



Accidental Death & Serious Injury Cover

Product Disclosure Statement

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Accidental Death & Serious Injury Cover is issued by Hannover Life Re of Australasia Ltd ABN 37 062 395 484 of Level 7,70 Phillip Street, Sydney NSW 2000.

Accidental Death & Serious Injury Cover is distributed and promoted by Real Insurance. Real Insurance is a trading name of Greenstone Financial Services Pty Ltd ABN 53 128 692 884, Australian Financial Services Licence 343079 of 58 Norwest Blvd, Bella Vista NSW 2153.

From time to time, Accidental Death & Serious Injury Cover may be updated. Updates which are not materially adverse to you may be found on the Real Insurance website at realinsurance.com.au. If you request a paper copy, this will be provided to you free of charge.

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 Insurance product.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. Hannover Re Group is one of the largest life reinsurers in the world, and has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong), and has maintained this rating for a number of years. The life insurance business of Hannover has been operating in the Australian market since 1958, and as at 31 December 2016 had total annual in force premium of AU\$1 billion.

Hannover is regulated by the Australian Prudential Regulatory Authority (APRA).

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 (using plain language) in our communications with you.
- ✓ we will monitor sales to ensure they are completed appropriately.
- ✓ if an inappropriate sale occurs, we will discuss with you how this can be remedied.
- ✓ 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 exceptional circumstances we cannot meet these timeframes, 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 ensure your legitimate 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 get a copy of the Code and a full list of insurance companies that are covered by the Code, on the Financial Services Council website at fsc.org.au



Product Disclosure Statement

Explaining this PDS

This Product Disclosure Statement (PDS) is designed to help you decide if Accidental Death & Serious Injury Cover is right for you. It tells you the terms and conditions applying to a Accidental Death & Serious Injury Cover Policy and it also provides important information about keeping premium payments up to date, what to do if you want to make a change 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 or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this and any other documentation we send you.

Accidental Death & Serious Injury Cover is issued by the insurer, Hannover Life Re of Australasia Ltd (**Hannover**). Hannover has sole responsibility for the PDS, the Policy and the assessment and payment of claims.

GFS has consented to being named in this PDS in the form and context in which it appears and has not withdrawn this consent before the date of this PDS.

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the '**Glossary**' on page 16 of this PDS.

In this PDS, references to “we”, “us” and “our” mean Hannover Life Re of Australasia Ltd.



Introducing Accidental Death & Serious Injury Cover

With Accidental Death & Serious Injury Cover in place you can now have peace of mind knowing that you have a measure of financial protection in the event of your Accidental Death or Accidental Serious Injury.

Accidental Death & Serious Injury Cover will provide you with a benefit – either to help secure your family’s financial security, or to help you on the path to recovery from an Accidental Serious Injury.

A full explanation of these benefits, and the terms and conditions of Accidental Death & Serious Injury Cover is contained in this PDS.

Your Insurance Policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Insurance Policy consists of the Policy Schedule and:

- ✓ this PDS (which includes the terms and conditions applying under your Policy);
- ✓ the application/s; and
- ✓ any special conditions, amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference. The Insurance provided under this Policy is written out of the Hannover Australian statutory fund.



Accidental Death & Serious Injury Cover

What is Accidental Death & Serious Injury Cover?

Accidental Death & Serious Injury Cover provides a benefit in the event that a Life Insured under the Policy either suffers an Accidental Death, or experiences one of the following conditions as a direct result of an Accident within 12 months of the Accident and before the Policy Anniversary following the Life Insured's 75th birthday:

- ✓ Quadriplegia/Tetraplegia;
- ✓ Paraplegia;
- ✓ Hemiplegia;
- ✓ Diplegia;
- ✓ Blindness;
- ✓ Deafness;
- ✓ Total and Permanent Loss of Use of Two Limbs.

Who can take out Accidental Death & Serious Injury Cover?

You can apply for a Single Plan on your own life (Key Life Insured) or you can apply for a Joint Plan to also include your spouse, partner, or de facto (Partner Life Insured, if applying).

You (and your Partner Life Insured, if applying) must be Australian Resident/s aged between 18 and 69 years of age.

The amount of Accidental Death & Serious Injury Cover you can apply for

The minimum Benefit Amount is \$50,000. The maximum Benefit Amount for a Life Insured under the Policy at the Commencement Date is \$500,000.

When you apply with a Partner Life Insured, you both apply for individual sums insured based on the limits above.

When we will pay the Accidental Death & Serious Injury Cover benefit

We will pay the benefits explained below if the Life Insured suffers an insured event, namely Accidental Death or Accidental Serious Injury, while covered under the Policy except in the circumstances explained in 'What is not covered under your Accidental Death & Serious Injury Cover?' on page 9.

Accidental Death

We will pay the Accidental Death & Serious Injury Cover Benefit Amount as a lump sum in respect of a Life Insured under

the Policy in the case of Accidental Death which occurs before the Policy Anniversary following the Life Insured's 75th birthday.

Accidental Serious Injury

We will pay the Accidental Death & Serious Injury Cover Benefit Amount as a lump sum in the case of a Life Insured under the Policy experiencing one of the following conditions:

- ✓ Quadriplegia/Tetraplegia;
- ✓ Paraplegia;
- ✓ Hemiplegia;
- ✓ Diplegia;
- ✓ Blindness;
- ✓ Deafness;
- ✓ Total and Permanent Loss of Use of Two Limbs,

as a direct result of an Accident, where the Serious Injury occurs within 12 months of the Accident.

The Serious Injury Cover must occur while your Policy is in force and before the Policy Anniversary following the Life Insured's 75th birthday. It must be diagnosed by a Medical Practitioner within 12 months of the Accident and confirmed by our medical advisers.

Limit on benefits

The total benefits payable for a Life Insured under a Policy cannot exceed \$500,000, plus any automatic increases.

If the Life Insured is covered under more than one Accidental Death & Serious Injury Cover Policy, we will apply this limit to the total of the benefits payable for the Life Insured under all Accidental Death & Serious Injury Cover policies. Any reduction in the Benefit Amount will be applied to the Insurance most recently commenced and we will refund the premiums paid referable to the amount by which the Benefit Amount is reduced.

Only one Accidental Death & Serious Injury Benefit Amount is payable per Life Insured.

The cost of your Accidental Death & Serious Injury Cover

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

Your premium is calculated at each Policy Anniversary and is based on:

- ✓ the age of each Life Insured at that time; and
- ✓ the Benefit Amount provided for each Life Insured; and
- ✓ the Insurance Plan chosen by you (Joint Plan or Single Plan).

For a premium quote, or to understand more about the cost of your Insurance, please contact Real Insurance on **1300 367 325** (Monday to Friday between 8am and 8pm AEST), or visit realinsurance.com.au

What is not covered under your Accidental Death & Serious Injury Cover?

We will not pay a Benefit Amount in respect of a Life Insured if the Life Insured suffers an Accidental Death or an Accidental Serious Injury directly or indirectly as a result of:

- ✓ an 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
- ✔ engaging in any motor sports as a rider, driver and/or passenger; 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.

When your Accidental Death & Serious Injury Cover starts and ends

If your application for Accidental Death & Serious Injury Cover is accepted by us, cover starts for a Life Insured on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

The Accidental Death & Serious Injury Cover ends for a Life Insured when the first of the following occurs:

- ✔ the date of payment of an Accidental Death or Accidental Serious Injury claim for that Life Insured; or
- ✔ the date you cancel the Policy; or
- ✔ the date we cancel the Policy; or
- ✔ the Expiry Date, which is the Policy Anniversary following the Life Insured's 75th birthday.

General Information

Your 30 day money back guarantee

You have 30 days from the Commencement Date to make sure you are happy with it, and decide whether you want to keep the Policy. This is known as the “cooling-off” period. If you want to cancel your Policy 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 **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. If your request is received within 30 days of your Commencement Date we will refund any premiums you have paid. If you wish to discuss the matter or make alterations to your cover you can contact us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST).

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 even where the maximum Benefit Amount is met or exceeded.

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 Amount and premium. You can decline the automatic increase by phoning us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST) or by

writing to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153. If you decline the automatic increase, the updated Policy Schedule we sent you will not 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.

Further Insurance options

We may offer you the option of incorporating further Insurance benefits under your Policy. If you accept such offers, we will issue you with a new Policy Schedule setting out the terms and conditions of the Insurance option.

Premiums

We may change the premium rates applying to your Policy, but only if we change the premium rate applying to all (or the same group of) Accidental Death & Serious Injury Cover 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.

How you can pay for your Insurance and when your premium is deducted

Your premium will be debited on the date of your choice, either fortnightly, monthly or annually. The date on which your first premium is deducted will become your Policy Commencement Date. You can pay

either by automatic debit from your bank, credit union or building society account or by charge to your credit card.

You may apply at any time in writing or by phone to change the method of payment of premiums. Payment frequency changes can only be made on the Policy Anniversary following the request.

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

Changing your Insurance

You can phone us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST) to discuss changing your Insurance cover. You may need to confirm changes in writing if you wish to:

- ✓ decrease your Insurance; and
- ✓ increase your Insurance; and
- ✓ change from a Single Plan to a Joint Plan (or from a Joint Plan to a Single Plan).

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

When we can cancel your Policy

If you don't pay your premium when it is due and it remains unpaid for more than one month your Policy could be cancelled. It may be reinstated within six months of the date that the Policy was cancelled, but only if we agree and subject to any terms and conditions we might require.

The Policy will be cancelled if the Policyowner is on a temporary work visa and ceases to reside in Australia.

If you wish to cancel your Policy please send a written request providing your instruction to cancel along with your full name and policy number to **Real Insurance**, PO Box 6728, Baulkham Hills NSW 2153.

If you wish to discuss the matter or make alterations to your cover you can contact us on **1300 367 325** (Monday to Friday between 8am and 8pm AEST).

Insurance risks

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

- ✓ You need to select the correct Insurance product and apply for the appropriate level of cover for your needs. If you do not have enough cover it might cause you or your family to suffer financial hardship even after receiving the benefit payment;
- ✓ 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; and
- ✓ This Policy is designed purely for protection, unlike some other types of life insurance that have savings and investments components, which means that if you cancel your Policy (after the 30 day cooling-off period) you will not receive anything back unless you have paid more than 30 days in advance.

Benefit payments

Unless a valid Nomination (explained below) applies:

- ✓ we make all benefit payments to you, the Policyowner; or
- ✓ if the Policyowner dies, the Insurance benefit will be paid to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

All benefits paid in connection with this Policy will be made in Australian currency.

Nominations

As Policyowner, you can nominate beneficiaries to receive payment of the Accidental Death & Serious Injury Cover Benefit Amount on your death.

To make a nomination, you need to complete a Nomination of Beneficiaries Form (available on page 19 of this PDS or from realinsurance.com.au) and return it to Real Insurance.

Conditions of Nominations

The following conditions apply:

- ✔ there must not be more than 5 nominees; and
- ✔ nominations must be of a natural person; and
- ✔ nominations must be in writing on a Nomination of Beneficiaries Form; and
- ✔ you may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Real Insurance. The variation takes effect when it is received at Real Insurance; and
- ✔ payment of benefits will be made on the basis of the latest valid nomination received at Real Insurance; and
- ✔ if a nominee is a minor when payment is made, the payment will be made to the minor's legal guardian on trust for the benefit of the minor; and
- ✔ if a nominee pre-deceases the Policyowner, that nominee's share is payable to the Policyowner's legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

The payment of the benefit in accordance with the above in respect of a Life Insured is full and final discharge of our liability under the Policy for that benefit.

If the Policyowner dies leaving a surviving Partner Life Insured, from the time of the Policyowner's death, the Benefit Amount for all surviving Lives Insured under this Policy will continue (subject to payment of the first premium) under a new Policy we will issue to the surviving Partner Life Insured in his or her name as the Policyowner. The new Policy will be issued on the same terms as this Policy and takes effect subject to payment of the first premium.

Making a claim

If you (or your legal personal representative on your death) wish to claim under this Policy, please phone **1300 307 297** (Monday to Friday between 8am and 8pm AEST), or write to Real Insurance, PO Box 6728, Baulkham Hills NSW 2153. We will send you a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense.

The Policy 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. If you do not notify us within 120 days after the event giving rise to the claim, and we are disadvantaged by the delay, we may be able to reduce the amount we would otherwise pay, or we may be able to refuse to pay the claim.

Before a claim is payable we must receive proof, provided at your (or your estate's) expense and to our satisfaction, that the insured event has occurred. In addition:

- ✔ proof must be supported by one or more appropriate Medical Practitioners; and
- ✔ all relevant information, including any test, examination, or laboratory results, must be provided to us.

We may be entitled to refuse to pay the benefit under this Policy if a claim is made more than 120 days after the insured event giving rise to the claim without good cause or if we do not have evidence to our satisfaction of the Life Insured's death, the cause of the Life Insured's death, or of the applicable insured event.

We reserve the right to require the Life Insured to undergo, at our expense, examinations or other reasonable tests (including, where necessary, a post-mortem examination) 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.

Tax

In most cases your premium will not be tax deductible and tax will not be payable on any benefit 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

We hope that you never have reason to complain, but if you do we will do our best to work with you to resolve it. Our complaints resolution process has three steps.

1 – Immediate Response

Usually when you have a concern, we can resolve it immediately on the phone. If we can't immediately resolve your concern we will treat it as a complaint and take steps to resolve your matter as soon as possible. Please contact us using one of the following means:

Phone: 1300 367 325
(Monday to Friday between 8am and 8pm AEST)

Writing: Customer Service Complaints
Real Insurance &
Serious Injury Cover
PO Box 6728
Baulkham Hills NSW 2153

Email: service@reallifecover.com.au

Please supply your Policy number to enable the enquiry to be dealt with promptly. Your complaint or enquiry will be dealt with by someone with appropriate authority.

2 – Internal Dispute Resolution

If we haven't resolved your matter to your satisfaction, at your request, we will escalate your complaint for review by our Internal Dispute Resolution team. All escalated matters will be acknowledged within 2 business days of being escalated. After full consideration of the matter a written final response will be provided 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 45 days, you may be eligible to refer your matter to the Financial Ombudsman Service (FOS), providing your matter is within the scope of the FOS Terms of Reference. The FOS is an independent dispute resolution service provided free of charge. You may contact the FOS at:

Financial Ombudsman Service

Mail: GPO Box 3,
Melbourne VIC 3001

Phone: 1800 367 287

Fax: (03) 9613 6399

Website: www.fos.org.au

Email: info@fos.org.au

Privacy

For the purposes of this Notice “we”, “our” and “us” means Hannover Life Re of Australasia Ltd and anyone collecting information on its behalf.

We may collect personal information directly from you through the application process or, where that is not reasonably practical, from other sources. For example, we may obtain information from other insurers or medical practitioners.

Your personal information is collected for the purpose of processing your application, administering your Policy and assessing and paying any claims under the Policy. Your information may also be used to consider any other application you may make in the future, or to perform our administrative operations. 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 will be unable to provide the requested insurance services or you may be deemed to not have complied with your duty of disclosure. Real Insurance may use your personal information (but not sensitive 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** (Monday to Friday between 8am and 8pm AEST) telling you about products and services offered by Real Insurance.

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). We are unlikely to send your personal information to any foreign jurisdiction and we take steps to ensure our service providers don't either.

By applying for cover, you consent to sensitive information about you being collected and it being 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, and disclosing it to any of the third parties listed above for these purposes. Your sensitive information will not be disclosed for any other purpose. Third parties are prohibited from using your personal information for purposes other than those for which it is supplied.

You can read more about how we collect, use and disclose your personal information in our Privacy Policy, including how to complain about a breach of the Privacy Principles, which is available on our website at realinsurance.com.au 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** (Monday to Friday between 8am and 8pm AEST).

Glossary

In this Policy, some words begin with a capital letter, for example, Accidental Death. These words have the special meanings as explained below.

Acceptance Date means the date your application is accepted by us and cover starts as set out in the Policy Schedule.

Accident means an event resulting in bodily injury occurring while this Policy is in force, 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.

Accidental Serious Injury means a Serious Injury occurring as a direct result of an Accident and where the Serious Injury occurs within 12 months of the Accident.

Australian Resident means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship; or holds 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.

Benefit Amount means the amount payable on the applicable insured event covered under this Policy in respect of a Life Insured. The Benefit Amount at the Acceptance Date for each Life Insured is shown in the Policy Schedule.

Blindness means the permanent loss of sight in both eyes, due to injury or illness, such that:

- ✓ visual acuity is at least 6/60 or less in both eyes, or
- ✓ the visual field is reduced to at least 20 degrees or less of arc,

measured, in each case, after taking into account visual aids. The diagnosis must be confirmed by a Medical Practitioner.

Commencement Date means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.

Deafness means the confirmed diagnosis, by a Medical Practitioner, of the total and irreversible loss of hearing, both natural and assisted, in both ears, of 90 decibels or greater measured over the frequencies of 500 hertz, 1000 hertz, 2000 hertz and 3,000 hertz in 2 measurements at least 6 months apart.

Diplegia means the total and permanent loss of use of symmetrical parts of the body through injury caused by permanent damage to the nervous system.

Expiry Date means the Policy Anniversary following the Life Insured's 75th birthday.

Hemiplegia means the total and permanent loss of use of one side of the body caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

Insurance means, in respect of a Life Insured, the Insurance benefits that have been applied for by the Policyowner and accepted by us as indicated on the Policy Schedule.

Insurance Plan means the Insurance Plan nominated by the Policyowner in the application, subject to acceptance by us.

The Insurance Plans available under the Policy are:

- ✓ Single Plan – this Plan applies if the Key Life Insured is the only person nominated in the application; or
- ✓ Joint Plan – this Plan applies if there is a Key Life Insured and a Partner Life Insured nominated in the application.

Key Life Insured means a person named in the Policy Schedule as the Key Life Insured.

Life Insured means, as the context requires, the Key Life Insured and, if applicable, the Partner Life Insured. The Lives Insured are set out in the Policy Schedule.

Medical Practitioner is a qualified, practicing medical specialist, licensed to practice his or her medical specialty within Australia or New Zealand, and whose specialty qualifies him or her to make a prognosis of Terminal Illness or as the context requires, to diagnose a medical condition, illness, disability or injury covered under this Policy, of a Life Insured. The Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.

Paraplegia means the total and permanent loss of use of both legs caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

Partner Life Insured means a person named in the Policy Schedule as the Partner Life Insured. A Partner may be a legal spouse or de-facto of the Key Life Insured and may be of the same gender as the Key Life Insured.

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 Schedule, and any special conditions, amendments, or endorsements make up the Policy.

Policy Anniversary means the anniversary of the Commencement Date of your Policy.

Policyowner, you, your, yours means the Key Life Insured. This Policy may not be transferred or assigned to another person.

Quadriplegia/Tetraplegia means the total and permanent loss of use of both arms and both legs caused by permanent damage to the nervous system. The diagnosis must be confirmed by a Medical Practitioner.

Schedule means the Schedule issued with this Policy and updated from time to time. A new Schedule will be issued at any time we agree with you to change the details in respect of a Life Insured under this Policy. A new Schedule will replace previous Schedules.

Serious Injury means Quadriplegia/ Tetraplegia, Paraplegia, Hemiplegia, Diplegia, Blindness, Deafness, or Total and Permanent Loss of Use of Two Limbs.

Total and Permanent Loss of Use of Two Limbs means complete and irrecoverable loss of the use of two limbs through injury. Limb in this context means an arm, leg, hand or foot. The diagnosis must be confirmed by a Medical Practitioner.

Direct Debit Service Agreement

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 in the 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 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 in the Policy Schedule, they must either contact the Debit User on **1300 367 325** (Monday to Friday between 8am and 8pm AEST) or write to the Debit User at PO Box 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 14. 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 in the 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 in 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 in 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 in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in 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 7 days’ written notice to the Debit User at the address referred above.
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.

Nomination of Beneficiaries Form

As the Policyowner, you have the option to nominate a beneficiary or beneficiaries to receive benefits payable under your Policy on your death. The option to nominate a beneficiary is subject to the conditions listed below.

Unless a valid nomination applies (explained below):

- ✔ we make all benefit payments to you, the Policyowner; or
- ✔ if the Policyowner dies, the Insurance benefit will be paid to the Policyowner’s legal personal representative, or other person that Hannover Life Re of Australasia Ltd (we or us) are permitted to pay under the Life Insurance Act 1995.

Nominations

As Policyowner, you can nominate beneficiaries to receive payment of any benefits on your death. To make a nomination, you need to complete this Nomination of Beneficiaries Form and return it to Real Insurance.

Conditions

The following conditions apply:

- ✔ There must not be more than 5 nominees. Nominations must be of a natural person; and
- ✔ Nominations must be in writing on a Nomination of Beneficiaries Form; and
- ✔ You may vary the nomination at any time by properly completing and signing a new Nomination of Beneficiaries Form and forwarding it to Real Insurance. The variation takes effect when it is received at Real Insurance; and
- ✔ Payment of benefits will be made on the basis of the latest valid nomination received at Real Insurance; and
- ✔ If a nominee is a minor when payment is made, the payment will be made to the minor’s legal guardian on trust for the benefit of the minor; and
- ✔ If a nominee pre-deceases the Policyowner, that nominee’s share is payable to the Policyowner’s legal personal representative, or other person that we are permitted to pay under the Life Insurance Act 1995.

Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship to Policyowner	Proportion of Benefit
			/ /		%
			/ /		%
			/ /		%
			/ /		%
			/ /		%
			/ /		%
Your Policy number					
Name of Policyowner					
Signature of Policyowner				Date:	/ /

Please return this form to Real Insurance PO Box 6728, Baulkham Hills NSW 2153



The Real Insurance promise

Is to...

- ✓ make insurance simple and straightforward so it's easy for you to understand and apply for cover.
- ✓ give ordinary Australians the opportunity to access a range of quality insurance products to help protect the financial security of their families, and the wealth and assets they have worked hard to create.
- ✓ 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
Accidental Death & Serious Injury Cover
Call 1300 367 325**

Monday to Friday 8am–8pm (AEST)

Visit realinsurance.com.au

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