Serious Illness and/or Total & Permanent Disability Insurance Options if applicable) is calculated at each Policy Anniversary and is based on the following:

- a) your age, sex at birth, and smoking status; and
- b) each Benefit Amount; and
- c) health and lifestyle factors; and
- d) your occupation.

Your premium structure is stepped, which means your premium will increase based on your age each year on the Policy Anniversary plus any automatic Benefit Amount increases.

Your premiums will also change anytime you increase or decrease your insurance. The premium change will be effective from the commencement date of such increase or decrease and is shown in the Policy Schedule.

When you turn age 99, if your Policy remains in force, the premium will remain the same for the remaining term of your Policy.

If your Policy is subject to a maximum Policy Term:

- ✔ your premiums will increase each year on the Policy Anniversary date for each year your Policy remains in force; and
- ✔ the increased premium is based on your age at Commencement Date and your Benefit Amount, plus any automatic Benefit Amount increases.

We will send you an updated Policy Schedule 30 days prior to your Policy Anniversary, for each year your Policy remains active, setting your updated premium.

The Children's Insurance premium is a level premium, which means it is designed to stay consistent year on year. Your premium will change if:

- ✔ you change your cover; or
- ✔ we change the premium rates.

Premiums for the Children's Insurance are based on the Child Insured's age at Commencement Date.

For a premium quote, or to understand more about the cost of your Insurance, please contact Real Insurance on **1300 367 325**, or visit **realinsurance.com.au**

Payment methods, frequency and due date

All payments made in connection with this Policy must be made in Australian dollars.

You can pay your premium by automatic debit from your bank, credit union or building society, your credit or debit card.

You choose the date your premium will be debited and select if you want to pay fortnightly, monthly or annually in advance.

You may apply at any time to change the method of payment or frequency of premiums by calling Real Insurance on **1300 367 325**.

If you are having difficulty making your premium payments, please contact us and we will tell you about the options we can provide to assist you to keep your Policy.

Premium rate changes

We may change the premium rates applying to your Policy, but only if we change the premium rates applying to all (or the same group of) Real Life Insurance Policyowners. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

Claims

Making a claim If you (or your beneficiary or your legal representative) wish to claim under this Policy, please contact Real Insurance using one of the following:

Phone: 1300 307 297

Email: claims@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

You will be sent a form to complete, sign and return. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense.

The Policy and the Insurance for the Benefit Amount must be in force when the insured event occurs.

Claims should be made as soon as possible after the event giving rise to the claim. We encourage you to lodge your claim as soon as possible, this will assist in reducing any delays with the claim assessment.

Before a claim can be fully assessed we must receive proof, provided at your (or your estate's) expense and to our reasonable satisfaction, that the insured event has occurred. In addition, in some cases it will be necessary for us to obtain:

- ✔ proof to be supported by one or more appropriate Medical Practitioners or Specialist Medical Practitioners (as indicated in '**Definitions**' on page 36); and
- ✔ all relevant information, including any test, examination, or laboratory results, must be provided to us.

To enable us to determine if a claim is payable under the terms of your Policy, we may require you to undergo (at our expense) examinations or other reasonable tests, (including where necessary, a post-mortem examination, or provide laboratory results), to confirm the occurrence of an insured event. In addition, we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers, and the collection of personal data.

Benefit nominations

As the Policyowner, we recommend that you nominate a beneficiary or beneficiaries to receive the Benefit Amount payable under your Policy on your death.

To nominate a beneficiary you can download a Nomination of Beneficiaries Form from **realinsurance.com.au** which can be signed manually or using an electronic signature, or contact Real Insurance at:

Phone: 1300 367 325

Email: service@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Benefit payments

Unless a valid benefit nomination applies, we make all Benefit Amount payments to you the Policyowner; or on your death, to your legal personal representative, or other person that we are permitted to pay under the *Life Insurance Act 1995 (the Act)*.

If the Benefit Amount exceeds \$100,000 and a beneficiary has not been nominated, we may be required to obtain documentation under the Act at an additional cost to your legal personal representative before we can pay the Benefit Amount.

Benefit Amounts paid in connection with this Policy will be paid in Australian dollars.

The payment of the Benefit Amount in accordance with the above and or to a nominated beneficiary is full and final discharge of our liability under the Policy.

General information

30-day money back guarantee

You have 30 days from the Commencement Date or the date any optional benefit starts, to decide if this Policy, or optional benefits, are suitable to you. This is known as the 'cooling-off' period.

If you want to cancel your Policy, or the optional benefit(s) within this 30-day period, you may do so provided you have not made a claim under the Policy.

If you wish to cancel your Policy within the cooling-off period, please send a written request providing your instruction to cancel along with your full name and Policy number to:

Email: service@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Phone: 1300 367 325

If your request is received within 30 days of your Commencement Date we will refund any premiums you have paid within 15 business days.

Automatic sum insured increases

To help your level of Insurance keep up with the cost of living, your Insurance is automatically increased on each Policy Anniversary by 5%.

Automatic increases will continue until the combined Life Insurance Benefit Amount of all your Real Life Insurance policies (being Real Life Insurance and Real Family Life Cover) reaches:

- ✔ \$2 million; or
- ✔ \$200,000 if your policy is subject to a maximum Policy Term.

If the automatic sum insured increases are not applied due to this limit, they will also not be applied to the optional benefits on the policy.

We will send you an updated Policy Schedule each year your Policy remains in force, 30 days prior to your Policy Anniversary setting out your updated Benefit Amounts and premium. You can decline the automatic increase by calling us or by writing to Real Insurance at:

Email: service@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Phone: 1300 367 325

If you decline the automatic increase, the updated Policy Schedule, we sent you will no longer be valid, and we will send you a replacement Policy Schedule.

If you decline the automatic sum insured increase in any given year, we will continue to offer you automatic sum insured increases on each subsequent Policy Anniversary until you are no longer eligible for them.

The automatic increases will end on the Policy Anniversary following the Life Insured's 75th birthday.

Changing your Insurance

Once your Policy has been accepted by us, you can request the following changes to your Policy:

- ✔ update your personal details;
- ✔ decrease your Insurance;
- ✔ increase your Insurance;
- ✔ change the Life Insured's status from a smoker to a non-smoker, for the purpose of determining the Insurance cover premium rating. You will need to provide a declaration that you have not smoked for at least 12 months; or
- ✔ change your regular occupation.

If your Policy is subject to a maximum Policy Term, we will be unable to increase the Benefit Amount. You will be able to add or remove the optional Children's Insurance to your Policy.

You can call Real Insurance at **1300 367 325** to discuss changes to your Policy or visit our **My Account** self-service portal at **realinsurance.com.au/myaccount**

Any change and the terms and conditions relating to the change are subject to approval and written confirmation by us.

Cancelling your Policy

If your premium remains unpaid for more than one month from when it is due, your Policy will be cancelled by us. Prior to cancelling your Policy, we will provide a written notice (to the last address/email notified to us) setting out the premium payments that are overdue and the timeframe you have to rectify any overdue payments.

Within six months of the date that the Policy is cancelled by us, you can apply to reinstate cover, however your application will be subject to underwriting and may require new Special Terms or Conditions or your application to reinstate cover could be declined.

The Policy will be cancelled if you are on a temporary work visa and cease to reside in Australia. You are required to tell Real Insurance if you are on a temporary work visa and cease to reside in Australia.

If the Life Insurance Benefit Amount does not comply with the maximum or minimum benefit limits available on the Policy, we reserve the right to cancel the Policy from inception, refund any premiums paid and treat it as if it never existed, as outlined in '**Multiple Life Insurance Policies and Combined Limits**' section on page 13.

If you wish to cancel the Policy and/or optional benefit/s, please send a written request providing your instruction to cancel along with your full name and Policy number to:

Email: service@reallifecover.com.au

Mail: Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Phone: **1300 367 325**

Cancelling your Policy (continued)

Upon receiving your request, we will cancel your Policy. Where you have paid your premium on an annual basis, we will refund the annual premium less the amount covering the period for which you were insured from the date you cancel your Policy. Any refund of premiums will be paid to you, within 15 days.

Insurance risks

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

- ✓ you need to select the insurance product and apply for the appropriate level of insurance for your needs. If you do not have enough insurance, it might cause you or your family to suffer financial hardship even after receiving the payment of the Benefit Amount;
- ✓ if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change. Your new cover may not provide the same level or scope of insurance cover and you may need to re-serve waiting periods and your new insurance cover may not provide the required protection if you make errors or omissions in your new application;
- ✓ before cancelling any existing policy, you should check that you have been issued with a new policy, otherwise you risk being uninsured;
- ✓ your health circumstances may change which may mean that a new policy is not available;
- ✓ over time your circumstances may change and you may find that you are less able to afford to pay the premium; and
- ✓ we may not pay a benefit in some circumstances because exclusions apply under your Policy.

We cannot provide advice on these issues, and you should seek advice from an appropriate professional about such matters.

This Policy is an insurance policy designed purely for protection and is not a savings plan. This means that if you cancel your Policy (after the 30-day cooling-off period), or we cancel the Policy, you will not receive back any of the premiums you have paid unless you have paid your premium more than 30 days in advance. You will also not be able to make a claim for an event arising after the date your Policy is cancelled.

Please be aware, as explained above, we can cancel your Policy if you do not pay the premiums when due or if you are no longer an Australian Resident.

Please consider these risks when selecting the type and amount of the Insurance, for your situation.

Tax

In most cases your premium will not be tax deductible and tax will not be payable on any Benefit Amount paid under your Policy.

This information is based on continuance of present tax laws and our interpretation of those laws. Your individual situation may differ and you should seek qualified professional advice in relation to your particular circumstances.

Questions or complaints

How to contact us If you wish to discuss your Policy or make alterations to your cover, you can contact us on **1300 367 325**.

Making a complaint

We hope that you never have a reason to complain, but if you do, the team at Real Insurance will do their best to work with you to resolve it.

To lodge a complaint or if you require assistance to lodge a complaint, please contact Real Insurance using one of the following means:

Phone: 1300 367 325

Email: service@reallifecover.com.au

Mail: Customer Support Complaints
Real Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

The Real Insurance complaint resolution process has three steps.

1. Initial response

Usually when you have a complaint, we can resolve it immediately on the phone. If we cannot immediately resolve your complaint to your satisfaction, we will refer your complaint to our centralised complaints team who will acknowledge receipt of your complaint within 24 hours (or one business day) where reasonable. If we are still unable to resolve your complaint within five days or your complaint is in relation to financial hardship or the value or decline of a claim, we will escalate your complaint for review by our Internal Dispute Resolution team.

2. Internal dispute resolution

All matters escalated to our Internal Dispute Resolution team will be responded to in writing. After full consideration of the matter, a written final response will be provided within 30 days that will outline the decision reached and the reasons for the decision.

3. External dispute resolution

In the unlikely event that your complaint is not resolved to your satisfaction, or a final response has not been provided within the required time frame, you can refer your matter to the Australian Financial Complaints Authority (AFCA) provided your matter is within the scope of AFCA's Complaint Resolution Scheme Rules. AFCA is a free (to you), fair and independent dispute resolution scheme.

You may contact AFCA at:

Australian Financial Complaints Authority

Phone: 1800 931 678

Email: info@afca.org.au

Mail: GPO Box 3 Melbourne VIC 3001

Website: afca.org.au

Privacy notice

In this section, 'we', 'our' and 'us' means Hannover and anyone (including GFS and Real Insurance) collecting information on our behalf and are subject to the Australian Privacy Principles under the *Privacy Act 1988* (Cth).

We collect personal information (including sensitive information) in several ways, including via telephone, our website, paper or electronic forms or email. Whenever we deal with you, we request personal information in the application for insurance directly from you and we assume that, where you disclose information about others, you have obtained their permission to do so. In some instances, we may collect information from other sources. This may include from another party involved in a claim, family members, or anyone you have authorised to deal with us on your behalf, including your representatives.

We only collect personal information that is necessary to provide products and services to you, or otherwise permitted by the law.

By applying for insurance cover, you consent to your personal information (including health information) being collected and used to consider your application for insurance, assess a claim, using it or giving it to related companies for research and analysis, to design or underwrite new insurance products. Your personal information may be disclosed to third parties who assist in the provision of insurance services (i.e. reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law). Third parties are prohibited from using your personal information for purposes other than those for which it is supplied. Your personal information may be disclosed to the Australian Financial Complaints Authority (AFCA) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law.

Your personal information may also be used to consider any other insurance application you may make in the future with us, or to perform our administrative operations (such as responding to your enquiries, providing you with support at your request providing you a quote for insurance, for training and quality assurance purposes) and performing internal support functions (such as risk management). If you do not consent to us collecting and using your personal information in this manner, or do not provide the requested information in full, we may be unable to provide you with all our services.

From time to time, Real Insurance may use your personal information to assist them in developing and identifying products and services that may interest you and (unless you ask them not to by calling them on **1300 367 325**) telling you about products and services offered by Real Insurance.

We may disclose your personal information to parties located in other countries as listed in Hannover's Privacy Policy.

You can read more about how we collect, use and disclose your personal information, including how to access your information or complain about a breach of your privacy by accessing Real Insurance Privacy Policy at realinsurance.com.au/privacy-collection/real-insurance or Hannover's Privacy Policy at hannover-re.com/privacyau or you can request a copy. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy, or have any other query relating to privacy, please call **1300 367 325**.

Your duty to take reasonable care

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before entering into the contract of insurance. A misrepresentation is an answer that is false, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your Policy could be voided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a Benefit Amount being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- ✔ think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond;
- ✔ answer every question;
- ✔ answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it; and
- ✔ review your application carefully, whether you or someone else helped you complete your application (for example, your interpreter or authorised third party), and any other documentation we provide you that was used in the assessment of your application.

Changes before your cover starts

Before your Policy starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It is important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you are having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it. If you would like to, you can have a support person you trust with you while speaking with us.

Definitions

In this Policy, some words begin with a capital letter (unless otherwise stated), for example, Benefit Amount. These words have special meanings as explained below.

Acceptance Date means the date your application is accepted by us and Insurance starts as shown on your Policy Schedule.

Accident means an event resulting in bodily injury occurring while the relevant Insurance is active, where the injury is directly and solely caused by accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.

Accidental Death means death occurring as a direct result of an Accident and where death occurs within 90 days of the Accident.

Accident Only Period The Accident Only Period is the period of time from your Policy Acceptance Date or the reinstatement date.

Upon completion of your application, we will advise you

- ✓ if an Accident Only Period is applicable to your Policy; and
- ✓ the period of time from the Policy Acceptance Date the Accident Only Period will apply.

If your Policy is subject to an Accident Only Period, it will also appear in your Policy Schedule.

Australian Resident means a person who resides in Australia and either holds:

- ✓ an Australia or New Zealand citizenship; or
 - ✓ an Australian permanent residency visa; or
 - ✓ has been in Australia continuously for six months or more on a temporary work visa and resides in Australia.
-

Bacterial Meningitis (and / or invasive meningococcal disease) means the confirmed diagnosis of one of the following in the Child Insured:

- ✓ a bacterial infection of the meninges (thin membranes that cover the brain and the spinal cord); or
- ✓ meningococcal septicaemia (meningococcal bacterial infection in the blood stream).

The diagnosis must be confirmed by an appropriate Specialist Medical Practitioner in that field.

Benefit Amount	means the amount payable on the applicable insured event covered under this Policy in respect of a Life Insured and Child Insured (as applicable). The Benefit Amount for each benefit is shown in the Policy Schedule.
Benign (non-cancerous) tumour of the Brain or Spinal Cord – with permanent neurological impairment, or requiring specified treatment	<p>means a non-cancerous tumour in the brain or spinal cord in the Child Insured, confirmed by imaging studies such as Computerised Tomography (CT) scan or Magnetic Resonance Imaging (MRI), that has resulted in either permanent neurological impairment or has required radiotherapy, chemotherapy, targeted therapies or surgical removal of the tumour.</p> <p>The following do not constitute "permanent neurological impairment":</p> <ul style="list-style-type: none"> ✗ an abnormality seen on brain or spinal cord scans/imaging without definite related clinical symptoms; ✗ neurological signs occurring without symptomatic abnormality, such as brisk reflexes without other symptoms; and ✗ symptoms of psychological or psychiatric origin.
Cancer (Children's Insurance Option)	<p>means the confirmed diagnosis, in the Child Insured, of the presence of one or more malignant tumours histologically characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue beyond the basement membrane. The term malignant tumour includes carcinoma, leukaemia, sarcoma, lymphoma, multiple myeloma and inaccessible brain tumours described as malignant on neuroimaging.</p> <p>The diagnosis must be confirmed by a Specialist Medical Practitioner.</p>
Cancer –excluding specified early stage cancers	<p>means the confirmed diagnosis in the Life Insured of the presence of one or more malignant tumours characterised by the uncontrolled growth and spread of malignant cells, and the invasion and destruction of normal tissue beyond the basement membrane as confirmed histologically by a pathologist. The term malignant tumour includes carcinoma, leukaemia, lymphoma, multiple myeloma, sarcoma and inaccessible brain tumours described as malignant on neuroimaging.</p> <p>The following early stage cancers are specifically excluded:</p> <ul style="list-style-type: none"> ✗ tumours which are histologically classified as 'pre-malignant', 'non-invasive', 'high-grade dysplasia', 'borderline' or 'having low malignant potential'; ✗ all carcinoma in situ, except for carcinoma in situ of the breast where total mastectomy was performed specifically to arrest the spread of malignancy and where it was considered the appropriate and necessary treatment; ✗ all prostatic cancers, unless having progressed to T2 on the TNM Clinical Staging System; or histologically classified as having a Gleason Score of 7 or higher; or having resulted in the surgical removal of the prostate (where it was considered by treating doctors to be the appropriate and necessary treatment);

Cancer –excluding specified early stage cancers (continued)	<ul style="list-style-type: none"> ✗ all melanomas less than 1mm thickness as determined by histological examination and which is also less than Clark Level 3 depth of invasion; ✗ all non-melanoma skin cancers unless having spread to the bone, lymph node, or another distant organ; ✗ chronic lymphocytic leukaemia Rai Stage 0; ✗ all cancers of the thyroid unless: <ul style="list-style-type: none"> a) having progressed to at least TNM classification T2N0M0; or b) surgical removal of the whole thyroid gland is undertaken; ✗ all cancers of the bladder unless having progressed to at least TNM classification T1N0M0 (Stage 1); ✗ indolent cutaneous lymphoma confined to the skin; and ✗ Pituitary Neuroendocrine Tumours (PitNETs) unless invasion of surrounding structures or metastasis is unequivocally proven histologically and/or radiologically by Magnetic Resonance Imaging (MRI).
	<p>The diagnosis must be confirmed by a Specialist Medical Practitioner in that field.</p>
Child Insured	<p>in respect of the optional Children’s Insurance means the Life Insured named in the Policy Schedule in respect of Children’s Insurance.</p>
Commencement Date	<p>means the date on which your first premium payment is deducted. The date you select for the first premium deduction is shown on the Policy Schedule.</p>
Congenital Condition	<p>means an illness, disability or defect existing at or from a Child Insured’s birth.</p>
Diplegia	<p>means total and permanent loss of use of symmetrical parts of the body (such as both arms or both sides of the face) caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.</p>
Encephalitis –with permanent neurological impairment	<p>means the diagnosis of acute inflammatory disease of the brain tissue (infectious, autoimmune or unknown cause) in the Child Insured resulting in permanent neurological impairment with persistent symptoms.</p> <p>The diagnosis must be confirmed by an appropriate Specialist Medical Practitioner in that field.</p>
End Stage Chronic Kidney Failure requiring specified treatment	<p>means chronic, irreversible failure of both kidneys, in the Child Insured, that requires regular renal dialysis or kidney transplant.</p>

Hearing Loss (permanent and of specified severity, or requiring cochlear implant)	<p>means a confirmed diagnosis in the Child Insured of permanent and disabling hearing loss due to Injury or Illness, with any one of the following:</p> <ul style="list-style-type: none"> ✔ partial loss of hearing in both ears – best corrected hearing threshold level for the better ear of 31 decibels averaged at frequencies from 500 to 3,000 hertz; or ✔ profound loss of hearing in one ear – best corrected hearing threshold of 80 decibels in one ear, averaged at frequencies from 500 to 3,000 hertz. <p>Loss of hearing requiring a cochlear implant is included. The diagnosis must be made by an appropriate Specialist Medical Practitioner in that field.</p>
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Heart Attack – with evidence of severe permanent heart muscle damage	<p>means the unequivocal diagnosis of a heart attack (acute myocardial infarction), as confirmed by a cardiologist based on the criteria specified in the 4th Universal Definition of Myocardial Infarction AND resulting in any one of the following:</p> <ul style="list-style-type: none"> ✔ development of new pathological Q waves in the ECG; ✔ imaging evidence of new regional wall motion abnormality in a pattern consistent with an ischaemic cause and persisting for at least six weeks; or ✔ imaging evidence of left ventricular ejection fraction less than 50 per cent at least six weeks after the event. <p>The following are not covered:</p> <ul style="list-style-type: none"> ✘ a rise in biological markers as a result of an elective percutaneous procedure (such as a coronary stent) for coronary artery disease; ✘ other acute coronary syndromes including, but not limited to, angina pectoris; ✘ other causes of increased troponin levels in non-obstructive coronary arteries including myocarditis or coronary spasm where there is no evidence of acute myocardial infarction; or ✘ any cardiomyopathy including Takotsubo cardiomyopathy (Takotsubo Syndrome). <p>If the tests specified above are inconclusive or unable to be met, we will consider other appropriate and medically recognised tests that demonstrate the equivalent degree of severity defined by this definition.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
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Heart Bypass Surgery (Coronary Artery Bypass Graft Surgery)	<p>means the actual undergoing of bypass graft surgery for the treatment of coronary artery disease, either through:</p> <ul style="list-style-type: none"> ✔ an open-heart operation (sternotomy); ✔ minimally invasive direct surgery (mini-thoracotomy); ✔ minimally invasive keyhole surgery; or ✔ hybrid coronary revascularisation (combination of minimally invasive surgery and coronary stent). <p>The procedure must be confirmed as medically necessary by a Specialist Medical Practitioner in that field.</p>
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Hemiplegia	means the total and permanent loss of use of one side of the body (such as one arm and one leg on the same side) caused by permanent damage to the nervous system, in the Child Insured. The diagnosis must be confirmed by a Medical Practitioner.
Homemaker	<p>means the Life Insured who is the main provider of domestic duties within the family home and if also in paid employment, working for less than 10 hours per week.</p> <p>Domestic duties are the tasks performed by a Life Insured whose main occupation is to maintain their family home. Domestic duties specifically include:</p> <ul style="list-style-type: none"> ✓ cooking and preparing meals – meaning the ability to prepare meals using kitchen appliances; ✓ cleaning the home – meaning the ability to carry out the basic internal household chores using domestic equipment such as a vacuum and mop; ✓ washing clothes – meaning the ability to do the household’s laundry to a basic standard; ✓ shopping for groceries – meaning the ability to purchase general household grocery items; or ✓ caring for children – meaning the ability to care for and supervise Children (where applicable). <p>You will not be considered to be unable to carry out all normal domestic duties if you are able to perform any one of these duties.</p>
Insurance	means the benefits that have been applied for and have been accepted by us as indicated on the Policy Schedule.
Life Insured	means, as the context requires, you, as shown on the Policy Schedule and if applicable a Child Insured.
Major Brain Injury – requiring admission of more than 4 consecutive days in an Intensive Care Unit (ICU)	means an accidental head or brain injury in the Child Insured resulting in the admission to ICU for more than 4 consecutive days (96 hours). The diagnosis must be confirmed by a Medical Practitioner.

Major Burns to the Skin – of specified severity

means thermal, electrical or chemical injury in the Child Insured, resulting in any one of the following:

- ✓ burns to $\geq 10\%$ of the total body surface area (TBSA) as measured by the Lund and Browder Body Surface Chart;
- ✓ inhalation burns;
- ✓ full thickness burns to $\geq 5\%$ of TBSA;
- ✓ circumferential burns of the chest or a limb;
- ✓ deep dermal or full thickness burns to 50% of either the total combined area of both hands or both feet; or
- ✓ deep dermal or full thickness burns to any part of the face, genitalia or perineum.

The diagnosis must be confirmed by an appropriate Specialist Medical Practitioner in that field.

Major Organ Transplant – specified organs or being on a transplant waiting list

means the Child Insured either having been the recipient, or upon specialist medical advice is placed on an officially recognised Australian transplant waiting list (such as OrganMatch), to undergo a transplant from another human donor of one or more of the following organs or tissues:

- ✓ kidney;
- ✓ heart;
- ✓ partial liver;
- ✓ lung;
- ✓ pancreas;
- ✓ intestine; or
- ✓ bone marrow or haematopoietic (stem) cells.

Other than specified, the transplantation of all other organs or parts of any organ or any other tissue or grafts is excluded.

Medical Practitioner

means a practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA) who must not be the Policyowner or Life Insured under this Policy, their spouse, relative or business associate.

Monoplegia

means the total and permanent loss of use of one limb (such as one arm or one leg) caused by permanent damage to the nervous system, in the Child Insured. The diagnosis must be confirmed by a Medical Practitioner.

Paralysis (total and permanent) – specified	means total and permanent loss of use of one or more limbs caused by permanent damage to the nervous system as a result of injury or illness, in the Child Insured. This includes, but is not limited to, Monoplegia, Hemiplegia, Diplegia, Paraplegia, and Quadriplegia/Tetraplegia. The diagnosis must be confirmed by a Medical Practitioner.
Paraplegia	means the total and permanent loss of use of both legs caused by permanent damage to the nervous system, in the Child Insured. The diagnosis must be confirmed by a Medical Practitioner.
PDS	is an abbreviation of Product Disclosure Statement.
Policy	means the legal contract between the Policyowner and us. This PDS, your application, any future application accepted by us, the current Policy Schedule, and any Special Terms or Conditions, amendments, or endorsements make up the Policy.
Policy Anniversary	means the anniversary of the Commencement Date of your Policy.
Policy Schedule	means the document that confirms the details of your Policy, including any Special Terms or Conditions, amendments, or endorsements and updated from time to time. A new Policy Schedule will replace previous Policy Schedules.
Policyowner	means you, your, yours, and as the context requires, the Life Insured. The Policyowner as shown on your Policy Schedule. This Policy cannot be transferred or assigned to another person unless permitted by law.
Policy Term	means the maximum period of time that your Policy will remain in force. A Policy Term may be applied to your Policy based on the responses in your application. If a Policy Term applies to your Policy, it will be listed on your Policy Schedule and will start from the Policy Acceptance Date and continue until the 20th Policy Anniversary or until your 85th birthday, whichever occurs first. The Policy Term will end earlier if any of the events noted under ' When your Policy ends ' apply.
Quadriplegia/Tetraplegia	means the total and permanent loss of use of both arms and both legs caused by permanent damage to the nervous system, in the Child Insured. The diagnosis must be confirmed by a Medical Practitioner.

Specialist Medical Practitioner	means a Medical Practitioner who practices in a specialty field and is listed on Australian Health Practitioner Regulation Agency's (AHPRA) Specialist Register. The Specialist Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.
Special Terms or Conditions	can include an alteration to the Benefit Amount, Policy Term, application of an additional loading, specific exclusions and any other special provisions as agreed with you.
Stroke – resulting in specified permanent impairment	<p>means acute focal injury of the central nervous system (brain, spinal cord, or retina) by one of the following causes:</p> <ul style="list-style-type: none"> ✔ thrombus or clot causing infarction (death of tissue due to insufficient blood supply); ✔ intracerebral bleed (a focal collection of blood within the brain tissue or ventricular system that is not caused by trauma); or ✔ non-traumatic subarachnoid haemorrhage. <p>There must be both:</p> <ul style="list-style-type: none"> ✔ evidence on neuroimaging (CT or MRI scan) of focal ischaemic injury in a defined vascular distribution; and ✔ clinical evidence of focal ischaemic injury based on persistent neurological deficit at least 6 weeks after the stroke and all other causes ruled out. <p>The following are excluded:</p> <ul style="list-style-type: none"> ✘ transient ischaemic attacks ("TIAs"); ✘ subdural and epidural haematoma; ✘ silent strokes (silent infarcts); ✘ neurological symptoms caused by migraines; ✘ disorders of the vestibular system; ✘ autoimmune conditions affecting the optic nerve; and ✘ brain damage due to an Accident, injury or widespread cerebral hypoxia. <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
Terminal Illness	means the diagnosis, by a Medical Practitioner or Specialist Medical Practitioner, of a Terminal Illness where life expectancy, after taking into account all reasonably available treatment, is 24 months or less.

**Total &
Permanent
Disability**

is where, as a result of sickness or injury, the Life Insured:

- suffers the loss of limbs or sight; or
- is unable to work; or
- suffers loss of independent existence; defined as follows:

a) loss of limbs or sight

Means the total and permanent loss of use of:

- both hands; or
- both feet; or
- one hand and one foot; or
- the sight of one eye and the use of either one hand or one foot; or
- the sight of both eyes.

b) unable to work

If the Life Insured is not a Homemaker, a state of physical or mental incapacity which:

- results in the Life Insured being disabled and unable to work in any employed capacity for at least six consecutive months; and
- in our reasonable opinion, after considering medical evidence and/or other evidence, results in the Life Insured being unable ever to follow any occupation for which he or she is reasonably qualified by education, training or experience.

If the Life Insured is a Homemaker, a state of physical or mental incapacity which:

- results in the Life Insured being unable to engage in normal domestic duties for at least six consecutive months; and
- in our reasonable opinion, after considering medical evidence and/or other evidence, results in the Life Insured being unable ever to perform normal domestic duties or engage in any other occupation for which he or she is reasonably qualified by education, training or experience.

c) loss of independent existence

- There is a permanent and irreversible inability of the Life Insured to perform any two of the following "activities of daily living" without the physical assistance of someone else. If the Life Insured can perform the activity on their own by using special equipment, we will not treat them as unable to perform the activity.
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**Total &
Permanent
Disability
(continued)**

Activity	Description
Washing	Bathing and showering
Dressing	Dressing and undressing
Eating	Eating and drinking
Contenance	Maintaining continence with a reasonable level of personal hygiene
Mobility	Getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid

or

- The Life Insured suffers cognitive impairment that results in the Life Insured requiring permanent and constant supervision for a continuous period of at least 6 months. The Life Insured's impairment must be established by a Medical Practitioner.

**Total and
Permanent
Loss of Use of
One Specified
Limb**

means complete and irrecoverable loss of use of one limb in the Child Insured. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.

For the purpose of this definition 'loss of use' means the inability to use the affected limb in a meaningful or practical way, such as holding, grasping, typing, carrying, standing or walking.

**Vision Loss
(permanent
and of
specified
severity,
despite best
treatment)**

means a confirmed diagnosis in the Child Insured of permanent and disabling vision loss due to Injury or Illness with any of the following:

- ✓ moderate loss of vision in both eyes – best corrected visual acuity is 6/18 or less in the better eye; or
- ✓ severe loss of vision in one eye – best corrected visual acuity is 6/60 or less in at least one eye, or visual field is reduced to 20 degrees or less of arc; or
- ✓ any degree of cortical vision impairment.

The diagnosis must be made by an appropriate Specialist Medical Practitioner in that field.

Visual acuity of 6/18 or less means that even with visual aids the Child Insured needs to be at 6 metres or less to see what someone with normal vision can see at 18 metres.

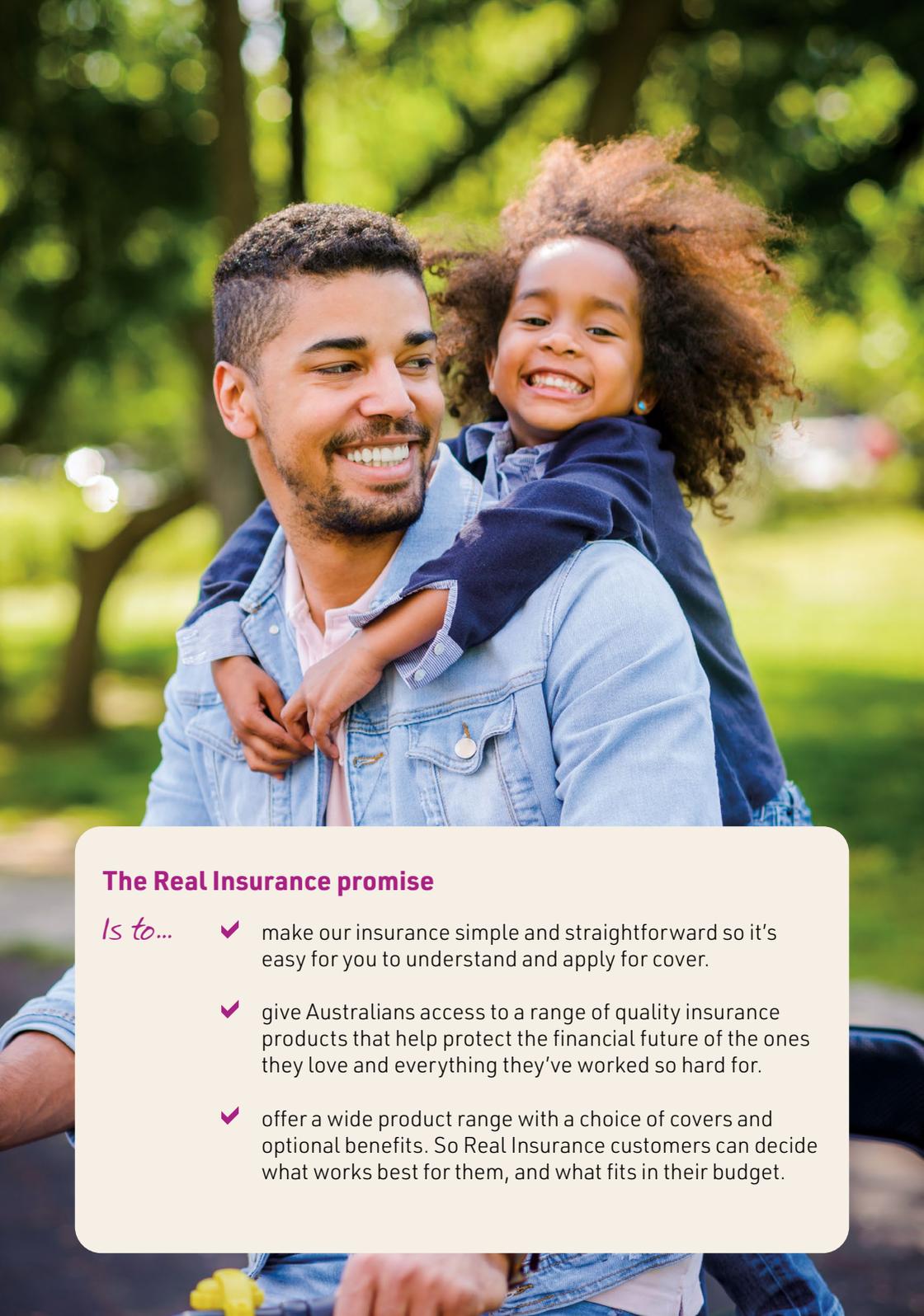
Visual acuity of 6/60 or less means that even with visual aids the Child Insured needs to be at 6 metres or less to see what someone with normal vision can see at 60 metres.

Direct debit service agreement

This agreement is issued by Hannover to help you understand your rights and responsibilities when making a premium payment by direct debit. It allows Hannover to debit your nominated account to meet the premiums for your policy.

This direct debit service agreement is administered by GFS on behalf of the product issuer, Hannover. The terms of the agreement are set below.

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ('Debit User') will initiate direct premium debit payments in the manner referred to on the Policy Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the person who authorised the direct debit request (customer) at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to on the Policy Schedule, they must either contact the Debit User on **1300 367 325** or write to the Debit User at Reply Paid 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this PDS on page 33. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated on the Policy Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given on the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described on the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated on the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated on the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least seven days' written notice to the Debit User at the address referred above or the relevant Financial Institution.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.



The Real Insurance promise

Is to...

- ✓ make our insurance simple and straightforward so it's easy for you to understand and apply for cover.
- ✓ give Australians access to a range of quality insurance products that help protect the financial future of the ones they love and everything they've worked so hard for.
- ✓ offer a wide product range with a choice of covers and optional benefits. So Real Insurance customers can decide what works best for them, and what fits in their budget.

For more information about
Real Life Insurance
call 1300 367 325
or visit realinsurance.com.au