

MyNorth[®] Group Insurance

Information Booklet

Issue number 4, 21 August 2023

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This information booklet is only applicable to former Summit, Generations and iAccess clients who were moved to MyNorth Super, Pension or Investment and who currently have group insurance.

Important information

This Information booklet is jointly prepared by N. M. Superannuation Proprietary Limited (N.M. Super) ABN 31 008 428 322, AFS Licence No. 234654 and NMMT Limited (NMMT) ABN 42 058 835 573, AFS Licence No. 234653.

N.M. Super, in its capacity as the Trustee of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598 (the Fund), moved members of Summit Personal Super and Pension and Generations Personal Super and Pension to MyNorth Super and Pension commencing from 3 December 2022. Members of iAccess Personal Super and Allocated Pension were moved to MyNorth Super and Pension commencing from 13 May 2023.

NMMT the legal entity operating MyNorth Investment, moved investors of Summit Money Master and Generations Investment Portfolio to MyNorth Investment commencing from 3 December 2022. Investors of iAccess Investment were moved to MyNorth Investment commencing from 13 May 2023.

Throughout this document, NM Super and NMMT are referred to collectively as us, we, our or AMP.

MyNorth Super and Pension has replaced Summit Personal Super and Pension, Generations Personal Super and Pension and iAccess Personal Super and Allocated Pension.

MyNorth Investment has replaced Summit Money Master, Generations Investment Portfolio and iAccess Investment.

MyNorth members and investors with group insurance are addressed as you.

Investment

MyNorth Investment group insurance cover for Death, Death and Total and Permanent Disablement, Salary Continuance, and Trauma (Trauma is only available to former Summit Money Master and former iAccess Investment clients) is provided by Resolution Life Australasia Limited.

Personal Super and Pension

MyNorth Super and MyNorth Pension members are offered group insurance cover for Death (Super and Pension), Death and Total and Permanent Disablement (Super only) and Salary Continuance (Super only) by NM Super the Trustee of the Fund.

The Insurer is Resolution Life Australasia Limited. Insurance cover is provided under insurance policies held by the Trustee.

The Insurer

The insurance cover outlined in this Information booklet is provided by Resolution Life Australasia Limited (the Insurer) ABN 84 079 300 379 (Resolution Life). This cover is subject to the terms and conditions of the policies held between us and the Insurer. Insurance is provided within the Insurer's Statutory Fund No.1.

Liability for claims is limited to the pool of assets available in this Statutory Fund.

To be eligible to apply for an additional benefit or an increase to your existing cover in MyNorth, you must have been a group insurance member in the former Summit, Generations or iAccess super and pension or investment product who was moved to MyNorth. This Information booklet is not an invitation to purchase new insurance cover.

Throughout this document, unless otherwise stated, MyNorth refers to group insurance members of MyNorth super, pension and investment.

Insurance options to protect you and your family

As a group insurance member you are able to access the following insurance options:

Insurance Cover	Investment	Super	Pension
Death	Yes	Yes	Yes
Death and Total and Permanent Disablement (TPD)	Yes	Yes	No
Salary Continuance	Yes	Yes (must be taken out with Death or Death and TPD cover)	No
Trauma (Applicable only to former Summit Money Master and ipac iAccess Investment clients)	Yes	No	No

Regardless of your situation, insurance is an important part of any financial plan. Insurance protects you against unforeseen events and enables you to continue the lifestyle you've worked hard to achieve.

Please note: The information detailed in this Information booklet relates to the insurance cover provided through group insurance policies underwritten by the Insurer. This cover is subject to the terms and conditions of the policies held between AMP and the Insurer. The insurance options described are only available to group insurance members of former Summit, Generations and iAccess super, pension and investment who were moved to MyNorth, took out insurance cover prior to 19 April 2010, and who continue to maintain some form of group insurance cover since that date.

Throughout this document Employment, Salary, Medical care and Medical practitioner have a special meaning. Refer to the Definitions section.

PRODUCT CLOSED – INFORMATION IN THIS BOOKLET IS NOT UP TO DATE

Death and TPD cover

Death cover

Death cover provides a lump-sum benefit in the event of your death. Exclusions apply and are explained in the section **Exclusions for Death and TPD cover**. At no time is a surrender value attained or payable on this cover.

Interim Death cover

To give you some protection while your application is being assessed, you are provided with interim cover for your accidental death. The amount payable on accidental death is the amount of death benefit applied for, up to a maximum of \$1 million. Interim cover starts from the date we receive your application. Premiums will be charged at an interim rate for the period of interim cover based on the amount and type of cover requested and under assessment.

Interim cover automatically ends as soon as one of the following happens:

- we accept, limit or reject the cover that is subject to underwriting
- you withdraw your application, or
- 60 days pass from the date interim cover commenced.

Terminal illness benefit

If you become terminally ill, we will pay you the terminal illness benefit, or in the case of Super and Pension, make a payment to the Trustee. This is an advance payment of the Death cover up to \$1 million. On your subsequent death, the amount then payable will be the remainder of the Death cover if it exceeds \$1 million.

If you have Death cover, the Insurer will pay a terminal illness benefit if you become terminally ill:

- while this policy is in force
- before your cover ends, and
- before you reach the benefit expiry age for the death benefit.

You are regarded as terminally ill where:

1. You are diagnosed by two registered medical practitioners as being terminally ill, one of which must be nominated by the Insurer.
2. That illness stops you working, and
3. In the Insurer's opinion (based on medical and other evidence satisfactory to the Insurer) you are not expected to live more than 12 months.

The registered medical practitioner cannot be you, a family member, business partner, your employee or employer.

The amount of the terminal illness benefit we pay is the amount of the insured Death cover that applied when you first stopped work due to the terminal illness, up to a maximum of \$1 million.

For Super and Pension group insurance members, if the terminal illness claim is admitted, the Insurer will pay the insured amount to the Trustee. Then, subject to you having satisfied a condition of release under superannuation law, the Trustee will make the proceeds available to you as a lump sum. For more details on the conditions of release, refer to the current MyNorth Super and Pension PDS or contact your financial adviser or North Service Centre on 1800 667 841.

TPD cover

TPD cover provides a lump-sum benefit in the event that you become totally and permanently disabled. Exclusions apply and are explained in the section titled **Exclusions for Death and TPD Cover**. At no time is a surrender value attained or payable on this cover.

Please note that TPD cover is only available in conjunction with Death cover and is not available for Pension group insurance members.

TPD defined

You are considered totally and permanently disabled for insurance purposes if one or more of the following circumstances occur:

1. You are continuously absent from employment through injury or illness for six months and, in the Insurer's opinion (based on medical and other evidence satisfactory to the Insurer), you have become incapacitated to such an extent as to render you unlikely ever to engage in, or work for reward in, any occupation or work for which you are reasonably qualified by education, training or experience. However, you will not be regarded as totally and permanently disabled in the above circumstances if, in the Insurers opinion (based on medical and other evidence satisfactory to the Insurer), you would, after medical or other treatment, rehabilitation or reasonable occupational retraining, be able to follow a business occupation or perform other regular duties for which you would then be reasonably suited, having reasonable regard to your previous occupation(s), education, training or experience.
2. You have, after becoming covered under the policy, suffered the total and irrecoverable loss of:
 - the use of both hands
 - the use of both feet
 - the use of one hand and one foot
 - the sight of both eyes
 - the use of one hand and the sight of one eye, or
 - the use of one foot and the sight of one eye, and you have ceased to be employed by reason of the relevant injury or illness.

If you go on unpaid leave of absence from employment, or if you change your business, trade or profession, you must inform the Insurer. The Insurer reserves the right to change the conditions of cover and vary the premium.

No TPD benefit becomes payable in respect of a period when:

- you are on unpaid leave of absence from employment exceeding 12 months, or
- you are no longer in employment as recognised under the Policy (Investment and Super group insurance members).

You should check with us for details.

Eligibility for cover

Type of cover	Who is eligible	Maximum cover
Death	<ul style="list-style-type: none">– Group insurance members aged 18-65 next birthday– Renewable to age 70	Unlimited
TPD	<ul style="list-style-type: none">– Group insurance members of Investment and Super aged 18-55 next birthday, employed on a permanent basis for an average of at least 15 hours per week.– To be taken out in conjunction with Death cover.– Renewable to age 65.	\$2 million

Changing the benefit level

Benefit levels (and therefore premiums) can be altered by you at any time, subject to approval by the Insurer and applicable maximums (refer to the table above). Please complete the Insurance application form and personal statement (if benefit levels are increasing).

Your financial adviser will be able to provide you with another Insurance application form and personal statement and further documentation to complete if necessary.

Cessation of cover

Death or Death and TPD cover will cease if:

- the premium is not paid when due. However we will give 30 days written notice before we cancel your cover for this reason
- you receive a TPD (Investment and Super group insurance members) or death benefit under this cover
- a terminal illness benefit is paid and there is no residual Death cover
- you cease to be a member of MyNorth
- you turn 65 in respect of TPD (Investment and Super group insurance members) cover or 70 in respect of Death cover
- you continue to be on unpaid leave of absence from employment beyond 12 months (Super group insurance members)
- for TPD cover, you are no longer in employment as recognised under the policy (Investment and Super group insurance members)
- you make a fraudulent claim
- you request to cease cover
- the group insurance policy is cancelled, or
- you die

Exclusions for Death and TPD cover

The following exclusions apply to Death and TPD cover:

1. Suicide or intentional self-injury—No benefit is payable if the death or TPD has occurred within 13 months of the commencement, reinstatement or increase of your cover and such death or TPD has occurred in the opinion of the Insurer (based on medical and other evidence satisfactory to the Insurer) wholly or partially as a consequence of suicide or intentional self-injury.
2. Invasion or war—In the event of an invasion or war (whether war has been declared or not) involving Australia's armed forces or involving your country of residence (including temporary residence), the Insurer may vary premiums or vary the amounts covered by notice. If such a notice is disregarded, no benefit is payable under the policies where your death or disablement occurs directly or indirectly as a consequence of such invasion or war.

Special conditions: The Insurer reserves the right to impose exclusions for certain medical conditions or additional premium loadings. You will be notified of any special conditions upon notification of your acceptance and you must agree to these in writing within 30 days before the Insurer can issue any insurance cover, apart from interim Death cover, or the offer will be void.

Unpaid leave of absence from employment

- You must notify us prior to going on unpaid leave of absence.
- TPD cover will continue for up to 12 months of continuous approved unpaid leave, provided premiums continue to be paid.
- No TPD benefit becomes payable in respect of a period when you are not either in employment or on an approved leave of absence.
- If you continue to be on unpaid leave of absence for a period longer than 12 months, TPD cover will cease unless you have notified us and sought permission from us to do so. No extended benefit is payable if we decline your request.
- Death cover is not affected by unemployment or unpaid leave.
- The Insurer reserves the right to change the conditions of cover and vary the premium.

TPD during the period of unpaid leave of absence of employment

- The TPD waiting period will commence on the specified return date of your unpaid leave that was approved by your employer or, where applicable, us prior to the commencement of unpaid leave.
- Your employer must keep appropriate records of the proposed date of return to work in this regard and provide such documents to us upon our request.
- In the event you become totally and permanently disabled during the period of unpaid leave and you are overseas you may be required to return to Australia at your own expense where necessary for medical treatment or assessment. We may not pay a benefit for TPD if you do not return to Australia.

Payment of benefits

Once we have established that your application for benefits has met the terms and conditions of the policy, we will arrange for your benefits to be paid. We will notify you once your application for benefits has been approved.

For Super and Pension group insurance members, any proceeds are paid to the Trustee. The Trustee must then establish whether a condition of release has been met before it can pay the benefit. For more details on the conditions of release, refer to the current MyNorth Super and Pension PDS or contact your financial adviser or the North Service Centre on 1800 667 841.

Salary Continuance cover

Total disability benefit

Salary Continuance cover provides you with a monthly benefit for up to two years, after a waiting period, if you are totally disabled and unable to work due to injury or illness.

Please note that Salary Continuance cover is only available for Investment and Super group insurance members. It is not available for Pension group insurance members. In the event you receive a benefit under Salary Continuance cover, premiums for this salary continuance will be waived for the period you are totally disabled.

Total disability

You are totally disabled for insurance purposes if, because of an injury or illness, you are:

- not capable of doing the important duties of your regular occupation, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

For the purpose of this definition 'important duties' means one or more duties that involve 20% or more of your tasks and which are essential to producing your salary.

Cessation of total disability benefit payments

We will stop paying for any total disability as soon as one of the following happens:

- you stop being totally disabled
- you reach age 65
- you are in jail or otherwise detained as a result of a criminal act
- you make a fraudulent claim
- you are assessed as being totally and permanently disabled under another policy with the Insurer
- the benefit period for the cause of the disability ends
- you are not under medical care
- you refuse to undertake treatment or rehabilitation which could be expected to allow you to return to work
- you fail to take all steps to return to work if you have a capacity to do so
- you fail to make available to the Insurer medical, financial or other evidence required to assess the claim
- you become terminally ill, or
- you die

Partial disability benefit

If you have been totally disabled for 14 days and then your health improves, but you are partially disabled, the Insurer will pay you a reduced monthly benefit. However, this will not commence until the end of the waiting period.

Partial disability

Partially disabled means that, immediately after being totally disabled for at least 14 days, you return to work and because of the disability you are not capable of doing all the important duties of your regular occupation and your salary for the work you do is less than the amount of your pre-disability salary. You must be under medical care.

Cessation of partial disability benefit payments

We will stop paying for any partial disability as soon as one of the following occurs:

- you stop being partially disabled
- you reach age 65
- you are in jail or otherwise detained as a result of a criminal act
- you make a fraudulent claim
- the benefit period for the cause of the disability ends
- you refuse to undertake treatment or rehabilitation which could be expected to assist you to return to full-time work
- you fail to make available to the Insurer medical, financial or other evidence as required to assess the claim
- you are not under medical care
- you become terminally ill, or
- you die.

Choice of waiting periods

You can choose a waiting period (the period from when you stop work to when you start receiving the benefit) of 4, 8 or 13 weeks—the shorter the waiting period you choose, the higher the premium. You start accruing the benefit from the day after the waiting period ends.

Reduction of benefits

The Insurer will reduce your benefits by offset amounts. Offset amounts refer to any amount that is paid or is required to be paid (whether by lump sum, periodic payment, settlement of legal proceedings or otherwise):

- under legislation or an award (eg workers' compensation legislation or transport accident legislation
- under any other disability income sickness or injury plan you hold with the Insurer or any other insurance company.
- under common law actions for loss of earnings, past and future, and/or
- sick leave payments received by you at the same time as the Insurer is paying you a benefit.

Notwithstanding the above, your salary continuance benefit will not be reduced by any lump sum total and permanent disablement benefit, superannuation benefit or social security payment.

If you go on unpaid leave of absence from your employment you must inform us. You will continue to be covered during leave for up to 12 months, but the Insurer reserves the right to vary your premiums. Premiums must be paid prior to the commencement of unpaid leave.

Eligibility for cover

Type of cover	Who is eligible	Maximum cover
Salary Continuance	<ul style="list-style-type: none"> - Group insurance members of Investment and Super aged 18-60 next birthday, employed on a permanent basis for an average of at least 15 hours per week - Group insurance members of Investment and Super can take out Salary Continuance cover as stand-alone cover - Renewable to age 65 	<p>The lesser of:</p> <ul style="list-style-type: none"> - 75% of salary less offsets (eg periodic or commuted compensations pursuant to any legislation or award, including workers compensation), or - 75% of the first \$320,000 pa of salary, or - other such limits as may be agreed between the policy owner and the Insurer.

Changing the benefit level

Benefit levels (and therefore premiums) can be altered at any time, subject to approval by the Insurer and applicable maximums (refer to the table above). Please complete the insurance application form and personal statement (if benefit levels are increasing).

Your financial adviser will be able to provide you with another insurance application form and personal statement and further documentation to complete if necessary.

You should note that the level of your benefit paid in the event of a total disability claim will be the lesser of 75% of the salary recognised by the Insurer and the benefit level you have paid for. Therefore, you should keep your financial adviser informed of salary changes on an annual basis to ensure your sum insured remains appropriate. You will not receive any benefits in excess of those upon which your premiums were calculated.

Cessation of cover

No salary continuance becomes payable in respect of any period when:

- you are on unpaid leave of absence exceeding 12 months, or
- you are no longer in employment as under the policy.

Your cover will also cease if:

- the premium is not paid when due. However we will give 30 days written notice before we cancel your cover for this reason
- you receive a TPD benefit, or a death or terminal illness benefit is paid under this cover
- you cease to be a member of MyNorth
- you turn 65
- you continue to be on unpaid leave of absence from employment beyond the period allowed for under the policy
- you are not in employment, as recognised under the policy
- you make a fraudulent claim
- you request to cease cover
- the group insurance policy is cancelled, or
- you die.

Recurring disability

Where you have been totally disabled and return to work and are disabled again within six months from the same or related cause, the waiting period will not apply. The claim will be treated as a continuation of the earlier claim and be payable for up to the balance of the benefit period.

However, if you return to full-time work for at least six months, the claim will be treated as a separate claim and the waiting period applies.

Exclusions for Salary Continuance cover

For Salary Continuance cover, the Insurer will not pay if, in the Insurer's opinion (based on medical and other evidence satisfactory to the Insurer), one or more of the following circumstances occurs:

1. Your injury or illness is a result of intentional self-inflicted injury or illness.
2. Your injury or illness is wholly attributable to normal and uncomplicated pregnancy or childbirth.
3. Your injury or illness is a condition that existed when you were accepted for cover under the policy, or is wholly or partially attributable to, or a consequence of such a condition, and
 - where the Insurer granted the cover without seeking evidence of health:
 - the condition caused absence from work at any time during the six months prior to granting of the cover, or
 - the condition did not significantly and materially deteriorate since the cover was granted.
 - where the Insurer sought evidence of health before granting the cover:
 - the condition was known to you when the cover was granted, other than where the Insurer, after becoming aware of the condition, agreed to cover it.

4. In the event of an invasion or war (whether or not war has been declared) involving Australia's armed forces or involving the country of your residence (including temporary residence), no benefit shall be payable under the policies where total disablement occurs directly or indirectly as a consequence of such invasion or war.
5. You travel overseas (while receiving salary continuance benefits), unless the Insurer agrees in writing to continue payment regardless of such travel.
6. You are not in employment when you become totally disabled, as recognised by the Insurer.
7. The injury or illness is as a result of your service in the armed services of any country or international organisation.

Unpaid leave of absence from employment

- You must notify us prior to going on unpaid leave of absence.
- Salary Continuance cover will continue for up to 12 months of continuous approved unpaid leave, provided premiums continue to be paid.
- No salary continuance benefit becomes payable in respect of a period when you are not either in employment or on an approved leave of absence.
- If you continue to be on unpaid leave of absence for a period longer than 12 months, Salary Continuance cover will cease unless you have notified us and sought permission from us to do so. No extended benefit is payable if we decline your request.
- The Insurer reserves the right to change the conditions of cover and vary the premium.

Special conditions: The Insurer reserves the right to impose exclusions for certain medical conditions and pastimes or additional premium loadings. You will be notified of any special conditions upon notification of your acceptance and you must agree to these in writing within 30 days before the Insurer can issue any Salary Continuance cover or the offer will be void.

PRODUCT CLOSED – INFORMATION IN THIS DOCUMENT IS NOT UP TO DATE

Trauma cover (Applicable only to former Summit Money Master and to former ipac iAccess Investment clients)

Trauma cover ensures that, in the event of a recognised trauma, money will be available to assist with a wide range of costs, such as medical and hospital costs, loss of income, rehabilitation, home help and child care. In the event of you suffering one of the traumas outlined below, a lump-sum benefit will be payable to your MyNorth cash account. Exclusions do apply and are explained in the section titled **Exclusions for Trauma Cover**. At no time is a surrender value attained or payable on this cover.

Eligibility for cover

Type of cover	Who is eligible	Maximum cover
Trauma	<ul style="list-style-type: none"> – Group insurance members of Investment aged 18–55 next birthday – Renewable to age 65 	<p>The lesser of either two times your annual salary at the time of application (as recognised by the Insurer) or the dollar limits listed below:</p> <ul style="list-style-type: none"> – \$500,000 for members aged up to 40 years – \$400,000 for members aged between 40 and 50 years, and + \$300,000 for members aged over 50 years. <p>Trauma cover is restricted to a maximum of \$100,000 for members who are not in employment (as recognised by the Insurer) at the time of requesting cover. Cover of less than \$100,000 is not subject to a salary test.</p>

Changing the benefit level

Benefit levels (and therefore premiums) can be altered by you at any time, subject to approval by the Insurer and applicable maximums (refer to the table above). Please complete the insurance application form and personal statement (if benefit levels are increasing).

Your financial adviser will be able to provide you with another insurance application form and personal statement and further documentation to complete if necessary.

Cessation of cover

Trauma cover will cease if:

- the premium is not paid when due. However we will give 30 days written notice before we cancel your cover for this reason
- you receive a trauma benefit under this cover
- you cease to be an investor of MyNorth Investment
- you turn 65
- you request to cease cover
- the group insurance policy is cancelled, or
- you die

Trauma defined

Medical diagnoses and investigation methods used on many of the trauma conditions covered are advancing at a rapid rate. To assist the assessment of your claim, if the method for diagnosing one of the conditions covered under this policy has been superseded due to medical improvements, the Insurer may consider other appropriate and medically recognised methods or tests that conclusively diagnose the event to at least the same severity.

Trauma is defined as being any of the following conditions:

1. Heart attack, defined as the death of a portion of the heart muscle (an acute myocardial infarction) where such a diagnosis has been documented by the occurrence of typical recent electrocardiographic changes and a diagnostic elevation in cardiac enzymes.
2. Coronary artery surgery, defined as coronary artery bypass grafting surgery performed via a thoracotomy as a consequence of coronary artery disease, but not including non-surgical techniques including angioplasty, laser and other catheter techniques.
3. Heart valve surgery, defined as the undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect, but not including balloon or catheter techniques.
4. Major organ transplant, defined as the receipt of a transplant of human bone marrow or one of the following whole human organs:
 - heart
 - liver
 - lung
 - kidney, or
 - pancreas
5. Surgery of the aorta, defined as surgery performed via a thoracotomy or laparotomy to replace or repair an abnormality of the aorta, but specifically excluding surgery performed using catheter techniques only.
6. Pulmonary hypertension, defined as primary pulmonary hypertension associated with right ventricular failure, but specifically excluding pulmonary hypertension associated with chronic lung disease.
7. Stroke, defined as a cerebrovascular incident that is certified by a neurologist to be:
 - caused by haemorrhage, embolism or thrombosis, and
 - associated with the onset of objective and ongoing neurological signs, or
 - has been demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by the Insurer.
8. Cancer (malignant tumours), defined as the occurrence of an invasive malignant tumour, and including all forms of leukaemia, lymphoma and Hodgkin's disease. Specifically excluded are tumours treated by endoscopic procedures alone and tumours classified as carcinoma in situ, prostate tumours classified as T1 (all categories) under the TNM classification system, malignant melanomas of less than Clark Level 3 and less than 1.5mm Breslow thickness, other skin cancers, tumours that are a recurrence or metastases of a tumour that first occurred within the three-month waiting period, Kaposi's Sarcoma and other tumours associated with HIV infection.
9. Chronic kidney failure, defined as chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
10. Motor neurone disease, defined as the unequivocal diagnosis of motor neurone disease (amyotrophic lateral sclerosis), certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
11. Multiple sclerosis, defined as the unequivocal diagnosis of multiple sclerosis, certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
12. Parkinson's disease, defined as the unequivocal diagnosis of Parkinson's disease, certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
13. Alzheimer's disease, and other dementias, defined as the unequivocal diagnosis of Alzheimer's disease or dementia, certified by a consultant neurologist, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living'.
14. Occupationally acquired HIV infection, defined as infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the insured member was carrying out the normal duties of his or her usual occupation. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is specifically excluded. Further, no payment will be made unless all the following are proven to the insurer's satisfaction:
 - proof of the accident giving rise to the infection
 - proof that the accident involved a definite source of the HIV infection, and
 - proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.
15. Aplastic anaemia, defined as total, persistent aplasia of bone marrow, certified by a consultant haematologist.
16. Paraplegia, defined as the total and permanent loss of the use of the lower limbs due to spinal cord injury or disease.
17. Quadriplegia, defined as the total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or disease.
18. Diplegia, defined as the total and permanent loss of the use of both sides of the body due to paralysis.
19. Hemiplegia, defined as the total and permanent loss of the use of one side of the body due to paralysis.
20. Severe burns, defined as third-degree burns to at least 20% of the body surface area.
21. Blindness, defined as total, clinically irreversible loss of sight in both eyes certified by an ophthalmologist, as a result of disease or accident.
22. Loss of limbs, defined as total and permanent loss of:
 - the use of both hands
 - the use of both feet, or
 - the use of one hand and one foot.
23. Loss of limbs and sight, defined as the total and permanent loss of:

- the use of one hand and the sight in one eye, or
 - the use of one foot and the sight in one eye.
24. Major head injury, defined as an accidental head injury causing a permanent inability to perform independently at least one of the 'activities of daily living'.
25. Loss of capacity for independent living, defined as the permanent and total inability to perform independently at least three of the 'activities of daily living'.

Activities of daily living is defined as:

- the ability to bathe or shower without assistance from another person
- the ability to dress and undress without assistance from another person
- the ability to use a toilet without assistance from another person
- the ability to get in and out of a bed or chair without assistance from another person
- the ability to control bowel and bladder function, and
- the ability to eat and drink without assistance from another person.

Please note these definitions may change as a result of advances in medical science. We will provide you with notice (30 days prior) of any changes to these definitions.

Benefit payment

The payment of all benefits under this cover is subject to the satisfaction of the Insurer that the conditions of the cover have been met.

Exclusions for Trauma cover

For Trauma cover, the Insurer will not pay if, in the Insurer's opinion (based on medical and other evidence satisfactory to the Insurer), one or more of the following circumstances occurs:

1. If the date of trauma is before the date on which you became insured.
2. Where the trauma occurred within three months of the commencement of your Trauma cover. This no-claim period will be waived if the specified conditions arose solely as a result of bodily injury caused directly by violent accidental, external and visible means and occurred after you became insured.
3. Your trauma is directly or indirectly attributable to or as a consequence of intentional self-injury (including conditions arising from the use of drugs without medical advice) or intentionally contracted infection or any attempt there at.
4. In the event of an invasion of war (whether war has been declared or not) involving Australia's armed forces or involving your country of residence (including temporary residence) no benefit shall be payable under the policy where the trauma occurs directly or indirectly as a result of such invasion or war.
5. An injury or illness results in your death within 14 days of sustaining (or diagnosis of, as appropriate) the injury or illness. In addition, no trauma benefit is payable if, in the Insurer's opinion, artificial life support was in use on the 14th day and death occurs within 48 hours of the cessation of the use of the life support systems.
6. You have already received a trauma benefit under this cover.
7. When the trauma occurs on or after the date Trauma cover has been terminated.

Special conditions: The Insurer reserves the right to impose exclusions for certain medical conditions and pastimes, or additional premium loadings. You will be notified of any special conditions upon notification of your acceptance and you must agree to these in writing within 30 days before the Insurer can issue any Trauma cover or the offer will be void.

Definitions

Consumer Price Index means the Australian National All Groups Consumer Price Index weighted average of eight capital cities combined using the last published Index for the 12 months ending 31 March each year. The Insurer reserves the right use the Index published for a more recent 12 month period and/or another index or rate which may more fairly and accurately reflect changes in the cost of living.

For those members who were transferred from Masterplan Managers Superannuation Fund into Wealth Personal Superannuation and Pension Fund, only Death and TPD insurance is available, and Indexation Benefit is not automatic. Insured members who wish to have this benefit must ask for it to be activated. Once Indexation Benefit is activated, future increases will be automatic.

Employment refers to your primary source of income and means either permanent employment with an employer or attendance to the duties of the business, trade or profession in which you are permanently engaged as notified to and accepted by the Insurer. To be eligible for TPD and Salary Continuance cover you would need to be employed on a permanent basis for an average of at least 15 hours per week.

Salary refers to the main source of your income (as recognised by the Insurer) and means either money generated by a business due to your own activity (after all expenses in earning that income have been deducted) or the total package received from an employer excluding any non-recurring components but including any such regular or recurring components as may be agreed to by the Insurer. Salary does not include investment or interest income. You are only insured for an amount of salary recognised and verified by the Insurer and upon which premiums are based. Salary continuance benefits are calculated on your salary at the time of becoming totally or partially disabled.

Medical care means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and has been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Medical practitioner means a registered medical practitioner who is appropriately qualified to treat you for injury or sickness.

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Continuation options

If you cease to be a member or investor of MyNorth your cover ceases. However, you may apply for a Resolution Life individual insurance plan through a continuation option. Subject to certain conditions, normal health evidence requirements will be waived, however we may request any information we consider relevant that does not relate to your health. The following terms and conditions apply:

- your cover must have terminated for reasons other than disablement (either permanent or temporary)
- you are under the age of:
 - 65 next birthday for Death cover
 - 50 next birthday for TPD cover (Investment and Super group insurance members only), and
 - 60 next birthday for Salary Continuance cover (Investment and Super group insurance members only)
- Your continuation option form and individual insurance application are received by us within 60 days of ceasing to be covered under the policy.

If you have Salary Continuance cover (Investment and Super group insurance members only) under your plan and wish to continue your cover under an individual plan, the following additional terms also apply:

- You must be employed full time (at least 25 hours per week)
- The same waiting periods and benefits apply as under the current policy or as specified by the Insurer at the time the option is exercised
- Evidence will be required in respect of income, financial status, occupation, pursuits and pastimes.

A continuation option is not available for Trauma cover (MyNorth Investment group insurance members only).

The individual insurance plan will be subject to the standard terms and conditions at the time, with the following exceptions:

- Any special conditions that applied under the policy will also apply under the individual plan
- The amount of cover will be limited to the sum insured under the current policy at the time of cessation, unless the minimum level of cover under the individual plan is less
- A continuation option is not allowed if you have previously taken out an individual plan by exercising a continuation option with the Insurer.

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What else you need to know

The impact of insurance on your super balance

Where you do choose to take out insurance cover through your superannuation account, it is important to be aware that any insurance premiums funded from your account will reduce your super balance over time. While insurance cover is an important benefit to many members, insurance premiums may inappropriately reduce (or erode) your super balance. You should regularly review your insurance and consider whether the overall benefits and cost of that insurance is appropriate for you. Your financial adviser can assist you in assessing your insurance needs and the best way to meet them.

Applying for insurance

The group insurance policies are closed to new business. Members who already have cover in these policies may still make alterations to their existing cover, including increasing the sum insured. They cannot however add a new cover (or benefit) to their existing policy. To apply for an increase to your existing insurance cover, complete the Group insurance application form and personal statement, and include a copy of the insurance quote provided by your financial adviser. Once your application has been forwarded to us, it will be assessed by the Insurer, and you will be notified of any further requirements.

The duty to take reasonable care

Your legal duty

When you apply for insurance and up until your application is accepted by the Insurer, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while the Insurer is processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty to take reasonable care not to make a misrepresentation to the Insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

The Insurer may later investigate the answers given in your application, including at the time of a claim.

If you don't meet your legal duty

If you don't meet your duty to take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Note: There may be circumstances where the insurer later investigates whether the information given to them was true, eg the Insurer may do this when a claim is made.

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, there are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984(Cth)*. These are intended to put the Insurer in the position it would've been in if the duty had been met. Therefore, if the person who answers the Insurers questions doesn't take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- The Insurer may **treat the contract (or your cover) as if it never existed**.
- The Insurer may **reduce the amount you've been insured for**—to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The Insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told them everything you should have. For Death cover the Insurer can only reduce the amount you've been insured for within three years of your cover starting.
- The Insurer may **vary your cover**—to take into account the information you didn't tell them and put the Insurer in the same position as it would've been if you'd told the Insurer. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The Insurer can't make variations to Death cover.
- Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the Insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- Whether the person who answered the insurer questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific their questions were and how clear the information they provided on the duty was.
- What the Insurer would have done if the duty had been met, for example, whether the Insurer would have offered cover, and if so, on what terms.
- Whether the misrepresentation was fraudulent, and
- In some cases, how long it has been since the cover started.

Before the Insurer exercise any of these remedies, they will let you know their reasons and the information they rely on and give you an opportunity to provide an explanation.

If the Insurer decides to exercise one of these remedies, they will advise you of their decision and the process to have this reviewed or make a complaint if you disagree with their decision.

Guidance for answering questions

When answering the Insurers questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question that the Insurer asks you.
- Don't assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (eg, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, the Insurer may ask about any changes that means you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let your financial adviser or the Insurer know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact your financial adviser or the Insurer immediately.

Premiums

Insurance premiums are calculated based on your age next birthday as at 1 July each year and are dependent on a range of member information, including the level of cover you require, your gender, age, occupation, smoker status and the waiting period option you select (for Salary Continuance).

Premiums are not guaranteed and may be increased or decreased at any time. You will be given 30 days notice of any change in premiums.

If you have Salary Continuance cover, and are totally disabled and are receiving a benefit from this policy, your premiums for Salary Continuance and Death and TPD (if applicable) will be waived for the period you are totally disabled.

Premiums are deducted monthly from your cash account.

For a personalised quote and further information on the amount of premiums to be paid please contact your financial adviser.

Note: The final premium may be subject to change depending on the outcome of your assessment.

Commencement of cover

Your insurance cover will commence on the date of your application pending confirmation of acceptance by the Insurer. If your application for insurance cover is declined, the premiums paid will be refunded.

Cooling-off period

If the Insurer accepts your application, they'll send you an insurance schedule. You'll have 28 days (from the day you receive your insurance schedule) to check that your plan meets your needs. This is known as the cooling-off period. If it doesn't meet your needs, or you change your mind for any reason, simply contact us or the Insurer to cancel your plan.

As long as you haven't made a claim under your plan, the Insurer will cancel your plan and refund any amounts you've paid the Insurer.

Indexation benefit

To protect your Death, TPD, Trauma and Salary Continuance cover against the effects of inflation, we will automatically increase your sum insured on 1 July each year. We will not provide the automatic increase to your sum insured after you have turned 65 or where your premium has an additional loading of more than 100% for special conditions.

For Death, TPD and Trauma we will increase your sum insured by the greater of 5% or the increase in the Consumer Price Index (CPI).

For Salary Continuance we will increase your sum insured by the greater of 3% or the increase in the CPI.

Your premium will increase appropriately.

The increase in level of cover due to the Indexation benefit only applies to a claim for injury or illness that happened after the date of the increase. This means the benefit level payable for that claim will be based on the level of cover that applied at the date you first stopped working due to injury or illness which gives rise to the claim. If you suffer an injury or illness before the indexation increase or you are on a claim, indexation will not be applied to your benefit. However, indexation will still be applied on the policy so that when you come off claim and premiums resume you will be charged a premium for the new Indexed sum insured. This increased benefit will be reflected in your premiums.

If you do not wish to retain all or part of the automatic increase in your benefit, please contact your financial adviser to arrange for the indexation benefit to be removed from your account.

If you have taken out Salary Continuance cover, you should note that the level of your benefit paid in the event of a total disability claim will be the lesser of 75% of the salary recognised by the Insurer and the benefit level you have paid for. Therefore, you should keep your financial adviser informed of salary changes on an annual basis to ensure your sum insured remains appropriate.

Taxation

Individual circumstances may differ and therefore taxation information is not provided in this Information booklet.

Please contact your financial adviser or professional tax adviser for advice regarding your personal situation.

Information on your insurance

An annual member statement will be sent to you outlining the current details of your insurance cover and any changes to fees and charges or premium levels.

How the benefit will be paid upon death

Investment group insurance members

In the event of your death, the death benefit will be paid to your legal personal representative.

Super, Lifetime super, non-commutable allocated pension and allocated pension group insurance members

You may choose one of the following options for nominating how a death benefit will be paid in the event of your death:

- **Binding death benefit nomination**—The Trustee is bound to pay your benefit to the person(s) you have nominated as long as your nomination is valid.
- **Non-lapsing binding nomination**—the Trustee is bound to pay your benefit to the person(s) you have nominated as long as your nomination is valid. Unless an amendment or revocation is made, a non-lapsing binding nomination will not expire.
- **Non-binding death (preferred) benefit nomination**—The Trustee will consider the nomination provided by you but has discretion to pay your benefit to one or more of your dependants and/or your legal personal representative in proportions it determines.
- **Reversionary pensioner**—You can request that your pension continues after your death by nominating your spouse or child as a reversionary pensioner.

In the event that no nomination is made, or there is no nomination because your nomination is deemed invalid, or you cancel your existing nomination and do not make a new nomination, your benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or your legal personal representative.

If there are no dependants or legal personal representative the Trustee may pay the benefit to another person or persons.

If you do not have a death benefit nomination you should consider making a will.

It is important to review your nomination regularly and update it if your circumstances change.

For more information contact your financial adviser or the North Service Centre on 1800 667 841.

For further information on how benefits will be paid upon death, refer to the **How your benefit will be paid upon death** section in the MyNorth Super and Pension Product Disclosure Statement and to the **How will the benefit be paid upon death?** section of the MyNorth Super and Pension additional information booklet.

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Additional information

Your Privacy

We will usually collect personal information directly from you, your financial adviser or anyone authorised by you.

The personal information we collect from you will be used to:

- establish and manage your account
- verify your identity or the identity of an authorised party on your account
- ensure compliance with all applicable regulatory or legal requirements
- perform any appropriate related functions
- manage and resolve complaints about the product, insurance or investment options, made to us directly by you or via your adviser.
- undertake market research and analysis for product and service improvement
- provide you with information about financial services provided by us, other members of the AMP group or by your financial adviser through direct marketing. If you do not want this please contact the North Service Centre at north@amp.com.au or on 1800 667 841 or unsubscribe at any time using the unsubscribe link within our marketing emails.

Your financial adviser will provide details to us if you are inside or outside of the target market determination for MyNorth or any applicable investment options, and if you are outside the target market determination, the reason why the acquisition is outside of the target market.

Also, if you make a complaint to your financial adviser relating to MyNorth, investment options, or the insurance, your adviser may provide details of the complaint to us. We may also provide information regarding the complaint to the external investment manager or insurer.

If you do not provide the required information, we will not be able to perform the activities above.

We are required or authorised to collect your personal information under various laws including those relating to Design and Distribution Obligations, taxation, superannuation laws and Anti Money Laundering and Counter Terrorism Financing laws.

We will only share your personal information:

- with other members of the AMP group and external service providers, including your financial adviser, that we need to deal with for the purposes described above
- as required by law or regulations with courts, tribunals or government agencies
- with persons or third parties authorised by you, or if required or permitted by law
- with your parent or guardian, if you are under age 18.

Some external service providers we need to deal with can be located or host data outside Australia. A list of countries where these providers may be located can be obtained via our privacy policy. We take all reasonable steps to ensure that any data shared with external service providers is shared securely to protect your information.

Where you provide us with the personal information of other individuals, it is your responsibility to:

- inform the other individuals that you have provided their personal information to us; and
- provide them with a copy of this Privacy Collection Statement.

Our privacy policy provides further information about how you can access or update your personal information, seek the correction of such information, or make a complaint about a breach or potential breach of our privacy obligations and how we will deal with such a complaint. You can view our privacy policy online at amp.com.au/privacy or contact us on 1800 667 841 for a copy.

Complaints process

We take complaints seriously and we want all of our members to have a great experience, so if you're ever unhappy we want to hear about it so we can resolve this for you as quickly as possible.

Making a complaint

Our Complaints Handling Guide is on our website. Our complaints process can be found by visiting northonline.com.au/complaints/complaints-policy.

If you have an enquiry or wish to make a complaint you can contact us by phone, in writing (email or send us a letter) or via our website.

Call us on: 1800 667 841
Email us at: north@amp.com.au
Write to us at: North Service Centre
GPO Box 2915
MELBOURNE VIC 3001

If your complaint is resolved within five business days we won't provide you with a written response, unless you request it. However, if your complaint is about financial hardship, a declined insurance claim, the value of an insurance claim or a decision of the Trustee we'll provide you with a written response even if your complaint is resolved within five business days.

If your complaint can't be resolved within five (5) business days, we'll resolve it through our complaint resolution process. We'll provide you with:

- the name of the representative handling your complaint and the contact information for the Customer Resolution team
- regular progress updates, and
- specify when the investigation into the complaint is likely to be resolved.

When we complete our investigation, we'll contact you to discuss our decision and then provide you with a written response including the outcome of the investigation and the reasons for our decision. Depending on the type of complaint lodged, different timeframes apply for the resolution of the complaint. You can find out more information by reading our Complaints Policy on our website.

If you aren't satisfied with the outcome of the complaint, you can refer it to the Australian Financial Complaints Authority (AFCA). AFCA is an independent body that provides a free complaint resolution service for complaints made to financial firms. The contact details for AFCA are:

Australian Financial Complaints Authority

Postal address: GPO Box 3
MELBOURNE VIC 3001, Australia
Australia phone: 1800 931 678
Email: info@afca.org.au
Website: afca.org.au

There may be a time limit for referring your complaint to AFCA. You should contact AFCA or visit the AFCA website for more details.

Getting help to make a complaint

If you need support or help to make a complaint you can ask an authorised representative, family member or friend to contact us on your behalf. We need your permission to speak with anyone else about your complaint, and this can be provided verbally or in writing. If you have a hearing or speech impairment you can use the National Relay Service as per the following:

- TTY (Text Telephone) users – phone 133 677 then ask to contact 1800 667 841
- Speak and Listen (speech to speech relay) users – phone 1300 555 727 then ask to contact 1800 667 841
- Internet relay users – visit the National Relay Service website. <https://www.accesshub.gov.au/about-the-nrs>

The Translating and Interpreting Service (TIS National) provides interpreting services to people who do not speak English and to agencies and businesses that need to communicate with their non-English speaking clients. TIS National can be contacted on 131 450.

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Contact us

Phone 1800 667 841
Web northonline.com.au
Email north@amp.com.au
Mail North Service Centre
GPO Box 2915
MELBOURNE VIC 3001

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Sydney NSW 2000

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