HOMEOWNER PROTECTION

Fact Sheet

This document provides a summary of some of the key features of Homeowner Protection to help you understand how the product works.

This document does not replace the Combined Product Disclosure Statement and Policy Document (PDS) which contains the terms, conditions, information about limits and exclusions that apply. This document is not a substitute for your careful reading of the PDS and you should read the PDS if you are considering acquiring this product.

Any capitalised or defined terms used in this document have special meanings set out in the PDS. If there is any inconsistency between this document and the PDS, the PDS prevails.

What is Homeowner Protection?

Homeowner Protection is an optional life insurance product that provides lump sum payments if you die or are diagnosed with a Terminal Illness. This insurance product is not a requirement to apply for or qualify for a home loan.

Homeowner Protection includes Decreasing Life Cover, and you can choose to add optional Major Illness Cover at an extra cost.

Decreasing Life Cover is a way to help protect your family's future and give them options if you're no longer around. You can continue to provide for your loved ones financially should you pass away from an accident or illness, or if you are diagnosed with a Terminal Illness with a life expectancy of less than 12 months. The lump sum payment can help with things like a mortgage or other debts, help cover medical expenses or contribute to household costs.

This product is life insurance. It is not a savings product. No refunds are provided when the Policy ends, and it does not accumulate a cash value. Like other insurances, the premium you pay provides protection if the insured event happens.

You may add optional Major Illness Cover if you are taking out or have Decreasing Life Cover. Major Illness Cover provides a lump sum payment if you satisfy the definition of an Insured Event.

For a benefit to be paid, the Insured Event must meet the full criteria and severity requirements for that condition or event. The Insured Events covered under Major Illness Cover are:

- Cancer (of a specified criteria);
- Coronary Artery Bypass Surgery;
- Heart Attack (of specified evidence) – partial payment;
- Heart Attack (with specified evidence of severe heart muscle damage) – full payment;
- Major Head Trauma (with permanent neurological deficit);
- Major Organ Failure (of specified organs);
- Major Organ Transplant (of specified organs);
- Paralysis;
- Permanent Major Physical Impairment;
- Severe Burns (of specified severity); and
- Stroke (resulting in a new neurological deficit).

For more details on the Insured Events covered under Major Illness Cover, refer to the PDS.

Homeowner Protection is not required for, or linked to your home loan

Homeowner Protection is not a form of consumer credit insurance that specifically protects your home loan debt. Any benefits paid under your Policy may be used at your or your loved ones' discretion for any purpose and does not have to be used to make home loan repayments.

Homeowner Protection is not a requirement when you apply for or to qualify for a home loan.

Your Benefit Amount for your Policy is not linked to and does not track your outstanding home loan amount or your home loan repayments over time. You should regularly review your Policy and consider whether your Benefit Amount under this insurance is appropriate and sufficient for you to meet your individual objectives, financial situation and needs over time.

Your Homeowner Protection Policy does not end or change automatically when you repay your home loan, your home loan ends, or you make changes to your home loan (e.g. if you refinance your home loan with another lender).

Who is eligible for Homeowner Protection?

Homeowner Protection is available for Australian and New Zealand citizens or Australian permanent residents aged 18 to 55. You must receive the PDS in Australia.

You will need to complete an application for Homeowner Protection which we will consider (this is called underwriting) to ensure we can offer you cover.

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What is underwriting?

Underwriting is a term used to describe the process of assessing insurance risk prior to issuing a policy. For Homeowner Protection, it involves some questions about your medical history. Underwriting is designed to ensure the premiums and cover terms for your insurance policy are appropriate for your own medical situation and for the insurer to assess if insurance can be provided to you and if so, on what terms.

The benefits we pay under Decreasing Life Cover

Decreasing Life Cover provides a lump sum payment if you die or are diagnosed with a Terminal Illness with a life expectancy of less than 12 months. You can apply for a Benefit Amount up to $1.5m.

Your sum insured decreases automatically under Decreasing Life Cover

Your Decreasing Life Cover Benefit Amount (sum insured) automatically reduces at each Policy Anniversary by 5%. If you take out a Policy with us, we will provide you with a schedule that outlines how your Benefit Amount reduces over your Policy term over 30 years. We will provide you with an updated schedule if you make any changes to the Benefit Amount during the term of your Policy. Your Benefit Amount will stop decreasing if it reaches $10,000.

As your Benefit Amount automatically decreases, you should regularly review your Policy and consider whether your Benefit Amount under this insurance continues to meet your needs over time.

Example of the effect of Decreasing Life Cover

John's Policy starts on 15 December 2025 with a Decreasing Life Cover Benefit Amount of $900,000. John's Benefit Amount on the following dates will be:

Policy Anniversary (Date)	Benefit Amount	Calculation
Policy Commencement (15 December 2025)	$900,000	N/A
1st Policy Anniversary (15 December 2026)	$855,000	$900,000 – ($900,000 x 5%)
2nd Policy Anniversary (15 December 2027)	$812,250	$855,000 – ($855,000 x 5%)
15th Policy Anniversary (15 December 2040)	$416,962	$438,907 – ($438,907 x 5%)

John is unfortunately diagnosed with cancer and receives confirmation from Medical Practitioners that he will not survive more than 12 months. John makes a claim under his Decreasing Life Cover meeting the Policy terms for payment upon Terminal Illness. If John makes a claim on 5 November 2041, John will receive a Benefit Amount of $416,962.

*The table above only includes John's Benefit Amount for the first, second and fifteenth Policy Anniversaries. If John was not diagnosed with a Terminal Illness and did not make a claim on 5 November 2041, his Decreasing Life Cover Benefit Amount would continue to reduce at each Policy Anniversary over a 30-year term.

Increasing your sum insured – the Cover Review Benefit

Under the Cover Review Benefit, you can apply to increase your Decreasing Life Cover Benefit Amount without providing additional health and lifestyle information when a specified Life Event occurs (for example, when you refinance your home loan, increase your home loan, get married or have a child). Refer to the PDS for information about eligibility, restrictions and other terms of the Cover Review Benefit.

You may also increase or decrease your Benefit Amount, apart from the Cover Review Benefit. Refer to the PDS for terms and restrictions on changes you can make to your Benefit Amount.

When we will not pay a claim - exclusions under Decreasing Life Cover

There are some events or circumstances where claims will not be paid. A benefit will not be paid for a claim if an exclusion applies.

Exclusions under Decreasing Life Cover include intentional self-inflicted acts, not following government travel warnings and any special terms that apply after underwriting. Refer to the PDS for further details.

What is optional Major Illness Cover (severity based)?

Major Illness Cover is optional, and you can apply for it if you have or have applied for Decreasing Life Cover and you are aged between 18 and 55, subject to eligibility and underwriting requirements.

You can select a Benefit Amount of up to $250,000, but your Benefit Amount cannot exceed your Decreasing Life Cover Benefit Amount at the time you apply for Major Illness Cover.

Major Illness Cover provides you with a lump sum payment if you suffer a specified serious event (Insured Event), for example cancer or stroke of specified severity. For many specified serious events this means the condition will need to progress beyond a diagnosis by a Medical Practitioner, where diagnosis means the process of a Medical Practitioner determining which Sickness or Injury explains an individual's symptoms.

In order for a benefit to be payable, we require confirmation of diagnosis by a Medical Practitioner and in addition, the specified severity threshold criteria also needs to be met. The severity threshold criteria are defined for each Insured Event in the PDS.

The benefits we pay under optional Major Illness Cover

We will pay you a lump sum that equals your Major Illness Cover Benefit Amount at the time the Insured Event occurs.

However, if you experience a *Heart Attack (of specified evidence) – partial payment*, you will not receive your total Benefit Amount. The benefit payable for *Heart Attack (of specified evidence) – partial payment* is the greater of:

- $10,000; and
- 10% of your total Major Illness Cover Benefit Amount.

If we pay you a benefit for *Heart Attack (of specified evidence) – partial payment*, it will reduce your Benefit Amount for Major Illness Cover.

For example, if you have Major Illness Cover with a Benefit Amount of $50,000 and you suffer a *Heart Attack (of specified evidence) – partial payment*, we will pay you $10,000. This means your Major Illness Cover Benefit Amount would reduce by $10,000 to $40,000.

Unlike Decreasing Life Cover, your Major Illness Cover Benefit Amount will not automatically decrease over time, unless you make a change to your Policy or make a claim.

Any Major Illness Cover claims will not reduce or impact your Decreasing Life Cover Benefit Amount.

The Cover Review Benefit is not available for Major Illness Cover. For more information on how Major Illness Cover works and the payment of Benefit Amounts, refer to the PDS.

When we will not pay a claim – exclusions and qualifying periods under Major Illness Cover

There are some Insured Events where claims will not be paid under Major Illness Cover. A benefit will not be paid for any claim if an exclusion or qualifying period applies.

For Major Illness Cover, a 90-day qualifying period applies for:

- Cancer (of a specified criteria);
- Coronary Artery Bypass Surgery;
- Heart Attack (of specified evidence) – partial payment;
- Heart Attack (with specified evidence of severe heart muscle damage) – full payment; and
- Stroke (resulting in a new neurological deficit).

This means that cover for these Insured Events does not start immediately – you are only covered for these events after you have had your Policy for 90 days.

Some exclusions apply at all times, including intentional self-inflicted acts, participation in criminal or unlawful activity, not following government travel warnings and any special terms that apply after Underwriting. Refer to the PDS for further details.

Premiums – the cost of your cover

When you receive a quote from us, it will include your premium for Decreasing Life Cover. If you choose to add Major Illness Cover during the application process, you will then be advised of your premium for Major Illness Cover.

Premiums may change due to policy changes made by you, discounts changing or ending or changes we make to our premium rates.

We will always give you at least 30 days' notice if your premium rate is going to change, and we will let you know what next year's premiums will be before your Policy Anniversary. Please refer to the PDS for more information about premiums.

Premiums for Decreasing Life Cover

Your premium will not reduce even though your Decreasing Life Cover Benefit Amount automatically reduces at each Policy Anniversary by 5%.



Paying your premiums

Your cover only continues while premiums are up to date. Life insurance is an insurance policy, not a savings plan. In this sense, it works in the same way as many other insurances, such as car insurance. Other than if you claim, if you stop paying, your cover will end and there will be no refund of any of the money you've paid in premiums. Premiums are to be paid monthly by direct debits from your bank account or credit card (Visa or Mastercard).

Selecting your Benefit Amount

In considering what level of Benefit Amount (this is the sum insured) to take out, some matters people may consider are their total debt (including any loans or home loans) and any lump sum payment they want to leave their family and dependants to cover ongoing living expenses. You should also consider any existing life insurance cover you may already have such as cover through a superannuation fund.

The sum insured is entirely a matter for you to decide. Neither we nor your broker can advise you on a Benefit Amount that suits your personal situation.

Temporary Cover

Temporary Cover is available through certain distributors and where available it provides you with limited cover (at no additional cost) for a limited time. Temporary Cover only applies through that distributor if your Policy hasn't started yet and:

- you have submitted to us your signed and dated Policy application,
- we have accepted your application, and
- you are waiting for your Policy to begin.

We will let you know if you are covered by Temporary Cover and if so, when your Temporary Cover ends. Refer to the PDS for the terms and conditions of Temporary Cover.

Cancelling your cover and cooling-off period

You have the benefit of a 30-day 'cooling off' period which means you can take out cover and if you change your mind or cancel the policy within 30 days, we'll provide you a full refund (provided you have not made a valid claim). If you cancel your cover after the first 30 days (the cooling off period), there will be no refund of money you've paid. For full details on this, please see the PDS.

You can cancel your cover at any time, however once your cover is cancelled you will not be able to make a claim for events that occur after your cover is cancelled.

Homeowner Protection is paperless

Important updates and communications about your Policy will only be made available to you on our self-service website. This includes your welcome letter and Policy schedule, anniversary letters, correspondence relating to non-payment of premium, Policy changes and cancellation confirmations.

When important communications about your Policy are available on our self-service website, we will notify you by email or we will SMS your mobile phone number. It is important you let us know if any of your contact details (including your email address and mobile phone number) are incorrect or change.

You will not be able to elect to receive any communications about your Policy by post.

This document is a guide only and contains a summary of some of the information available in the Homeowner Protection Combined Product Disclosure Statement and Policy Document (PDS). The full terms and conditions of Homeowner Protection are set out in the PDS. This Fact Sheet is not a substitute for your careful reading of the PDS which contains important information to help you understand the product, including what's covered and what's not covered. You should read the PDS and you should decide whether Homeowner Protection is appropriate for you and whether to use any of the services we offer. The information in this document is general advice only and does not take into account your individual objectives, financial situation or needs. The Target Market Determination (TMD) for this product is available on our website.

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