

Supplementary Product Disclosure Statement

ISSUE DATE: 1 AUGUST 2026

TAL Life Limited

✉ GPO Box 5380, Sydney NSW 2001

☎ 1300 209 088

📅 1300 351 133

📧 customerservice@tal.com.au

This Supplementary Product Disclosure Statement (SPDS) is effective from 1 August 2026 (Issue Date). This SPDS is issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL).

1. Purpose of the SPDS

This SPDS has been issued to update the Product Disclosure Statements and Supplementary Product Disclosure Statements (the PDSs) listed in the table in section 4 with important information about the TPD Support Option (TSO), which is a new option that is available with the Total and Permanent Disability (TPD) Insurance provided under Accelerated Protection. TSO is only available if you hold TPD Insurance under your Policy and if you wish to take up TSO, you will need to apply for it. We will confirm if we accept your application.

The TPD Support Option (TSO) Terms and Conditions have been listed in section 5 of this SPDS. Please read these carefully.

2. How to read this SPDS

You should read this SPDS together with the Accelerated Protection Product Disclosure Statement and the Accelerated Protection Policy Document, or combined Product Disclosure Statement and Policy Document applicable to your Policy. The use of the term 'PDS' refers to these documents, unless otherwise stated.

In addition, this SPDS should also be read with reference to any relevant Supplementary Product Disclosure Statement (SPDS), Upgrade Booklet(s) applicable to your Policy and your Policy Schedule.

There are a number of defined terms in this document which have a specific meaning. Where a defined term is used, the first letter of each word is capitalised (e.g. 'Policy Owner'). The only exceptions are 'you', 'your', 'we', 'us', 'our' and 'structured through superannuation' which are not capitalised. In this SPDS, 'you' and 'your' means the Policy Owner and/or the Life Insured as applicable or as the context requires, unless indicated otherwise.

Defined terms specific to TSO can be found under the *TSO - General Definitions* section of the TPD Support Option (TSO) Terms and Conditions contained within this SPDS. For defined terms which are not listed in the *TSO - General Definitions* section, please refer to the Accelerated Protection PDS applicable to your Policy for their specified meaning.

Separately, please note that there are instances of capitalisation in this SPDS which may not appear capitalised in your original PDS. For example, TPD Insurance may appear as TPD insurance in your original PDS.

The information in this SPDS is of a general nature and it does not take into account your individual objectives, financial situation or needs. You should consider your PDS and this SPDS before acting on this information or making any changes to your insurance cover. You may also wish to consider obtaining your own financial advice tailored to your personal circumstances, before making a decision to change your Policy.



3. TSO Availability

TSO is an option that will become available to Accelerated Protection policies to apply for from different dates, depending on the PDS issue date of your Policy:

Your Accelerated Protection PDS issue date	When TSO will be available to apply for
5 August 2022 or earlier	From 1 August 2026
8 September 2023 or 12 December 2024	From 1 December 2026

TSO is offered at TAL's discretion. The availability of TSO to be added to Plans (where it has not already been selected) is not guaranteed in future; and TAL may amend the terms of TSO or withdraw it from being offered. Should TAL do so, the amendment or withdrawal of the offer of TSO would not impact Plans where TSO has already been selected. The right of TAL to amend the terms of TSO or withdraw it from being offered prevails, notwithstanding any other term within the TSO Terms and Conditions.

4. The PDSs

This SPDS updates the PDSs listed in the table below.

Item Number	Document titles	Issue Date
1a	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 10 August 2009 Accelerated Protection Product Disclosure Statement 28 April 2010	1 December 2020
1b	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 10 August 2009 Accelerated Protection Product Disclosure Statement 28 April 2010 Supplementary Product Disclosure Statement	1 December 2020 and 24 September 2021
2a	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 28 October 2010, 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013 Accelerated Protection Product Disclosure Statements for Investment Platforms 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013	1 December 2020
2b	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 28 October 2010, 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013 Accelerated Protection Product Disclosure Statements for Investment Platforms 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013 Supplementary Product Disclosure Statement	1 December 2020 and 24 September 2021
3a	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 18 December 2015 and 1 July 2016, Accelerated Protection Product Disclosure Statements for Investment Platforms 18 December 2015 and 1 July 2016	1 December 2020
3b	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 18 December 2015 and 1 July 2016, Accelerated Protection Product Disclosure Statements for Investment Platforms 18 December 2015 and 1 July 2016 Supplementary Product Disclosure Statement	1 December 2020 and 24 September 2021
4a	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 30 January 2014, 1 July 2014 and 12 December 2014, Accelerated Protection Product Disclosure Statements for Investment Platforms 30 January 2014, 1 July 2014 and 12 December 2014	1 December 2020
4b	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 30 January 2014, 1 July 2014 and 12 December 2014, Accelerated Protection Product Disclosure Statements for Investment Platforms 30 January 2014, 1 July 2014 and 12 December 2014 Supplementary Product Disclosure Statement	1 December 2020 and 24 September 2021

Item Number	Document titles	Issue Date
Accelerated Protection Product Disclosure Statements		
5a	Accelerated Protection Product Disclosure Statement	1 April 2017
5b	Accelerated Protection Product Disclosure Statement Supplementary Product Disclosure Statement	1 April 2017 and 24 September 2021
6a	Accelerated Protection for Investment Platforms Product Disclosure Statement	1 April 2017
6b	Accelerated Protection for Investment Platforms Product Disclosure Statement Supplementary Product Disclosure Statement	1 April 2017 and 24 September 2021
7a	Accelerated Protection Product Disclosure Statement	12 October 2018
7b	Accelerated Protection Product Disclosure Statement Supplementary Product Disclosure Statement	12 October 2018 and 24 September 2021
8a	Accelerated Protection for Investment Platforms Product Disclosure Statement	12 October 2018
8b	Accelerated Protection for Investment Platforms Product Disclosure Statement Supplementary Product Disclosure Statement	12 October 2018 and 24 September 2021
Combined Product Disclosure Statements and Policy Documents		
9a	Accelerated Protection Combined Product Disclosure Statement and Policy Document	27 March 2020
9b	Accelerated Protection Combined Product Disclosure Statement and Policy Document Supplementary Product Disclosure Statement	27 March 2020 and 24 September 2021
10a	Accelerated Protection Combined Product Disclosure Statement and Policy Document	1 April 2021
10b	Accelerated Protection Combined Product Disclosure Statement and Policy Document Supplementary Product Disclosure Statement	1 April 2021 and 24 September 2021
11	Accelerated Protection Combined Product Disclosure Statement and Policy Document	24 September 2021
12	Accelerated Protection Combined Product Disclosure Statement and Policy Document	5 August 2022
13	Accelerated Protection Combined Product Disclosure Statement and Policy Document	8 September 2023
14	Accelerated Protection Combined Product Disclosure Statement and Policy Document	12 December 2024

5. TPD Support Option (TSO) Terms and Conditions

5.1. How to read these Terms and Conditions

These TSO Terms and Conditions should be read together with the following document(s), as they apply to your existing Policy:

- your original 'PDS', which is taken to mean either:
 - the Accelerated Protection Product Disclosure Statement and the Accelerated Protection Policy Document, or
 - the Combined Accelerated Protection Product Disclosure Statement and Policy Document,
 whichever is relevant to your Policy;
- any relevant Supplementary Product Disclosure Statement(s) (SPDS); and
- any relevant Upgrade Booklet(s).

In addition, the TSO Terms and Conditions should also be read with reference to your Policy Schedule.

The use of the term 'PDS' within the TSO Terms and Conditions has a meaning consistent with the documents referred to above, unless otherwise stated.

PDSs, SPDs and Upgrade Booklets are available at tal.com.au or by contacting our Customer Service Centre.

The information in these Terms and Conditions is of a general nature and it does not take into account your individual objectives, financial situation or needs. You should consider your PDS and these Terms and Conditions before acting on this information or making any changes to your insurance cover. You may also wish to consider obtaining your own financial advice tailored to your personal circumstances, before making a decision to change your Policy.

It is important to understand how TSO changes the rights and benefits that you may have under your existing TPD Insurance Plan when deciding if it's appropriate for you.

5.2 Terms and headings used in this document

There are a number of defined terms in this document which have a specific meaning. Where a defined term is used, the first letter of each word is capitalised (e.g. 'Policy Owner'). The only exceptions are 'you', 'your', 'we', 'us', 'our' and 'structured through superannuation' which are not capitalised.

Defined terms specific to TSO can be found under the *TSO - General Definitions* section at the end of this document. Please refer to these in the first instance.

For defined terms which are not listed in the *TSO - General Definitions* section, please refer to the Accelerated Protection PDS applicable to your Policy for their specified meaning.

Separately, please note that there are instances of capitalisation in these Terms and Conditions which may not appear capitalised in your original PDS. For example, TPD Insurance may appear as TPD insurance in your original PDS.

Headings have been included to assist understanding, but they do not alter how clauses are to be interpreted, unless stated otherwise. Where the context provides for it, words indicating the singular can be taken to mean the plural and vice versa.

5.3 Eligibility to apply for TSO

You may apply to select TSO with an existing TPD Insurance Plan where:

- the current TPD definition is Any Occupation or Own Occupation;
- the Life Insured is aged 61 or younger at time of application for TSO;
- you are not entitled to or currently claiming a TPD benefit payment;

- your Plan is not subject to an exclusion for mental health related conditions or disorders; and
- your Plan does not include the Double TPD Option.

Where the existing TPD Insurance Plan is structured as Superlink and you wish to apply for TSO, it must be applied to both Policies under this structure.

Please note that if you apply and are accepted for TSO but then seek to remove it at a later date, the removal of TSO will be subject to our acceptance and underwriting. In these circumstances, you may not be able to regain the exact TPD Insurance cover you held prior to selecting TSO.

You cannot take up TSO if you do not hold TPD Insurance. Therefore, if you do not hold TPD Insurance, TSO will only become available as an option if you apply for TPD Insurance in the future and your application is accepted.

TSO is offered at TAL's discretion. The availability of TSO to be added to Plans (where it has not already been selected) is not guaranteed in future; and TAL may amend the terms of TSO or withdraw it from being offered. Should TAL do so, the amendment or withdrawal of the offer of TSO would not impact Plans where TSO has already been selected. The right of TAL to amend the terms of TSO or withdraw it from being offered prevails, notwithstanding any other term within the TSO Terms and Conditions.

5.4. When will the TSO Terms and Conditions be used to determine eligibility for a benefit payment?

If you have selected TSO with your TPD Insurance Plan and you suffer a disability which is contributed to or caused by a TPD Support Condition, **no payment will be made under the TPD Benefit** under the terms of the existing TPD Insurance Plan.

Instead, your eligibility for a benefit will be assessed under these TSO Terms and Conditions (including the specific definition for Total and Permanent Disability within *TSO - General Definitions*), which may provide one or more partial payments of the TPD Insurance Benefit Amount.

If you are ineligible for an Initial Support Benefit under TSO, and

- you have been solely performing Normal Domestic Duties in the 12 consecutive months immediately before the Sickness or Injury that gives rise to the claimable event, and
- you hold a policy under an Accelerated Protection PDS with an issue date of 27 March 2020 or earlier,

your eligibility for a benefit will be assessed under your original TPD Insurance Plan terms.

If your disability is not contributed to or caused by a TPD Support Condition you may still be eligible for a TPD Benefit under your original TPD Insurance Plan terms.

5.5 How and when are benefits payable under TSO?

TSO provides one or more partial payments of the TPD Insurance Benefit Amount (assessed at 12-month intervals) rather than a single lump sum, when Total and Permanent Disability is contributed to or caused by a TPD Support Condition.

If TSO applies to your TPD Insurance Plan, and where the disability is contributed to or caused by a TPD Support Condition:

- we will pay an Initial Support Benefit if the Life Insured is Totally and Permanently Disabled under the TPD Support Option (*Part A*). The benefit payable is 20% of the TPD Insurance Benefit Amount at the Initial Date of Disablement; and
- we will pay an Ongoing Support Benefit if, at each Ongoing Date of Disablement, the Life Insured is Totally and Permanently Disabled under the TPD Support Option (*Part B*). The benefit payable is the lesser of:
 - 20% of the TPD Insurance Benefit Amount at the Initial Date of Disablement; and
 - the TPD Insurance Benefit Amount as at the date the relevant Ongoing Support Benefit becomes payable.

This means that if the Life Insured is Totally and Permanently Disabled under the TPD Support Option (*Part A*) at the Initial Date of Disablement, and is Totally and Permanently Disabled under TPD Support Option (*Part B*) at each consecutive Ongoing Date of Disablement, the TPD Insurance Benefit Amount will be paid as 5 separate payments (each payable at 12-month intervals) over a minimum period of 4 years. You claim for each payment under TSO. When we are notified that you wish to make a claim (including subsequent claims under TSO) we will provide the forms that need to be completed and explain in detail our requirements and what the next steps are.

If you make a claim and the Life Insured is assessed for an Ongoing Support Benefit, when assessing whether the Life Insured is Totally and Permanently Disabled under TPD Support Option (*Part B*) as at the Ongoing Date of Disablement we will take into account any new training, re-training, education, work or experience the Life Insured has undertaken, including since the Initial Date of Disablement.

Where applicable, any benefit payment under TSO will be made in accordance with private health insurance law requirements.

5.6 Reduction of benefit amounts following claim payment under TSO

The TPD Insurance Benefit Amount, and the Benefit Amount under any Attached or Linked Plan, will be reduced by each amount paid under the TPD Support Option.

The TPD Insurance Benefit Amount will be reduced by any other amounts paid under the TPD Insurance Plan. Benefit Amounts paid under any Attached or Linked Plan will also reduce the TPD Insurance Benefit Amount.

5.7 What happens if you are not eligible for an Ongoing Support Benefit?

If the Life Insured is not Totally and Permanently Disabled at any Ongoing Date of Disablement, your remaining TPD Insurance Benefit Amount will continue (subject to the terms and conditions of the Policy and the TSO Terms and Conditions, including payment of premiums when due).

For any subsequent claims assessed under the TPD Support Option, we will once again assess your eligibility for an Initial Support Benefit as at the new Initial Date of Disablement. This means:

- we will pay an Initial Support Benefit if the Life Insured is Totally and Permanently Disabled under the TPD Support Option (*Part A*). The benefit payable is 20%* of the TPD Insurance Benefit Amount as at the new Initial Date of Disablement; and
- we will pay an Ongoing Support Benefit if, at each Ongoing Date of Disablement related to the new Initial Date of Disablement, the Life Insured is Totally and Permanently Disabled under the TPD Support Option (*Part B*). The benefit payable is the lesser of:
 - 20%* of the TPD Insurance Benefit Amount at the new Initial Date of Disablement; and
 - the TPD Insurance Benefit Amount as at the date the relevant Ongoing Support Benefit becomes payable.

*If the TPD Insurance Benefit Amount is \$100,000 or less at the new Initial Date of Disablement or the relevant Ongoing Date of Disablement, and you have previously received 4 or more payments under the TPD Support Option, we will pay 100% of the remaining TPD Insurance Benefit Amount as a single lump sum (rather than partial payments) and the TPD Insurance will end.

5.8 Premium Waiver on remaining TPD Insurance Benefit Amount

For each payment made under the TPD Support Option, the premiums for any remaining TPD Insurance Benefit Amount will be waived for the 12 months following the Initial Date of Disablement or the relevant Ongoing Date of Disablement relating to the payment.

5.9 When will we pay your TPD Insurance Benefit Amount as a single lump sum rather than as partial payments under TSO?

If the Life Insured is eligible for a payment under the TPD Support Option and is:

- age 62 or older at the Initial Date of Disablement or at any Ongoing Date of Disablement relating to the payment; or
- Totally and Permanently Disabled under the 'ADL' (Activities of Daily Living) definition relevant to your Policy, at the Initial Date of Disablement or at any Ongoing Date of Disablement, where the disability is contributed to or caused by a TPD Support Condition,

we will pay any remaining TPD Insurance Benefit Amount as a single lump sum (rather than partial payments) and your TPD Insurance will end.

5.10 Impacts to the “Included Benefits” and “Optional Benefits” listed in the table below:

Where relevant to your Policy, the following benefits and options are affected when TSO applies:

Included Benefits (where applicable under your original PDS)	How the TPD Support Option applies
TPD Benefit	If the TPD Support Option is shown in your Policy Schedule, no payment will be made under the TPD Benefit for a disability that is contributed to or caused by a TPD Support Condition. Your eligibility for a benefit will instead be assessed under these TSO Terms and Conditions
Accommodation Benefit / Long Distance Accommodation Benefit	As this benefit is only payable if the single lump sum TPD Benefit is paid, it does not apply if payments are made solely under the TPD Support Option.
Cover Continuation Benefit	You cannot exercise the Cover Continuation Benefit in relation to TPD Insurance, if cover under your TPD Insurance Plan has reduced at any time due to you receiving any benefit under the TPD Support Option.
Guaranteed Future Insurability Benefit	You cannot exercise the Guaranteed Future Insurability Benefit in relation to any Plan (Life Insurance, TPD Insurance or Critical Illness Insurance) if cover under your TPD Insurance Plan has reduced due to you receiving any benefit under the TPD Support Option.
Inflation Protection Benefit	Once an Initial Support Benefit has been paid, the TPD Insurance Benefit Amount will be permanently ineligible for increases under the Inflation Protection Benefit, effective from the Initial Date of Disablement. Any increases under the Inflation Protection Benefit that have taken effect since the Initial Date of Disablement will be removed. If your TPD Insurance Plan is held under a Superlink structure, this will apply to both Policies.
Premium Freeze Benefit	Once an Initial Support Benefit is paid under the TPD Support Option you cannot activate (or request to activate) the Premium Freeze Benefit while you are entitled to receive a TPD Support Option benefit or whilst your premiums are being waived in accordance with section 5.8 of the TSO Terms and Conditions. If the Premium Freeze Benefit is activated on your TPD Insurance Plan (including any Linked or Attached Plans) and you are eligible for a payment under the TPD Support Option, the Premium Freeze Benefit will be removed. Where your TPD Insurance Plan is held under a Superlink structure, this applies to both Policies. The Premium Freeze Benefit is taken to have ceased to apply from the Initial Date of Disablement. As a result, any reduction to Benefit Amounts that would otherwise have applied under the Premium Freeze Benefit on or after the Initial Date of Disablement will not apply (and will be reversed if already applied).
Superlink TPD	Claims under the Superlink TPD structure will first be assessed under the TPD Insurance Plan structured through superannuation and the SIS definition of Permanent Incapacity. If the relevant Policy terms are satisfied, any amount payable will be paid to the trustee. If the relevant Policy terms are not satisfied, the claim will be assessed under the TPD Insurance Plan structured outside superannuation and any amount payable will be paid to the Policy Owner.
Optional Benefits (where available under your original PDS and selected on your policy)	
Business Insurance Option	You cannot exercise the Business Insurance Option Benefit in relation to any Plan (Life Insurance, TPD Insurance or Critical Illness Insurance) if cover under your TPD Insurance Plan has reduced due to you receiving any benefit under the TPD Support Option.
Death Buy-Back Option (only available if TPD Insurance is Attached or Linked to Life Insurance)	If you have selected the Death Buy-Back Option for your TPD Insurance Plan, you can buy-back Life Insurance on the Life Insured within a specified window of time, once we have paid 100% of the TPD Insurance Benefit Amount and TPD Insurance has ended. The amount of cover you may repurchase is the total amount of the TPD Insurance Benefit Amount paid. You have a 30-day window to apply and exercise the option, commencing at either: - the 12 month anniversary date of when you formally notified us of your TPD Insurance claim; or - the date of the last claim payment which resulted in 100% of your TPD Insurance Benefit Amount being paid, whichever occurs later. The terms and conditions of the Death Buy-Back Option are contained in your original PDS, SPDS and applicable Upgrade Booklets, including the timeframe available to exercise the Death Buy-Back Option. If you fail to exercise the Death Buy-Back Option within the specified period, it will expire.
Double TPD Option (only available if TPD Insurance is Attached or Linked to Life Insurance)	Once you have selected the TPD Support Option, you cannot apply for the Double TPD Option in relation to your TPD Insurance Plan.

5.11 When does the TPD Support Option end?

The TPD Support Option ends on the earlier of the Policy anniversary before the Life Insured's 65th birthday and the date that the associated TPD Insurance Plan ends.

Your TPD Insurance Plan may continue beyond the Policy anniversary before the Life Insured's 65th birthday, if your original TPD Insurance terms allow this. Please refer to your original TPD Insurance Plan terms for details of changes to your TPD Insurance Plan that may occur at this time.

The TPD Support Option will end if you apply to remove it and we agree. The removal of TSO will be subject to our acceptance and underwriting.

5.12 Interim Cover (only if applicable)

If Interim Cover applies to your application for TPD Insurance that includes TSO and the Life Insured's disability is contributed to or caused by a TPD Support Condition, then you will be required to:

- meet the eligibility requirements for an Interim Cover benefit as stipulated in the relevant PDS under which you are applying; and
- meet the eligibility requirements for receiving an Initial Support Benefit under the TPD Support Option (TSO) Terms and Conditions,

in order to receive any payment under Interim Cover.

The TPD Support Option (TSO) Terms and Conditions will apply to the payment of the Interim Cover benefit. The maximum amount payable under each partial payment for Interim Cover for the TPD Support Option is \$100,000 and the total maximum amount payable under Interim Cover when the TPD Support Option applies is \$500,000.

5.13 TSO – General Definitions

Initial Date of Disablement (applicable to the TPD Support Option) means the date the Life Insured meets the requirement, set out under the TPD Support Option definition of Total and Permanent Disability (*Part A*), to have not been working in any occupation for three consecutive months. For any subsequent entitlement, the new Initial Date of Disablement may be no earlier than 12 months after the most recent benefit entitlement under the TPD Support Option.

Ongoing Date of Disablement (applicable to the TPD Support Option) means the later of:

- a) the date 12 months after the most recent Initial Date of Disablement at which the Life Insured was Totally and Permanently Disabled under the TPD Support Option (*Part A*); and
- b) the date 12 months after the most recent Ongoing Date of Disablement at which the Life Insured was Totally and Permanently Disabled under the TPD Support Option (*Part B*).

SIS means the *Superannuation Industry (Supervision) Act 1993 (Cth)* or the *Superannuation Industry (Supervision) Regulation 1994 (Cth)*, as applicable.

Total and Permanent Disability and Totally and Permanently Disabled

when the TPD Support Option applies to your Plan and where the disability is contributed to or caused by a TPD Support Condition, means:

Part A – For the Initial Support Benefit

Solely because of Sickness or Injury:

- the Life Insured has not been working in any occupation for three consecutive months (the date at the end of this period is the Initial Date of Disablement); and
- in our opinion, after consideration of medical and any other evidence and after all reasonable treatment and rehabilitation has been undertaken, the Life Insured is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of the Life Insured's Earnings during their last 12 months of work; and
- when cover is structured through superannuation, the Life Insured must also satisfy the SIS definition of Permanent Incapacity.

Part B – For the Ongoing Support Benefit

Solely because of Sickness or Injury:

- the Life Insured is not working in any occupation; and
- during the 12 months prior to the Ongoing Date of Disablement, the Life Insured has not worked for remuneration at a rate greater than 25% of their rate of Earnings during their last 12 months of work prior to the Initial Date of Disablement; and
- in our opinion, after consideration of medical and any other evidence and after all reasonable treatment and rehabilitation has been undertaken, the Life Insured is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of the Life Insured's Earnings during their last 12 months of work prior to the Initial Date of Disablement; and
- when cover is structured through superannuation, the Life Insured must also satisfy the SIS definition of Permanent Incapacity.

For the purposes of determining whether the Life Insured is reasonably suited by training, education or experience, we will take into account any new training or retraining, education or work experience the Life Insured has undertaken since the Initial Date of Disablement.

For the purpose of this definition only, the term Earnings has the meaning given below:

- if the Life Insured is Self-Employed, their share of the total of all net profits and all net losses generated or accrued in the conduct of the business or businesses, after excluding business expenses which were not necessarily incurred or normally required in the usual conduct of the business/businesses; or

- if the Life Insured is an Employee (and is not Self-Employed), salary, wages, regular bonuses and any other income considered part of the Life Insured's remuneration package (excluding any Employer Superannuation Contribution).

Income paid from other disability income policies, retirement plans, lump sum disability payments, rental income and investment income are some examples of income we would not consider as Earnings.

For the purpose of this definition only:

- Self-Employed means the Life Insured directly or indirectly owns all or part of the business in which their work is performed including where the business operates under a company structure (ignoring shares in publicly listed companies).
- Employee means the Life Insured is hired for a wage, salary, fee or payment to perform work for an employer, whereby they have no direct or indirect ownership interest in the employing entity (ignoring shares in publicly listed companies).
- Employer Superannuation Contribution means the employer superannuation guarantee contribution mandated under the *Superannuation Guarantee (Administration) Act 1992 (Cth)* and any employer contribution made as part of the Life Insured's remuneration package. It excludes any other type of superannuation contribution.

TPD Support Condition means any one or more of the following:

- Mental conditions or disorders – any mental or behavioural illness, conditions or disorders, including any symptoms, manifestations or complications thereof. This is taken to include but is not limited to anxiety; depression; bipolar disorder; post-traumatic stress disorder and other disabling stress; attention deficit and/or hyperactivity disorders; burnout; eating disorders; alcohol or drug use disorders or abuse; insomnia; physical complications of a psychiatric disorder; and any emotional, cognitive, behavioural, or somatic symptoms and manifestations of any mental or behavioural illness, conditions or disorders.
- Fatigue and functional disorders or conditions – chronic tiredness, fatigue or exhaustion; or difficulty recovering from exertion that is not explained by structural organ disease or demonstrable tissue damage. This is taken to include but is not limited to chronic fatigue syndrome; fibromyalgia; functional neurological disorder; burnout related disorders or conditions; and long COVID.
- Other specific syndromes and disorders – postural orthostatic tachycardia syndrome, post-concussion syndrome and vestibular disorders.

Alzheimer's disease and dementia are not TPD Support Conditions.

5.14 TSO Claims examples

The claim examples below are illustrative and should only be used to help you understand how TSO may work at the time of claim. How TSO applies will be dependent on your individual circumstances and the facts of your claim. All relevant terms and conditions must be met for a claim to be payable.

Example 1:

Mira has a standalone TPD Insurance Plan with an 'Own Occupation' definition. She has selected the TPD Support Option.

Mira develops depression. As depression is a TPD Support Condition, and Mira's disability is caused by this condition, no payment will be made under the TPD Benefit 'Own Occupation' definition. Instead, Mira's eligibility for a benefit will be assessed under the TPD Support Option.

Mira is Totally and Permanently Disabled under the TPD Support Option (*Part A*). She is eligible for a payment under the TPD Support Option's Initial Support Benefit.

On the Initial Date of Disablement, Mira's TPD Insurance Benefit Amount was \$500,000.

The Initial Support Benefit is 20% of the TPD Insurance Benefit Amount at the Initial Date of Disablement. Mira receives $20\% \times \$500,000 = \$100,000$. After payment of her Initial Support Benefit, Mira's TPD Insurance Benefit Amount reduces to \$400,000. The Inflation Protection Benefit no longer applies to this amount. Her premiums for the remaining TPD Insurance Benefit Amount are waived for 12 months from the Initial Date of Disablement.

Mira is Totally and Permanently Disabled under the TPD Support Option (*Part B*) on the date 12 months after the Initial Date of Disablement (which is the first Ongoing Date of Disablement) and makes a claim for an Ongoing Support Benefit. She therefore receives $20\% \times \$500,000 = \$100,000$. After payment of the first Ongoing Support Benefit, Mira's TPD Insurance Benefit Amount reduces to \$300,000. Mira's premiums for the remaining TPD Insurance Benefit Amount are waived for 12 months following the relevant Ongoing Date of Disablement relating to the payment.

Due to her depression, Mira is Totally and Permanently Disabled under the TPD Support Option (*Part B*) at each of the next 3 consecutive Ongoing Dates of Disablement (i.e. over the next 3 years) and continues to claim each Ongoing Support Benefit. Each time she receives \$100,000 and her premiums for the remaining TPD Insurance Benefit Amount are waived for the 12 months following the relevant Ongoing Date of Disablement relating to each payment. The final Ongoing Support Benefit payment reduces Mira's TPD Insurance Benefit Amount to zero and her TPD Insurance Plan ends.

Example 2:

Angela has a standalone TPD Insurance Plan with an 'Own Occupation' definition. Angela has also selected the TPD Support Option.

Angela is working as an accountant when she becomes disabled due to fibromyalgia. As fibromyalgia is a TPD Support Condition, no payment will be made under the TPD Benefit 'Own Occupation' definition. Instead, her eligibility for a benefit will be assessed under the TPD Support Option.

Angela is Totally and Permanently Disabled under the TPD Support Option (*Part A*) including because she is incapacitated to such an extent as to render her unlikely ever to be able to work in any occupation for which she is reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of her Earnings during her last 12 months of work.

On the Initial Date of Disablement, Angela's TPD Insurance Benefit Amount was \$1 million.

The Initial Support Benefit is 20% of the TPD Insurance Benefit Amount at the Initial Date of Disablement. Angela receives $20\% \times \$1 \text{ million} = \$200,000$. After payment of the Initial Support Benefit, Angela's TPD Insurance Benefit Amount then reduces to \$800,000. The Inflation Protection Benefit no longer applies to this amount. Her premiums for the remaining TPD Insurance Benefit Amount are waived for 12 months from the Initial Date of Disablement.

During the following 3 months, Angela worked in a different occupation for remuneration at a rate that was less than 25% of her rate of Earnings during the 12 months of work prior to the Initial Date of Disablement. At the end of that 3 months Angela's condition worsened and she was not able to work.

12 months after the Initial Date of Disablement, Angela makes a claim for an Ongoing Support Benefit and meets the definition of Total and Permanent Disability under the TPD Support Option (*Part B*). Her most recent occupation was also taken into account when determining whether Angela was unlikely ever to be able to work in any occupation for which she was reasonably suited by training, education or experience.

The Ongoing Support Benefit pays Angela a further payment of $20\% \times \$1 \text{ million} = \$200,000$. After payment of the Ongoing Support Benefit, Angela's TPD Insurance Benefit Amount then reduces to \$600,000. Angela's premiums are waived for the 12 months following the relevant Ongoing Date of Disablement relating to the payment.

Due to her fibromyalgia, Angela is Totally and Permanently Disabled under the TPD Support Option (*Part B*) at each of the next 3 consecutive Ongoing Dates of Disablement (i.e. over the next 3 years) and continues to claim each Ongoing Support Benefit. Each time she receives \$200,000 and her premiums are waived for the 12 months following the relevant Ongoing Date of Disablement relating to the payment. The final Ongoing Support Benefit payment reduces Angela's TPD Insurance Benefit Amount to zero and her TPD Insurance Plan ends.

Example 3:

Will has a standalone TPD Insurance Plan with an 'Any Occupation' definition and Will also selected the TPD Support Option.

He develops a disability which is contributed to or caused by an anxiety disorder. As anxiety is a TPD Support Condition, no payment will be made under the TPD Benefit 'Any Occupation' definition. Instead, Will's eligibility for a benefit will be assessed under the TPD Support Option.

Will is Totally and Permanently Disabled under the TPD Support Option (*Part A*). He is eligible for an Initial Support Benefit under the TPD Support Option.

On the Initial Date of Disablement, Will's TPD Insurance Benefit Amount was \$2,000,000.

The Initial Support Benefit is 20% of the TPD Insurance Benefit Amount at the Initial Date of Disablement. Will receives $20\% \times \$2,000,000 = \$400,000$. After payment of the Initial Support Benefit, Will's TPD Insurance Benefit Amount reduces to \$1,600,000. The Inflation Protection Benefit no longer applies to this amount. The premiums for the remaining TPD Insurance Benefit Amount are waived for 12 months from the Initial Date of Disablement.

Six months after the Initial Date of Disablement, Will makes a successful return to a new occupation. Will does not meet the definition of Totally and Permanently Disabled under TPD Support Option (*Part B*) at the first Ongoing Date of Disablement (which is the date 12 months after the Initial Date of Disablement) and therefore is not eligible for the Ongoing Support Benefit. Will's TPD Insurance continues with a TPD Insurance Benefit Amount of \$1,600,000. The premiums payable for the remaining TPD Insurance Benefit Amount restart on the date 12 months after the Initial Date of Disablement.

After 5 years in his new occupation, Will's anxiety reoccurs, and he has a new Initial Date of Disablement.

As anxiety is a TPD Support Condition, no payment will be made under the TPD Benefit 'Any Occupation' definition. Instead, Will's eligibility for a benefit will be assessed under the TPD Support Option. Will is once again Totally and Permanently Disabled under the TPD Support Option (*Part A*) and is once again eligible for a payment under the TPD Support Option's Initial Support Benefit.

On this new Initial Date of Disablement, Will's TPD Insurance Benefit Amount was \$1,600,000. The Initial Support Benefit is 20% of the TPD Insurance Benefit Amount at the new Initial Date of Disablement. Will receives $20\% \times \$1,600,000 = \$320,000$. After payment of the Initial Support Benefit, Will's TPD Insurance Benefit Amount reduces to \$1,280,000. The premiums for the remaining TPD Insurance Benefit Amount are waived for 12 months from the new Initial Date of Disablement.

Due to anxiety, Will is Totally and Permanently Disabled under the TPD Support Option (*Part B*) at each of the next 4 consecutive Ongoing Dates of Disablement (i.e. over the next 4 years) and continues to claim each Ongoing Support Benefit. Each time he receives \$320,000 and his premiums for the remaining TPD Insurance Benefit Amount are waived for the 12 months following the relevant Ongoing Date of Disablement relating to the payment. The final Ongoing Support Benefit payment reduces Will's TPD Insurance Benefit Amount to zero and his TPD Insurance Plan ends.

Important Information

This SPDS is issued by TAL Life Limited (ABN 70 050 109 450, AFSL 237848) (TAL). TAL is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies. The information in this SPDS and any financial product information contained therein is of a general nature and it does not take into account your individual objectives, financial situation or needs. You should consider your PDS and any SPDS or Upgrade Booklet(s) as applicable and this SPDS before acting on this information or making any changes to your insurance cover. You may also wish to consider obtaining your own financial advice tailored to your personal circumstances, before making a decision to change your Policy. Persons deciding whether to acquire, continue to hold or change life insurance issued by TAL should consider the relevant PDS available at tal.com.au. The Target Market Determination (TMD) for the product (where applicable) is also available at this web address.

This document is issued by TAL Life Limited | ABN 70 050 109 450 | AFSL 237 848 (TAL)

TALR8233/0826



Supplementary Product Disclosure Statement

ISSUE DATE: 24 SEPTEMBER 2021

TAL Life Limited

✉ GPO Box 5380, Sydney NSW 2001

☎ 1300 209 088

📠 1300 351 133

📧 customerservice@tal.com.au

🌐 www.tal.com.au

This Supplementary Product Disclosure Statement (SPDS) is effective from 24 September 2021 (Issue Date). This SPDS is issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL).

This SPDS has been issued to inform you of important amendments to the Product Disclosure Statements listed in the table below (the **PDSs**). You should read this SPDS carefully as it supplements the PDSs, and amends, deletes or replaces some sections in those documents.

This SPDS must be read together with the PDS applicable to you, whether your insurance product is held inside or outside of superannuation. If you are unsure which of the PDSs applies to your insurance product, or if you have any other questions in relation to this SPDS, please contact us using the details above.

PDSs

Item Number	Document titles	Issue Date
1	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Brochure 1 April 2002	31 March 2017
2	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Brochure 15 March 2003	31 March 2017
3	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 11 March 2004 /TOWER Protection Policy Product Disclosure Statement 1 September 2004	31 March 2017
4	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 1 April 2005 TOWER Protection Policy Product Disclosure Statement 1 November 2005	31 March 2017
5	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 10 April 2006	31 March 2017
6	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 2 April 2007	31 March 2017
7	Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 30 April 2008 TOWER Protection Policy Product Disclosure Statement 17 November 2008	31 March 2017
8	Transfers of Ownership or Buy-Backs: Accelerated Protection Policy 01 July 2007 Accelerated Protection Policy 17 November 2008	31 March 2017
9	Transfers of Ownership or Buy-Backs: Partner Insurance Portfolio (May 2007) , PrefSure Disability Income Portfolio (10 June 2005) , PrefSure Life Insurance Portfolio (10 June 2005) , Lumley Disability Income Portfolio (1 January 2004) , Lumley Life Insurance Portfolio (1 January 2004)	31 March 2017
10	Transfers of Ownership or Buy-Backs: Life Insurance Customer Information Brochure (01-03-1995) , Risk Insurance Portfolio Customer Information Brochure (01-03-1994) , Risk Products Disclosure Statement (01-01-1993, 01-04-1993)	31 March 2017



Item Number	Document titles	Issue Date
11	Transfers of Ownership or Buy-Backs: Life Insurance Customer Information Brochure (01-01-1996, 01-09-1996) Life Insurance Customer Information Brochure (01-09-1997, 01-09-1998, 01-09-1999, 01-09-2000, 01-09-2001, 01-03-2002, 01-03-2003)	31 March 2017
12	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 10 August 2009 Accelerated Protection Product Disclosure Statement 28 April 2010	1 December 2020
13	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 28 October 2010, 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013 Accelerated Protection Product Disclosure Statements for Investment Platforms 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013	1 December 2020
14	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 18 December 2015 and 1 July 2016, Accelerated Protection Product Disclosure Statements for Investment Platforms 18 December 2015 and 1 July 2016	1 December 2020
15	Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 30 January 2014, 1 July 2014 and 12 December 2014, Accelerated Protection Product Disclosure Statements for Investment Platforms 30 January 2014, 1 July 2014 and 12 December 2014	1 December 2020
16	Accelerated Protection for Investment Platforms Product Disclosure Statement	1 April 2017
17	Accelerated Protection for Investment Platforms Product Disclosure Statement	12 October 2018
18	Accelerated Protection Combined Product Disclosure Statement and Policy Document	27 March 2020

Changes to the PDSs

1. References

In each PDS, where the word or phrase in the “Current” section in the table below is used, it should be replaced by the word or phrase in the “New” section below.

Current	New	
Duty of Disclosure	Duty of disclosure or the duty to take reasonable care not to make a misrepresentation (whichever is applicable)	
Eligible rollover fund	The Australian Taxation Office (ATO)	
Guaranteed renewal of cover	Guaranteed continuation of cover	
Guarantee of renewal	Guarantee of continuation	
TAL Superannuation and Insurance Fund	TAL Super	
TAL Superannuation Limited	Mercer Superannuation (Australia) Limited	
TASL	MSAL	
TAL Superannuation Limited (ABN 69 003 059 407) (AFSL 237 851)	Mercer Superannuation (Australia) Limited (ABN 79 004 717 533) (AFSL 235906)	
Contact TAL or the Trustee:	Contact us on:	
 1300 209 088	TAL	MSAL (TAL Super)
 1300 351 133	 1300 209 088	 1300 209 088
 customerservice@tal.com.au	 customerservice@tal.com.au	 customerservice@tal.com.au
 www.tal.com.au	 www.tal.com.au	 www.tal.com.au/talsuper
 GPO Box 5380, Sydney NSW 2001	 GPO Box 5380, Sydney NSW 2001	 GPO Box 4303, Melbourne, VIC 3001

2. Update to “Important Note” and “Other important information” sections

This change applies to the PDSs listed in the table above (the **PDSs**) with item numbers 1–11:

On the page immediately following the cover page of above PDSs, in the section under the heading ‘Important Notice’, replace the paragraph in the “Current” column in the table below with the content in the “New” column of the table below.

Current	New
In this PDS, ‘Policy’ means your Policy and the ‘Policy Owner’ means the person who legally owns the Policy, including TASL where you have structured your Policy through the Fund. Where you take your Policy through another superannuation fund, the trustee of that superannuation fund will be the Policy Owner as it holds the Policy on your behalf.	In this document, ‘TAL Super’ means a plan within the Retail Division of the Mercer Super Trust (ABN 19 905 422 981). ‘MSAL’ refers to Mercer Superannuation (Australia) Limited (ABN 79 004 717 533) (AFSL 235906), the trustee of TAL Super. Reference to ‘Policy’ means your Policy and the ‘Policy Owner’ means MSAL, the trustee for TAL Super. Please refer to the Life Insurance through TAL Super PDS for more details about your membership of TAL Super. Where the Policy is structured through superannuation, the trustee of the fund owns the Policy on your behalf. Where premiums and benefit payments are made through the superannuation fund, they are subject to restrictions under superannuation law, and some features of the Policy will not apply.

On the page immediately following the cover page of the PDSs, in the section under the heading ‘Other Important Information’, replace the paragraph in the “Current” column in the table below with the content in the “New” column of the table below.

Current	New
There are other risks you should consider when deciding to purchase a product, including: 1. that the insurance you have chosen might be inadequate to protect your circumstances; 2. that claims may not be paid and this Policy may be cancelled where you have failed to comply with the Duty of Disclosure or you have made a fraudulent claim; 3. that the Policy may be cancelled if you have failed to pay your premium by the due date; and 4. If you structure your Policy through superannuation, the cost of premiums paid may gradually reduce your superannuation over time, leading to a lower balance at retirement. Accordingly, both your retirement and protection objectives should be kept in mind when structuring insurance through superannuation.	There are risks you should consider carefully when deciding to purchase, transfer or change insurance cover. These include: 1. that the insurance cover you have chosen might be inadequate to protect you and your family, including that inadequate Benefit Amounts or Plans and options may be selected, and that an event may be suffered that is not covered by the Policy; 2. that applications for new insurance or changes to your insurance may not be accepted by us; 3. that your Plans under the Policy will expire; 4. that claims may not be paid and the cover under your Policy may be cancelled or an insured benefit may be reduced where you have failed to comply with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (whichever is applicable), or you have made a fraudulent claim; 5. that claims will not be paid if the criteria and requirements to make a claim are not met, or an exclusion applies; 6. that your cover may be altered by a limitation, adjustment, exclusion, or change in terms at a specified date, which may reduce an amount you are paid if you claim or result in no claim being paid; 7. that the cost of the Policy can be increased; 8. that the insurance cover under the Policy may be cancelled if you have failed to pay your premium by the due date; and 9. the risks described in Important information on structuring insurance through superannuation section of this PDS. You should discuss these risks with your financial adviser, seek their assistance and ensure you have read and understood the PDS and Policy Document that applies to your insurance cover, and the Life Insurance through TAL Super PDS (where applying for change of ownership to TAL Super) before making an application.

3. Update to “Privacy”, “Taxation” and “Tax information”, “TAL Superannuation and Insurance Fund” sections

The table in the [Appendix](#) sets out the page numbers in the PDSs where the “Privacy”, “Tax”, “Taxation” and “Tax Information” and “TAL Superannuation and Insurance Fund” sections can be found. In each of the PDSs, these sections (including the heading) are deleted and replaced in full with the sections set out below.

Your Privacy

In this section regarding your privacy, the words ‘we’, ‘us’ and ‘our’ refer to TAL. Where your Policy is structured through superannuation, then the words ‘we’, ‘us’ and ‘our’ also refer to TAL Services Limited (ACN 076 105 130).

The way in which we collect, use and disclose your personal and sensitive information (‘personal information’) is explained in TAL’s Privacy Policy which is available via the TAL website (www.tal.com.au) and free of charge on request. Our contact details are provided in the table below.

Our Privacy Policy contain details about the following:

- the kinds of personal information that we collect and hold;
- how we collect and hold personal information (including sensitive information);
- the purposes for which we collect, hold, use and disclose personal information (including sensitive information);
- how our customers may access personal information about them which is held by us and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

If you would like a copy or if you have any questions about the way in which we collect, use, secure and disclose your information please contact us using the details below:

☎ 1300 209 088

@ customerservice@tal.com.au

🌐 www.tal.com.au

✉ GPO Box 5380, Sydney NSW 2001

Your personal and sensitive information will be collected to enable us to provide or arrange for the provision of our insurance products and services, and if your insurance is structured through superannuation, administer your superannuation account. We may request further personal information in the future, for example, if you want to make a claim and we need to collect health or financial information. If you do not supply the required information, we may not be able to provide the requested product or service or pay the claim.

In processing and administering your insurance benefits (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, government regulatory

bodies and other related bodies corporate. We may also disclose your personal information (including health information) to other bodies such as reinsurers, your financial adviser, health professionals, investigators, lawyers and external complaints resolution bodies.

In administering your insurance benefits and superannuation account (if applicable), your personal information may be disclosed to service providers in another country. In these circumstances we have robust operational processes in place to protect the information including due diligence, vendor management and a formal contract requiring adherence with Australian privacy laws. Details about the countries to which we disclose information are available in our Privacy Policy.

Generally, we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the purpose is related to improving our products and services and seeking customer input such as market research; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

From time to time we or our related bodies corporate and business partners may wish to contact you to provide you with information about other products and services in which you may be interested. If you prefer not to receive direct marketing communications from us (or our related companies) you can let us know using any of the communication methods above.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, incomplete or out of date, please let us know using the communication methods above.

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

There are some limited exemptions where we would be unable to provide the personal information that we hold about you in response to your request. These circumstances include, but are not limited to, where we reasonably believe the following:

- giving access would pose a serious threat to the life, health or safety of any individual, or to public health or public safety;
- giving access would have an unreasonable impact on the privacy of other individuals;

- the request for access is frivolous or vexatious;
- the information relates to existing or anticipated legal proceedings between you and us and the information would not be accessible by the process of discovery in those proceedings;
- giving access would reveal our intentions in relation to negotiations with you in such a way as to prejudice those negotiations;
- the information should be provided directly by us to your doctor or healthcare professional;
- giving access would be unlawful; or
- giving access would reveal evaluative information generated by us in connection with a commercially sensitive decision-making process.

If, for any reason we decline your request to access and/or update your information, we will provide you with details of the reasons and where appropriate, a list of the documents that are not being provided directly to you. In some circumstances it may be appropriate to provide you with access to information that you've requested via an intermediary, such as providing medical information to a treating GP rather than directly to yourself. If this is the case, we will let you know.

Additional information about privacy rights and how to make a privacy related complaint can be found at the website of the Privacy Commissioner (www.oaic.gov.au) including sensible steps that you can take to protect your information when dealing with organisations and when using modern technology.

Tax

If you're considering the tax implications of holding and receiving benefits under your Policy, it is important you seek independent, professional taxation advice. The complexity of taxation laws and rulings is such that this advice should be specific to your circumstances. This should include any tax implications of purchasing insurance cover structured through superannuation or outside of superannuation. The following general information only applies to Australian resident individuals and is based on the Australian tax law and rules as at the date of issue of this PDS.

Goods and services tax (GST)

Your Policy is treated as input taxed under the GST law and the premium will not be subjected to GST. The premium rates are inclusive of any GST costs incurred in relation to the Policy. An input tax credit will not be available to the Policy Owner.

Insurance held outside superannuation

The following general information relates only to Australian resident individuals who are both the Policy Owner and the Life Insured. Superannuation law and tax law are complex, so it is important to seek professional advice specific to your circumstances.

Income tax

For Income Protection Plan, Disability Income insurance, Income Plan, Income Protection insurance, or Disability Protection Plan (including Business Expenses), premiums paid for insuring against loss of income should generally be tax deductible and benefit payments received which substitute for income are generally considered assessable income. This is not the case for Life Protection Plan, Term Insurance, Life Plan, Life Insurance, TPD Plan, TPD insurance, TPD, Crisis Protection Plan, Medical Catastrophe insurance, Trauma Diagnosis, Critical Illness and certain benefits under Income Protection Plan, Disability Income insurance, Income Plan, Income Protection insurance, and Disability Protection Plan (including Business Expenses). This may vary if insurance is taken out for business purposes and you should seek professional taxation advice.

Capital gains tax

Benefits payable under the Policy may be assessed under the capital gains tax provisions if you are not the original owner of the Policy and you acquired an interest in the Policy for consideration, or you received benefit payments from the Policy and fall outside of the exemption provisions.

Tax withholding

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

Insurance structured through superannuation

The following general information relates only to complying superannuation funds. Superannuation law and tax law are complex, so it is important to seek professional advice specific to your circumstances. In the 2021-22 Federal Budget, proposed changes to the eligibility age for downsizer contributions and in respect of the work test for personal superannuation contributions were announced. At the date of issue of this PDS, these announced changes have not been legislated and for this reason they have not been included in the information below.

Individual members

You may be eligible for a tax deduction for your personal voluntary superannuation contributions.

From 1 July 2017 the requirement that you derive less than 10% of your income from employment sources was abolished and regardless of your employment arrangement you may be able to claim a tax deduction for your personal superannuation contributions. Under current law, those aged 67 to 74 will still need to meet the work test in order to be eligible to make a personal contribution. A one year exemption from the work test exists for members aged between 67 and 74 with total superannuation balances below \$300,000 at the test time. This exemption will only apply for the 12 months from the end of the financial year that they last met the work test.

Personal contributions which are claimed as a tax deduction are concessional contributions and are subject to the concessional contributions cap discussed below. Employer and salary sacrifice contributions are also concessional contributions.

The concessional contributions cap for the 2021/2022 financial year is \$27,500 for members of all ages. From the 2019/2020 financial year, members with total superannuation balances of less than \$500,000 on 30 June in the previous financial year, may be able to use their unused concessional contributions cap space to increase their concession contributions cap.

Concessional contributions are generally included in the fund's assessable income and may be subject to tax at the rate of 15% in the fund's hands. However, where the member's personal adjusted taxable income exceeds \$250,000, the Australian Tax Office (ATO) will issue an assessment to the member assessing their concessional contributions to an additional 15% of tax.

Where concessional contributions in excess of the applicable cap are made in a financial year the ATO will issue the member an assessment taxing the excess at the member's marginal tax rate (plus the Medicare levy). The member will be entitled to a tax offset equal to 15% of their excess concessional contribution (reflecting generally the tax already assessed to the recipient fund). An interest charge also applies for the deferral of tax.

If you are a low income earner and have eligible concessional superannuation contributions, you may be eligible for the low income superannuation tax offset, which is paid to your superannuation fund.

There are also limits on the amount of post-tax or 'non-concessional' contributions that can be made on behalf of a member. Personal contributions for which you do not claim an income tax deduction and any excess concessional contributions that are not refunded by the fund, are non-concessional contributions

For the 2021/2022 financial year, the annual cap for non-concessional contributions is \$110,000 and members with total superannuation balances of \$1.7 million or more are not eligible to make non-concessional contributions. From 1 July 2021 the \$1.6 million amount is increased to \$1.7 million and the increase will depend on your individual circumstances (please seek personal advice on this matter). There is a 'bring-forward' option as discussed below. You will be taxed on non-concessional contributions over the cap at the rate of 45%, plus the Medicare levy where they cannot be released from a fund (and this is the case for TAL Super as stated below).

Under the 'bring-forward' option, generally people under 65 years of age can bring forward three years' entitlements to non-concessional contributions based on the annual cap limits above. However, from 1 July 2017 members with total superannuation balances over \$1.48 million have reduced access to the bring-forward rule.

If you receive an excess concessional or non-concessional contribution determination from the

ATO, you should not elect for amounts to be released from TAL Super. TAL Super is unable to process a release authority from the ATO because you will not have an accumulation interest in TAL Super. In these circumstances if you require an amount to be released, you should nominate another superannuation fund in which you have sufficient accumulation interest to make the release from

If your income is less than \$56,112 (for the 2021/22 financial year), you may also benefit from government co-contributions if you make a personal after tax (non-concessional) contribution to your superannuation.

The government co-contribution is a payment made by the Federal Government to the superannuation account of eligible members who make personal non-concessional contributions. For more information contact your financial adviser or the ATO Superannuation infoline on 13 10 20.

Employers

Employer contributions are tax deductible to the employer where they are made to provide superannuation benefits for an employee or the employee's dependants.

Employers are entitled to claim a deduction for contributions paid to complying superannuation funds for employees aged:

- under 75; or
- 75 and over, where contributions are required under relevant industrial awards.

Tax payable on death benefits

Lump sum death benefits are tax free if paid to a dependant for tax purposes or the member's estate where the beneficiaries of the estate are dependants of the member for tax purposes. Lump sum death benefits paid to non-dependants for tax purposes or the member's estate to the extent the beneficiaries are not dependants for tax purposes, are taxed at different rates depending on whether the elements are from taxed or untaxed sources. For elements taxed in the fund, the rate is the lower of the recipient's marginal tax rate and 15%, plus the Medicare levy. For elements untaxed in the fund, the rate is the lower of the recipient's marginal tax rate and 30%, plus the Medicare levy. The trustee of the member's estate does not bear the Medicare levy.

Tax payable on Terminal Illness benefits

Terminal illness benefits paid to members are tax free.

Tax payable on TPD benefits

Total and Permanent Disablement benefits are taxed at different rates, depending on the amount, the member's age when they were disabled and their age at the date of payment.

Tax payable on Income Protection Plan, Disability Income Insurance, Income Plan, Income Protection Insurance, and Disability Protection Plan (including Business Expenses) benefits

Income Protection Plan, Disability Income insurance, Income Plan, Income Protection insurance, and Disability Protection Plan (including Business Expenses) benefits that substitute for lost income should constitute assessable income in the hands of the individual recipient and should be taxed at the recipient's marginal tax rate, plus the Medicare levy where applicable.

Withholding tax

Where TAL or the trustee is required by law to deduct any tax, duty, impost or the like in connection with the payment of a benefit, TAL or the trustee will deduct the required amount from the payment and forward it to the relevant authority.

Important information on structuring insurance through superannuation

You can choose to structure your Policy through a complying superannuation fund. This means the trustee of the superannuation fund becomes the Policy Owner and you become a member of the fund.

When benefits are paid, they will be received by the trustee who will then distribute them in accordance with the governing rules of the superannuation fund and superannuation law.

Check with the trustee of your superannuation fund to see whether they can pay TAL your insurance premiums from your member account. This would be the case for most self-managed superannuation funds. If you are not a member of a complying superannuation fund, or you are a member of a fund which cannot pay us insurance premiums from your member account, you can still structure your Policy through superannuation by becoming a member of TAL Super (see Life Insurance through TAL Super PDS). This applies to Life Protection Plan, Term Insurance, Life Plan, Life insurance, TPD Plan, TPD insurance, TPD and Income Protection Plan, Disability Income insurance, Income Plan, Income Protection insurance, and Disability Protection Plan.

If you structure your Policy through superannuation the taxation impacts may differ from holding insurance outside of superannuation, so it's important to seek financial advice before you make this decision. Superannuation law is complex, so this advice should be specific to your circumstances. Please refer to the 'Taxation and Tax Information' section for more information.

There are some important differences between owning your insurance yourself and holding your insurance through superannuation. For example, some benefits will not apply where insurance is held through superannuation (as set out in the original PDS issued to you). However, in some circumstances structuring insurance through superannuation may be more advantageous.

When Income Protection Plan, Disability Income insurance, Income Plan, Income Protection insurance, and Disability Protection Plan is structured through superannuation:

- A claim may not be payable if you were not 'gainfully employed' (as set out in SIS) immediately before your disability started.
- If you're not 'gainfully employed' (as set out in SIS), you can apply to have your Plan suspended for up to 12 months.

If you are concerned or have any questions about the potential complications of structuring Income Protection through superannuation, you should speak to your financial adviser.

The following information is provided to assist you in understanding your options. It is general information only and is not intended to be a comprehensive statement of the laws applying to superannuation. You should talk to your financial adviser about your personal circumstances.

Contributions to a superannuation fund

Contributions can only be made to the superannuation fund in accordance with superannuation law. Superannuation law stipulates the way in which employer, personal, spousal and child contributions can be made, as well as work requirements and age limits in relation to the acceptance of superannuation contributions for members.

Payment of the death benefit

Superannuation law specifies that a death benefit can only be paid to the following:

- Member's spouse (married or de facto, including same sex couples).
- Child of the member of any age (including adopted child, stepchild and ex-nuptial child).
- The member's legal representative.
- Any person who was financially dependent on the member at the time of death.
- Any person with whom the member had an interdependency relationship.

If the trustee cannot locate any of these persons after conducting reasonable searches, the death benefit may be paid to an individual non-dependant such as a parent or sibling.

Payment of superannuation benefits

Other than death benefits, a superannuation benefit can only be paid where the member meets a condition of release under applicable superannuation law. In a general sense, these circumstances include Permanent Incapacity, Temporary Incapacity, Terminal Medical Condition, retirement (or the person has reached their preservation age), the termination of employment after age 60, leaving Australia after holding an eligible temporary resident visa, and on financial hardship or compassionate grounds. Rules relating to when superannuation benefits can be accessed are complex, so you should consult your financial adviser for further information.

Superannuation and family law

Provisions in the Family Law Act enable parties who are married to require superannuation fund trustees to carry out certain actions in relation to superannuation entitlements. Members should note that their spouse or de-facto will be able to request the trustee to disclose information about the member's benefit entitlements ('Request for Information').

The trustee is prohibited by law from informing members that such a request was made. The trustee will not pass any information about your present whereabouts to the person making the Request for Information.

Payment by rollover

Some superannuation funds are prevented from making rollovers to pay for insurance cover through superannuation – you should check whether your superannuation fund is able to pay a rollover.

Risk of holding insurance through superannuation

There are risks you should consider before deciding to hold insurance through superannuation, including:

- Except for Income Protection benefits, a benefit paid from a policy structured through superannuation is a superannuation benefit for tax purposes and it may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation.
- Limits apply to the amount you can contribute to superannuation each year. Any contributions you make to a superannuation fund in order to pay premiums will reduce the amount you may be able to contribute to other superannuation accounts you hold for retirement savings purposes.
- Where you choose to pay premiums by rollover from another superannuation fund, your retirement savings will be reduced so that you may have less available to you on retirement than otherwise may have been the case. You should ensure that the cost of premiums do not inappropriately erode your retirement savings.

Taxation or superannuation laws may change in the future, altering the suitability of holding insurance in superannuation.

Structuring insurance through TAL Super

If you're structuring your Policy through TAL Super, you should also read the 'Life Insurance through TAL Super PDS' together with this PDS. It contains specific information on structuring your Policy through TAL Super.

4. Update to the sections titled “Duty of Disclosure” and “Complaints Process”

The table in the [Appendix](#) sets out the page numbers in the PDSs where the “Duty of Disclosure” and “Complaints Process” sections can be found. In each of the PDSs, these sections (including the headings) are deleted and replaced in full with the sections below

The duty of disclosure and the duty to take reasonable care not to make a misrepresentation

Duty of disclosure

The duty of disclosure applies when entering into, extending, varying, or reinstating a life insurance contract prior to 24 September 2021. For life insurance contracts that are consumer insurance contracts entered into, extended, varied, or reinstated on or after 24 September 2021, the duty to take reasonable care not to make a misrepresentation applies.

The duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you did not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you on the same terms if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Duty to take reasonable care not to make a misrepresentation

For life insurance contracts entered into, extended, varied, or reinstated prior to 24 September 2021, the duty of disclosure applies.

The duty to take reasonable care not to make a misrepresentation applies when entering into, extending, varying, or reinstating a life insurance contract that is a consumer insurance contract from 24 September 2021. If your application is accepted, the Policy will be a consumer insurance contract.

If a life insurance contract was originally entered into before 24 September 2021, and is varied by agreement between you and us (other than automatic variations or variations which reduce a sum insured or remove or reduce covers, benefits or features) on and after that date, then the contract is treated as though it were entered into on or after 24 September 2021 and is treated as a consumer insurance contract, to the extent of the variation. This means that the duty to take reasonable care not to make a misrepresentation applies to variations (other than automatic variations or variations which reduce a sum insured or remove or reduce covers, benefits or features) made from 24 September 2021, while the duty of disclosure continues to apply to the parts of the Policy entered into before 24 September 2021.

The duty to take reasonable care not to make a misrepresentation

When applying for insurance, 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 does not fairly reflect the truth.

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

If the duty is not met

If the duty is not met, 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.

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

What can we do if the duty is not met?

If you or the Life Insured do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

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

- whether you or the Life Insured took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances.
- what we would have done if the duty had been met – for example, whether we 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 we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

When applying for replacement cover

TAL will rely on the representations and disclosures made in respect of your original Policy for this replacement cover. TAL will only issue replacement cover as a new Policy if you complied with the applicable duty at the time the original Policy was issued and TAL would have issued the original Policy or Plan on the terms that it did. You must ensure that the representations and disclosures that were made in respect of your original Policy (including any variations, extension or reinstatement of that policy) were accurate at the time the original Policy was issued, varied, extended or reinstated.

Complaints Process

If you have a complaint about our services or your privacy you should direct your complaint depending on the product you hold:

Complaints about policies structured outside superannuation or SMSF

If you wish to make a complaint about your Policy you can write to:

The Manager, Dispute Resolution
TAL Life Limited
✉ GPO Box 5380, Sydney NSW 2001
@ customerservice@tal.com.au

We will attempt to resolve your complaint within 30 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

Complaints about policies structured through superannuation

You should address your complaints to the trustee of your superannuation fund. The trustee will provide you with the details of its complaint-handling arrangements.

Australian Financial Complaints Authority (AFCA)

If an issue has not been resolved to your satisfaction within 30 days of lodging your initial complaint, you can lodge a complaint with AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

☎ 1800 931 678
@ info@afca.org.au
🌐 www.afca.org.au

✉ GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

Complaints about policies structured through TAL Super

If you are dissatisfied with your Policy which is structured through TAL Super, you should address your complaint to:

TAL Super Plan in the Mercer Super Trust
C/- The Manager, Dispute Resolution
TAL Life Limited
✉ GPO Box 5380, Sydney NSW 2001
@ customerservice@tal.com.au

For most disputes, the Trustee will try to resolve your complaint within 45 days of receiving it. For disputes in relation to death benefit distribution, the Trustee will try to resolve your complaint within 90 days of receiving it. If the Trustee are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

If your complaint is not resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution that is free to consumers.

 www.afca.org.au

 info@afca.org.au

 1800 931 678

 Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Some complaints must be lodged with AFCA within set timeframes or may be outside of AFCA's jurisdiction. Contact AFCA directly for more information about their time limits and other requirements.

5. Update to the sections titled “Making a claim” or “Notifying us of a claim” (as applicable)

This change applies to the “Making a claim” and “Notifying us of a claim” sections of the PDSs. The table in the [Appendix](#) sets out the page numbers in the PDSs where the “Making a claim” or “Notifying us of a claim” sections can be found. In the first paragraph of these sections in each PDS, the text in the “Current” column in the table below is deleted and replaced with the content in the “New” column of the table below (as applicable).

Current	New
After you become aware of any claim or potential claim under your Policy, you must notify us at your earliest opportunity	We will support you through the process of making a claim. If you wish to make a claim against the Policy, we strongly encourage you to contact us at the earliest possible opportunity. A delay in notifying us may mean it could take longer for us to assess your claim, as it may be difficult for us to access information we need to finalise our decision
We understand the benefits of early engagement and we will support you through the process of making a claim. If you wish to make a claim against the Policy, you must contact us at the earliest possible opportunity otherwise claim payments may be reduced to the extent the ability to assess the claim has been prejudiced by the delay in being able to adequately assess the claim.	We will support you through the process of making a claim. If you wish to make a claim against the Policy, we strongly encourage you to contact us at the earliest possible opportunity. A delay in notifying us may mean it could take longer for us to assess your claim, as it may be difficult for us to access information we need to finalise our decision

6. Update to the section titled “Changes in premium”

This change applies to the “Changes in premium” sections of the PDSs. The table in the [Appendix](#) sets out the page numbers in the PDSs where the “Changes in premium” sections can be found. The following paragraphs are added to the end of the “Changes in premium” section:

“We will act reasonably when making decisions to change our premium rates or Policy fees and will only make changes to the extent reasonably necessary to protect our legitimate business interests.

If your premiums increase, you will always have the option to reduce the premium by reducing your cover, subject to any minimum premiums or sum insured applicable to your policy.

You will also always have the right to cancel your cover, at any time and for any reason, including a premium increase”.

7. Appendix

Document titles	Issue date	Privacy	Taxation and Tax Information	TAL Superannuation and Insurance Fund	Duty of Disclosure	Complaints Process	Making a claim OR Notifying us of a claim	Changes in premium
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Brochure 1 April 2002	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Brochure 15 March 2003	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 11 March 2004 , TOWER Protection Policy Product Disclosure Statement 1 September 2004	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 1 April 2005 , TOWER Protection Policy Product Disclosure Statement 1 November 2005	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 10 April 2006	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 2 April 2007	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8

Document titles	Issue date	Privacy	Taxation and Tax Information	TAL Superannuation and Insurance Fund	Duty of Disclosure	Complaints Process	Making a claim OR Notifying us of a claim	Changes in premium
Transfers of Ownership or Buy-Backs: TOWER Protection Policy Product Disclosure Statement 30 April 2008 , TOWER Protection Policy Product Disclosure Statement 17 November 2008	31 March 2017	11-12	10-11 16-17	14-16	10	12-13	12	8
Transfers of Ownership or Buy-Backs: Accelerated Protection Policy 01 July 2007 , Accelerated Protection Policy 17 November 2008	31 March 2017	9-10	8-9 14-15	12-14	8	10-11	10	6
Transfers of Ownership or Buy-Backs: Partner Insurance Portfolio (May 2007) , PrefSure Disability Income Portfolio (10 June 2005) , PrefSure Life Insurance Portfolio (10 June 2005) , Lumley Disability Income Portfolio (1 January 2004) , Lumley Life Insurance Portfolio (1 January 2004)	31 March 2017	15-16	14-15 20-21	18-20	14	16-17	16	13
Transfers of Ownership or Buy-Backs: Life Insurance Customer Information Brochure (01-03-1995) , Risk Insurance Portfolio Customer Information Brochure (01-03-1994) , Risk Products Disclosure Statement (01-01-1993, 01-04-1993)	31 March 2017	8-9	7-8 13-14	11-13	7	9-10	9	6

Document titles	Issue date	Privacy	Taxation and Tax Information	TAL Superannuation and Insurance Fund	Duty of Disclosure	Complaints Process	Making a claim OR Notifying us of a claim	Changes in premium
Transfers of Ownership or Buy-Backs: Life Insurance Customer Information Brochure (01-01-1996, 01-09-1996) Life Insurance Customer Information Brochure (01-09-1997, 01-09-1998, 01-09-1999, 01-09-2000, 01-09-2001, 01-03-2002, 01-03-2003)	31 March 2017	10-11	9-10 15-16	13-15	9	11-12	11	7
Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 10 August 2009 Accelerated Protection Product Disclosure Statement 28 April 2010	1 December 2020	N/A	N/A	N/A	11	13	12 & 13	9
Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 28 October 2010, 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013 Accelerated Protection Product Disclosure Statements for Investment Platforms 31 March 2011, 24 October 2011, 22 March 2012, 1 November 2012, 31 July 2013	1 December 2020	N/A	N/A	N/A	11	13	12 & 13	9

Document titles	Issue date	Privacy	Taxation and Tax Information	TAL Superannuation and Insurance Fund	Duty of Disclosure	Complaints Process	Making a claim OR Notifying us of a claim	Changes in premium
Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 18 December 2015 and 1 July 2016, Accelerated Protection Product Disclosure Statements for Investment Platforms 18 December 2015 and 1 July 2016	1 December 2020	N/A	N/A	N/A	11	13	12 & 13	9
Transfers of Ownership or Buy-Backs: Accelerated Protection Product Disclosure Statement 30 January 2014, 1 July 2014 and 12 December 2014, Accelerated Protection Product Disclosure Statements for Investment Platforms 30 January 2014, 1 July 2014 and 12 December 2014	1 December 2020	N/A	N/A	N/A	11	13	12 & 13	9
Accelerated Protection for Investment Platforms Product Disclosure Statement	1 April 2017	N/A	N/A	N/A	34	37	36	33
Accelerated Protection for Investment Platforms Product Disclosure Statement	12 October 2018	N/A	N/A	N/A	30	33	32	29
Accelerated Protection Combined Product Disclosure Statement and Policy Document	27 March 2020	N/A	68 & 69	N/A	64 & 65	63	57	25



Accelerated Protection

Transfers of Ownership or Buy-Backs:

**Accelerated Protection Product Disclosure Statement
10 August 2009**

**Accelerated Protection Product Disclosure Statement
28 April 2010**

Important Note

This Product Disclosure Statement (PDS) gives you important information about an insurance policy known as Accelerated Protection. You should consider the PDS in deciding whether to acquire or continue to hold the product. Accelerated Protection, also called the 'Policy', is issued by TAL Life Limited (TAL, we, us, our).

TOWER changed its name to TAL on 1 June 2011. The change formed part of our de-merger agreement with TOWER New Zealand. References to TOWER should be replaced by TAL, and references to Tower Superannuation Fund should be replaced by TAL Super.

The information in this PDS is current at the date of issue. From time to time we may change or update information that is not materially adverse by providing a notice of any such changes on our website, www.tal.com.au. If you'd like a free printed copy of the updated information, please contact our Customer Service Centre on 1300 209 088. The information contained in this PDS is of a general nature and does not take into account your individual objectives, financial situation or needs. You should consider how appropriate the insurance is in regards to your objectives, financial situation and needs, and seek advice from your financial adviser before deciding on appropriate insurance cover.

You will see that a number of terms in this PDS have been capitalised. These terms have a particular definition when used in the PDS or Policy Document. All the defined terms are explained fully in the relevant Policy Document. If there is any inconsistency between this PDS and the Policy Document, the full terms and conditions contained in the Policy Document will prevail to the extent of the inconsistency. It's important to read these definitions carefully because their meanings are relevant to your decision to apply for cover, our assessment of your application, your eligibility for insurance cover, your ability to make a claim and our decision in relation to any claim you may make. You should seek advice from your financial adviser if you are unsure of any of the definitions or what they mean for your insurance cover.

You can structure the Policy through superannuation in one of two ways:

- through TAL Super, in which case you become a member of TAL Super. Please refer to the Life Insurance through TAL Super PDS for more details;
- through a self-managed superannuation fund where you are a member of that fund.

Where the Policy is structured through superannuation, the trustee of the fund owns the Policy on your behalf, premiums and benefit payments are therefore made through the superannuation fund and are subject to restrictions in superannuation law, and some features of the Policy will not apply. In this PDS, where we make reference to cover that is structured 'through superannuation', this means that the cover is owned by the trustee of that superannuation fund.

Details of TAL Super can be found in the Life Insurance through TAL Super PDS.

In this PDS, 'Policy' means your Policy and the 'Policy Owner' means the person who legally owns the Policy, including MSAL where you have structured your Policy through TAL Super. Please refer to the Life Insurance through TAL Super PDS for more details. 'TAL Super' means a plan within the Retail Division in the Mercer Super Trust (ABN 19 905 422 981) sponsored by TAL Services Limited.

'MSAL' refers to Mercer Superannuation (Australia) Limited (ABN 79 004 717 533) (AFSL 235906) as the trustee of TAL Super.

Where you take your Policy through another superannuation fund, the trustee of that superannuation fund will be the Policy Owner as it holds the Policy on your behalf. We use 'Life Insured' to refer to the person whose life is insured under the Policy. 'You' and 'your' refer to either the Policy Owner or the Life Insured as required by the context. Any reference in this PDS to "Existing Policy" means the policy that is being replaced with this Policy. If you are in any doubt, please speak to your financial adviser and read the Policy Document.

Other important information

You should be aware that some Limitations and Exclusions will apply to your Policy. This means that in some cases we will not pay a claim or will pay a claim only in limited circumstances. Please see the section 'Product Summary' for more details.

We encourage you to read through the Policy Document and Policy Schedule carefully and make yourself aware of these conditions. Full details of the Limitations and Exclusions can be found in the relevant insurance terms and conditions set out in this PDS, the Policy Document and the specific matters (if any) set out in your Policy Schedule.

There are other risks you should consider when deciding to purchase a product, including:

1. that the insurance you have chosen might be inadequate to protect your circumstances;
2. that claims may not be paid and this Policy may be cancelled where you have failed to comply with the Duty of Disclosure or you have made a fraudulent claim;
3. that the Policy may be cancelled if you have failed to pay your premium by the due date; and
4. if you structure your Policy through superannuation, the cost of premiums paid may gradually reduce your superannuation over time, leading to a lower balance at retirement. Accordingly both your retirement and protection objectives should be kept in mind when structuring insurance through superannuation.

Contents

About your cover	1	4	Important information about your cover	11
This is what you need to know	1		Duty of Disclosure	11
What to expect when you transfer ownership	1		Your cover – when it starts and ends and some important things for you to do	11
What to expect when you exercise the Buy-Back option after a claim	1		Your Privacy	11
And you can change your mind	1		Making a claim	12
Contact us on:	1		Guaranteed renewal of cover	13
			No cash value	13
			Complaints Process	13
1 Summary of Key Information	2	5	Tax	14
Overview	2		Goods and services tax (GST)	14
Business Expense Insurance	2		Insurance held outside superannuation	14
Income Protection Insurance	2		Insurance structured through superannuation	14
Critical Illness Insurance	2			
Life Insurance	2			
TPD Insurance	2			
2 Product Summary	3	6	Important information on structuring insurance through superannuation	16
Business Expense Insurance	3		Contributions to a superannuation fund	16
Income Protection Insurance	4		Payment of the death benefit	16
Critical Illness Insurance	6		Payment of superannuation benefits	16
Life Insurance	7		Superannuation and family law	16
TPD Insurance	8		Payment by rollover	16
			Risk of holding insurance through superannuation	17
			Structuring insurance through TAL Super	17
3 What are the costs?	9	7	Direct debit arrangements	18
Premium payable	9		Direct Debit Request Service Agreement	18
Payment frequency	9		Our Commitment To You	18
Non-payment or late payment of premiums	9		Your Commitment To Us	18
Stepped premiums	9		How to make changes	18
Level premiums	9		Contacting us	18
Changes in premium	9			
Policy Fee	10			
Statutory Fund	10			
Commission	10			
Can TAL cancel your Policy?	10			

About your cover

This is what you need to know

This booklet is known as a Product Disclosure Statement (PDS) and it provides important information about Accelerated Protection. This PDS incorporates material information from other documents. The incorporated information forms part of this PDS and the documents from which information is incorporated are:

- Accelerated Protection Product Disclosure Statement 10 August 2009
- Accelerated Protection Product Disclosure Statement 28 April 2010

One of the above listed PDSs will be the same as your original PDS when you applied for the Existing Policy. The word “Policy Document” when used in this PDS refers to the Product Disclosure Statement listed above, and the document titled “Policy Document”, that applies to the Existing Policy. You should read the important information in this PDS and the relevant information referenced in this PDS before making a decision. These documents are available online, or free of charge from our Customer Service Centre on 1300 209 088.

By applying for a new Policy (either through transfer of ownership of your original Policy or repurchase of cover after a claim), you agree to be bound by the terms of this PDS and the relevant Policy Document and the new Policy Schedule we will issue to you. In the event of any inconsistency between the terms of the Policy Document and the terms of this PDS, the terms of the Policy Document prevail. To find out about all the Terms and Conditions, ask your financial adviser. You can also call our Customer Service Centre on 1300 209 088.

Capitalised terms that are not defined in this PDS are defined in the ‘Definitions’ section of the relevant Policy Document.

What to expect when you transfer ownership

If you make an application to transfer ownership and we accept it, you'll receive a new Policy Schedule, which outlines your specific cover details. Together, this PDS, the PDS referred to in your original Policy Schedule, your new Policy Schedule and your original Policy Document form your insurance contract with us.

When we issue you or the trustee with a new Policy, the terms and conditions of the new Policy will be the same as those that applied to your original Policy or cover, while premiums on the new Policy will use the premium rates which apply at the time of issuing the new Policy.

What to expect when you exercise the Buy-Back option after a claim

If you make an application to repurchase your Life Insurance or Critical Illness benefit following a claim and we accept it, you'll receive a new Policy Schedule, which outlines your specific cover details. Together, this PDS, the PDS referred to in your original Policy Schedule, your new Policy Schedule and your original Policy Document form your insurance contract with us.

When we issue you or the trustee with a new Policy, the terms and conditions of the new Policy will be the same as those that applied to your original Policy or cover, while premiums on the new Policy will use the premium rates which apply at the time of issuing the new Policy.

And you can change your mind

If you change your mind about purchasing insurance with us or transferring ownership of your existing Policy within 30 days of the date your new Policy is issued, you can cancel that Policy and receive a full refund of the Premium you've paid in respect of the new Policy. This only applies if you haven't made a claim. To receive your refund, simply return the Policy Document and Policy Schedule to us with a written request to cancel the Policy within the 30 days. And you don't have to tell us why you've changed your mind.

If your new Policy is structured through your superannuation, different rules may apply. You can still change your mind and cancel the new Policy within 30 days of it being issued. However your premium refund may be subject to superannuation preservation rules. So instead of a cash payment, your refund may be returned to the trustee of the superannuation fund. If this happens, you should check to be sure that the fund you nominate is a regulated superannuation fund.

If you wish to reinstate the original Policy after changing your mind about transferring ownership, you are able to apply for the original Policy to be reinstated within 30 days. If we accept your application for reinstatement, you will also be required to pay all premium arrears.

Contact us on:

TAL

 1300 209 088

 customerservice@tal.com.au

 www.tal.com.au

 GPO Box 5380, Sydney NSW 2001

MSAL (TAL Super)

 1300 209 088

 customerservice@tal.com.au

 www.tal.com.au/talsuper

 GPO Box 4303, Melbourne, VIC 3001

1 Summary of Key Information

Overview

We provide a range of insurance choices including Life Insurance, Critical Illness Insurance, Total and Permanent Disability (TPD) Insurance, Income Protection Insurance and Business Expense Insurance.

Business Expense Insurance

We provide a monthly payment to reimburse your business expenses while you are disabled.

Income Protection Insurance

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

We offer three levels of cover:

- Income Protection Standard pays a monthly benefit of up to 75% of your income with a comprehensive range of added benefits.
- Income Protection Premier pays a monthly benefit of up to 75% of your income with our full suite of added benefits.
- Income Protection Optimal pays a monthly benefit for a specified time frame depending on the cause of disability.

Critical Illness Insurance

We pay a lump sum if you are diagnosed with a specified medical condition like Cancer, Heart Attack or Stroke as defined in the Policy Document.

We offer two levels of cover:

- Critical Illness Insurance Standard pays a lump sum for a specified medical condition with some added benefits.
- Critical Illness Insurance Premier pays a lump sum for a specified medical condition with our full suite of added benefits.

Life Insurance

We pay a lump sum in the event of death or diagnosis of a Terminal Illness.

TPD Insurance

We pay a lump sum for a total and permanent disability.

INSURANCE THROUGH SUPERANNUATION

You can choose to structure your insurance through a complying superannuation fund. This means the trustee of the fund becomes the Policy Owner and you become a member of the fund.

When benefits are paid, they will be received by the trustee who will then distribute them in accordance with the governing rules of the superannuation fund and superannuation law.

Check with the trustee of your superannuation fund to see whether they are able to pay TAL your insurance premiums from your member account. This would be the case for most self-managed superannuation funds.

If you are not a member of a complying superannuation fund, or you are a member of a fund which cannot pay us insurance premiums from your member account, you can still take out insurance through superannuation by becoming a member of the Fund. This applies to Life Insurance, TPD Insurance and Income Protection Insurance.

There are some important differences between owning your insurance yourself and purchasing your insurance through superannuation. For example, some benefits will not apply as set out in this PDS. However, in some circumstances purchasing insurance through superannuation may be more advantageous. There are also different taxation implications. It is important to seek financial and tax advice before you decide to structure your insurance through superannuation. Superannuation law and taxation law is complex, so this advice should be specific to your circumstances.

Should you choose to structure your Income Protection Insurance through superannuation you should be aware that due to the definition of 'gainfully employed' under superannuation law, unemployment in the period immediately prior to Total Disability or Partial Disability may have the result that no benefits are payable.

When Income Protection Insurance is structured through superannuation on an Agreed Value basis you should be aware that payments through the Temporary Incapacity condition of release will be restricted by superannuation law to the member's average Monthly Earnings in the 12 month period immediately prior to the start of the Waiting Period.

If you are concerned about the potential complications of Income Protection Insurance through superannuation, you should speak to your financial adviser.

For more information about structuring your insurance through TAL Super, please refer to the Life Insurance through TAL Super PDS for more details.

2 Product Summary

Business Expense Insurance

An important purpose of this PDS is to describe the terms and conditions of your Policy in line with current disclosure standards. It does this by referencing back to your original documents directly (including page numbers for your convenience), while providing an accurate summary of your Policy in this section.

Read this important information about your Policy, as well as the important information in the original PDS issued to you, before making a decision. The issue date of your original Policy will determine which of the relevant PDSs listed below applies:

- [Accelerated Protection Product Disclosure Statement 10 August 2009](#)
- [Accelerated Protection Product Disclosure Statement 28 April 2010](#)

Key Features	Key Benefits	Key Limitations and Exclusions
Provides a monthly benefit to reimburse the normal day to day running expenses of a business during a period of Sickness or Injury. Business Expense cover ends when one of the following occurs: • The Policy anniversary prior to Life Insured's 65th birthday; • Death of Life Insured; • The date we receive a written request from the Policy owner to cancel the cover; • When the Policy is cancelled due to non-payment of premiums.	Standard Benefits • Total Disability • Partial Disability • Death • Payment Extension • Lease Extension • Loss of Profits • Inflation Protection • Recurrent Disability • Elective Surgery • Waiver of Premium Optional Benefits • Accident For further information, see 'Benefits' on Page 18 of your PDS. The benefits listed above may not all be applicable to your Policy. For further information please read your original PDS.	Available to ages 19-60 Maximum Benefit is 100% of eligible expenses Your choice of Waiting Period of 2 or 4 weeks applies Benefit Period of 1 year applies Exclusions • Payments will be reduced if other benefits are received from other Business Expense policies. • No benefit is payable if caused by intentional, self-inflicted act, or war or acts of war, or pregnancy, (unless the disability continues for more than 3 months after the pregnancy ends). For more information on reductions or exclusions of benefit payments, refer to the Page 22 of your PDS

Income Protection Insurance

An important purpose of this PDS is to describe the terms and conditions of your Policy in line with current disclosure standards. It does this by referencing back to your original documents directly (including page numbers for your convenience), while providing an accurate summary of your Policy in this section.

Read this important information about your Policy, as well as the important information in the original PDS issued to you, before making a decision. The issue date of your original Policy will determine which of the relevant PDSs listed below applies:

- [Accelerated Protection Product Disclosure Statement 10 August 2009](#)
- [Accelerated Protection Product Disclosure Statement 28 April 2010](#)

Income Protection (Standard and Premier)

Key Features	Key Benefits	Key Limitations and Exclusions
Provides a monthly benefit in the event of Sickness or Injury. Income Protection ends when one of the following occurs: • The Policy anniversary prior to Life Insured's 70th birthday for a 'to age 70' benefit period, or the Policy anniversary prior to Life Insured's 65th birthday for other benefit periods; • Death of Life Insured; • The date we receive a written request from the Policy owner to cancel the cover; • When the Policy is cancelled due to non-payment of premiums.	Included Benefits (Standard) • Total Disability • Partial Disability • Inflation Protection • Death • Concurrent Disability • Recurrent Disability • Waiver of Premium • Elective Surgery • Extended Care • Bed Confinement • Family Support • Housekeeper • Scheduled Injury Included Benefits (Premier) All per Standard, plus • Child Care • Child's Critical Illness • Rehabilitation • Rehabilitation Expense Disbursement • Overseas Assistance • Accommodation • Job Security • Involuntary Unemployment • Return to Work • Premium Pause • Cover Continuation • Guaranteed Future Insurability • Change of Waiting Period Optional Benefits (Standard & Premier) • Increasing Claim • Accident • Critical Illness • Retirement Protection • Disability Plus • Mental Health Discount* For further information, see 'Benefits' on pages 12-15 of your PDS The benefits listed above may not all be applicable to your Policy. For further information please read your original PDS. * not available for Premier	Available to ages 19-60 The maximum initial benefit amount is \$30,000 per month for Benefit Periods 5 years and greater Your choice of Waiting Period of 2 to 104 weeks applies Your choice of Benefit Period of 1 year, 2 years, 5 years, to age 65 or to age 70 applies. Exclusions • Payments may be reduced if benefits are received from other sources. • No benefit is payable if caused by intentional, self-inflicted act, or war or acts of war, or pregnancy, (unless the disability continues for more than 3 months after the pregnancy ends) For more information on reductions or exclusions of benefit payments, refer to Page 21 of your PDS

Income Protection (Optimal)

Key Features	Key Benefits	Key Limitations and Exclusions
Provides a monthly benefit for a specified time frame depending on the cause of disability. Income Protection ends when one of the following occurs: • The Policy anniversary prior to Life Insured's 70th birthday; • Death of Life Insured; • The date we receive a written request from the Policy owner to cancel the cover; • When the Policy is cancelled due to non-payment of premium	Included Benefits • Total Disability • Partial Disability • Waiver of Premium • Death • Recurring Claim • Inflation Protection For further information, see 'Benefits' on page 16 of your PDS The benefits listed above may not all be applicable to your Policy. For further information please read your original PDS.	Available to ages 19-64 The maximum initial benefit amount is \$30,000 per month Waiting Period varies with the cause of disability Benefit Period varies with the cause of disability Exclusions • Payments may be reduced if benefits are received from other sources. • No benefit is payable if caused by intentional, self-inflicted act, or war or acts of war, or pregnancy, (unless the disability continues for more than 3 months after the pregnancy ends) For more information on reductions or exclusions of benefit payments, refer to the page 22 of your PDS

Critical Illness Insurance

An important purpose of this PDS is to describe the terms and conditions of your Policy in line with current disclosure standards. It does this by referencing back to your original documents directly (including page numbers for your convenience), while providing an accurate summary of your Policy in this section.

Read this important information about your Policy, as well as the important information in the original PDS issued to you, before making a decision. The issue date of your original Policy will determine which of the relevant PDSs listed below applies:

- [Accelerated Protection Product Disclosure Statement 10 August 2009](#)
- [Accelerated Protection Product Disclosure Statement 28 April 2010](#)

Critical Illness can be structured on its own; or be attached or linked to Life Insurance.

Key Features	Key Benefits	Key Limitations and Exclusions
Pays a benefit in the event a Life Insured suffers a Crisis Event. Cover ends when one of the following occurs: • Policy anniversary prior to Life Insured's 100th birthday for death, terminal illness or loss of independent existence and 70th birthday for all other insured events; • The Life Insured dies; • A full benefit is payable; • We receive a written request from the Policy owner to cancel the Policy; • The Policy is cancelled due to non-payment of premiums.	Included Benefits (Standard) • Critical Illness • Paralysis Support • Death Buy-Back • Inflation Protection • Premium Freeze • Guaranteed Future Insurability • Financial Planning • Accommodation Included Benefits (Premier) All per standard, plus • Advancement • Female Critical Illness Optional Benefits • Critical Illness Reinstatement • Double Critical Illness • Child's Critical Illness • Premium Relief • Business Insurance For further information, see 'Benefits' on pages 7-9 of your PDS. The benefits listed above may not all be applicable to your Policy. For further information please read your original PDS.	Available to ages 16-62 Maximum benefit amount is up to \$2,000,000 Exclusions • Cover will not apply if Critical Illness is caused by or results from Intentionally self-inflicted act or injury The benefit amount will be reduced in some circumstances. For more information on reductions or exclusions of benefit payments, refer to your PDS page 20.

Life Insurance

An important purpose of this PDS is to describe the terms and conditions of your Policy in line with current disclosure standards. It does this by referencing back to your original documents directly (including page numbers for your convenience), while providing an accurate summary of your Policy in this section.

Read this important information about your Policy, as well as the important information in the original PDS issued to you, before making a decision. The issue date of your original Policy will determine which of the relevant PDSs listed below applies:

- [Accelerated Protection Product Disclosure Statement 10 August 2009](#)
- [Accelerated Protection Product Disclosure Statement 28 April 2010](#)

Life Insurance can be owned by the life insured or structured through superannuation, in which case the policy is owned by Mercer Superannuation (Australia) Limited or the trustee of your self-managed super fund. Some benefits may not be available when structured through superannuation.

Key Features	Key Benefits	Key Limitations and Exclusions
Pays a lump sum benefit in the event a Life Insured: • dies; or • is diagnosed as being Terminally Ill; or • meets the relevant criteria for any of the optional benefits selected Life Insurance ends when one of the following occurs: • The Plan end date; • Policy anniversary prior to Life Insured's 100th birthday or 75th birthday if through a superannuation fund; • The Life Insured dies; • The death benefit is reduced to nil due to payment of other benefits; • The date we receive a written request from the Policy owner to cancel the Policy; • When the Policy is cancelled due to non-payment of premiums.	Standard Benefits • Death • Terminal Illness • Advanced Payment • Inflation Protection • Premium Freeze • Guaranteed Future Insurability • Financial Planning • Accommodation For further information, see 'Benefits' on page 5 of your PDS Optional Benefits • Premium Relief • Business Insurance For further information, see 'Benefit Options' on page 6 of your PDS. The benefits listed above may not all be applicable to your Policy. For further information please read your original PDS.	Available to ages 16-75 Maximum benefit amount Life Insurance – Any financially justifiable amount Exclusions • Death benefit not payable if caused by intentionally self-inflicted act in the first 13 months of original Policy commencement, Policy increase (only in respect of the increase) or Policy reinstatement. For more information on reductions or exclusions of benefit payments, refer to pages 19 and 20 of your PDS

TPD Insurance

An important purpose of this PDS is to describe the terms and conditions of your Policy in line with current disclosure standards. It does this by referencing back to your original documents directly (including page numbers for your convenience), while providing an accurate summary of your Policy in this section.

Read this important information about your Policy, as well as the important information in the original PDS issued to you, before making a decision. The issue date of your original Policy will determine which of the relevant PDSs listed below applies:

- [Accelerated Protection Product Disclosure Statement 10 August 2009](#)
- [Accelerated Protection Product Disclosure Statement 28 April 2010](#)

TPD insurance can be structured on its own; or be attached to Life Insurance or Critical Illness Insurance; or linked to Life Insurance. Some benefits may not be available when structured through superannuation.

Key Features	Key Benefits	Key Limitations and Exclusions
Pays a benefit in the event a Life Insured suffers a TPD Event. Cover ends when one of the following occurs: • Policy anniversary prior to the Life Insured's 65th birthday; • Policy anniversary prior to the Life Insured's 100th birthday if attached or linked to Life Insurance; • The Life Insured dies; • A full benefit is payable; • We receive a written request from the Policy owner to cancel the Policy; • The Policy is cancelled due to non-payment of premiums.	Included Benefits • TPD • Inflation Protection • Premium Freeze • Guaranteed Future Insurability • Financial Planning • Accommodation Optional Benefits • Death Buy-Back • Double TPD • Premium Relief • Business Insurance For further information, see 'Benefits' on pages 10 and 11 of your PDS The benefits listed above may not all be applicable to your Policy. For further information please read your original PDS.	Available to ages 16-62 Maximum benefit amount up to \$3,000,000 Exclusions • TPD benefit not payable if caused by intentionally self-inflicted act • Pregnancy, unless disability continues for longer than three months after the pregnancy ends, in which case disability will be considered to have started at the date the pregnancy ends. For more information on reductions or exclusions of benefit payments, refer to page 20 of your PDS

3 What are the costs?

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

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

In addition to the Policy cost, Government duties and charges are included in your premium.

To give you an idea of the costs involved, our minimum premium is currently \$220 a year for a new Policy and \$110 a year for an increase to an existing Policy. We recommend you contact your financial adviser to obtain an accurate quotation for your circumstances.

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

Premium payable

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

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

Payment frequency

Premiums are payable either yearly, half-yearly, quarterly or monthly. A frequency discount of approximately eight per cent applies to yearly and half-yearly premiums. Premiums may be paid by:

- direct debit;
- credit card (MasterCard or Visa);
- cheque (for quarterly, half-yearly and yearly payments only); or
- BPAY® (Biller Code: 7955).

Non-payment or late payment of premiums

If we do not receive your premium payment by the due date, we will send out a notice which will inform you that your Policy will be cancelled if we do not receive your premium payment by the date stated in the notice. This notice will allow at least 30 days beyond the premium due date for you to pay the overdue premium.

If we do not receive the payment of the premium by the date stated in the notice, your Policy will be cancelled. If this happens, you will need to apply to have your Policy reinstated if you require continuation of the cover, or you may need to apply for a new Policy. We reserve the right to decline your application for reinstatement or offer reinstatement with altered terms and conditions.

Stepped premiums

If you select stepped premiums, the amount you pay will generally increase at each Policy anniversary.

Level premiums

Level premiums are based on the Life Insured's age next birthday at the commencement of the Policy. On each Policy anniversary date, the premium rate remains unchanged. Level premium rates revert to Stepped premium rates on the Policy anniversary date immediately preceding the Life Insured's 65th birthday.

However, the premium you pay will increase if you increase the sum insured. The premium rate for the amount of the increase will be based on the Life Insured's age next birthday at the commencement of the increase.

With respect of annual inflation adjustment only, the premium rate for the amount of the inflation adjustment will be based on the Life Insured's age next birthday at the commencement of the Policy.

For level premium rates, the premiums you pay over the shorter term may be greater than if you choose stepped premium rates. If you choose stepped premium rates, the premiums you pay over the longer term may be greater than if you choose level premium rates.

Changes in premium

Level premium rates for Life Insurance are guaranteed not to increase until the Policy anniversary date immediately preceding the Life Insured's 65th birthday except if due to any increase due to any tax, duty or charge introduced by Government.

In all other cases, we can increase the rates for the product. We will only do this if we have provided you with 30 days' notice in writing.

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

Policy Fee

The Policy Fee payable will depend on a number of factors including the length of time which the Existing Policy was held. This is because Policy Fees are increased on each policy anniversary to allow for inflation. The rate of increase of the Policy Fee is the greater of the Indexation Factor or 5%. The Policy Fee will also depend on the frequency of your premium payments.

The Policy Fee applicable to your policy is set out in your Policy Schedule. The Policy Fee that applies will reflect the most recent Policy Fee that applied to the Existing Policy.

Statutory Fund

The Policy will be issued from TAL's No.1 Statutory Fund.

Commission

We may pay commissions and other benefits to your financial adviser. Any amounts paid are factored into the cost of your Policy. Your financial adviser will provide details of the benefits they will receive in the Financial Services Guide and Statement of Advice that they will give to you.

Can TAL cancel your Policy?

As long as your premium payments are up-to-date, your Policy will remain current until the Plan end date. This means your insurance Policy will continue regardless of any changes in your health, occupation, pastimes or income.

We will honour claim payments in line with the Policy Conditions if:

- you have complied with the Duty of Disclosure; and
- you and the Life Insured have answered all questions in your Application Form honestly and accurately; and
- your claim is genuine.

NB We are also able to cancel your Policy if you make a fraudulent claim or have not complied with your Duty of Disclosure.

4 Important information about your cover

Duty of Disclosure

Before you enter into or become insured under an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

For the purposes of the Duty of Disclosure, 'you' includes both the Policy Owner and the Life Insured.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Your Duty of Disclosure applies to information and answers given by you in your original application for the insurance cover you have had up until now.

For this replacement cover, TAL will continue to rely on the information and disclosures provided by you in the original application.

Please ensure that the information and disclosures you made in your original application were accurate at the time you completed the application, as the Duty of Disclosure requires that you correct any incomplete or inaccurate information which we will be relying on for the issue of the replacement cover.

If you did not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you on the same terms if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Your Duty of Disclosure also applies to information and answers given in your original application, and requires that you ensure that this information is accurate, and requires that you correct any incomplete information.

Your cover – when it starts and ends and some important things for you to do

If we accept your application and you have paid the first premium and we issue a Policy Schedule, your cover will start.

When you decide to purchase a Policy and we agree to provide cover, you will receive a Policy Schedule which, with your original Policy Document, sets out the terms of the contract between TAL and you as the Policy Owner, or Life Insured if through superannuation.

The Policy Schedule indicates the Plan start date, identifies the Policy Owner, and outlines the benefits, options, specific exclusions and adjustments that apply to a Life Insured. You will need to provide the Policy Schedule to us if you have to make a claim.

Please read this Policy Schedule and your Policy Document carefully to ensure the terms and conditions meet your needs. These are important documents and should be kept in a safe place.

If the Policy is altered at any time you will receive a new Policy Schedule or confirmation reflecting the agreed changes.

If the Policy is owned by more than one person, it will be owned on a joint tenancy basis.

The date your cover ends depends on the conditions outlined in the Policy Document.

Your Privacy

In this section regarding your privacy, the words 'we', 'us' and 'our' refer to TAL and TAL Services Limited (ACN 076 105 130), and where your Policy is structured through TAL Super, Mercer Superannuation (Australia) Limited (ABN 79 004 717 533) (MSAL). TAL Services is the administrator of TAL Super, appointed by MSAL.

The way in which we collect, use and disclose your personal and sensitive information ('personal information') is explained in our respective Privacy Policies. Our Privacy Policies are available via the respective websites or free of charge on request.

The contact details are provided below.

Our Privacy Policies contain details about the following:

- the kinds of personal information that we collect and hold; and
- how we collect and hold personal information (including sensitive information); and
- the purposes for which we collect, hold, use and disclose personal information (including sensitive information); and
- how our customers may access personal information about them which is held by us and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

4 Important information about your cover *continued*

If you would like a copy or if you have any questions about the way in which we collect, use, secure and disclose your information please contact us using the details below:

TAL

 1300 209 088

 customerservice@tal.com.au

 www.tal.com.au

 GPO Box 5380, Sydney NSW 2001

MSAL (TAL Super)

 1300 209 088

 customerservice@tal.com.au

 www.tal.com.au/talsuper

 GPO Box 4303, Melbourne, VIC 3001

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

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

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- our customer consents to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

From time to time TAL, or its related parties and business partners may wish to contact you to provide you with information about other products and services in which you may be interested.

If you prefer not to receive direct marketing communications from our organisation you can let us know using any of the communication methods above.

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

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

There are some limited exemptions where TAL would be unable to provide the personal information that we hold about you such as the following circumstances:

- we reasonably believe that giving access would pose a serious threat to the life, health or safety of any individual, or to public health or public safety;
- giving access would have an unreasonable impact on the privacy of other individuals;
- the request for access is frivolous or vexatious;
- the information relates to existing or anticipated legal proceedings between TAL and you and the information would not be accessible by the process of discovery in those proceedings;
- giving access would reveal our intentions in relation to negotiations with you in such a way as to prejudice those negotiations;
- giving access would be unlawful;
- denying access is required or authorised by or under an Australian law or a court/tribunal order;
- we have reason to suspect that unlawful activity, or misconduct of a serious nature, that relates to our functions or activities has been, is being or may be engaged in and giving access would be likely to prejudice the taking of appropriate action in relation to the matter;
- giving access would be likely to prejudice one or more enforcement related activities conducted by, or on behalf of, an enforcement body; or
- giving access would reveal evaluative information generated within the entity in connection with a commercially sensitive decision making process.

If, for any reason we decline your request to access and/or update your information, we will provide you with details of the reasons. In some circumstances it may be appropriate to provide copies of complex medical information to a treating GP rather than directly to our customer so that the medical terminology can be explained.

Additional information about privacy legislation can be found at the website of the Privacy Commissioner at www.oaic.gov.au including sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology.

Making a claim

When it comes to making a claim you need to follow the requirements set out in your Policy Document. After you become aware of any claim or potential claim under your Policy, you must notify us at your earliest opportunity.

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

4 Important information about your cover *continued*

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

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

Guaranteed renewal of cover

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

No cash value

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

Complaints Process

If you have a complaint about our services or your privacy, you should direct your complaint depending on the product you hold:

Complaints about Accelerated Protection structured outside superannuation or SMSF

If you wish to make a complaint about Accelerated Protection you can write to:

The Manager, Complaints Resolution
TAL Life Limited
GPO Box 5380, Sydney NSW 2001

We will attempt to resolve your complaint within 45 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

Complaints about Accelerated Protection structured through superannuation

You should address your complaints to the trustee of your superannuation fund. The trustee will provide you with the details of its complaint-handling arrangements.

If your policy is structured through TAL Super, please refer the 'How to make a complaint' section of the Life Insurance through TAL Super PDS.

Australian Financial Complaints Authority (AFCA)

If an issue has not been resolved to your satisfaction within 45 days of lodging your initial complaint, you can lodge a complaint with AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.



1800 931 678



info@afca.org.au



www.afca.org.au



GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA.

5 Tax

If you're considering the tax implications of holding and receiving benefits under Accelerated Protection, it is important you seek independent, professional taxation advice. The complexity of taxation laws and rulings is such that this advice should be specific to your circumstances. This should include any tax implications of purchasing insurance cover structured through superannuation or outside of superannuation. The following general information only applies to Australian resident individuals and is based on the Australian tax law and rules as at the date of issue of this PDS.

Goods and services tax (GST)

Accelerated Protection is treated as input taxed under the GST law and the premium will not be subjected to GST. The premium rates are inclusive of any GST costs incurred in relation to the Policy. An input tax credit will not be available to the Policy Owner.

Insurance held outside superannuation

The following general information relates only to Australian resident individuals who are both the Policy Owner and the Life Insured. Superannuation law and tax law are complex, so it is important to seek professional advice specific to your circumstances.

Income tax

For Income Protection, premiums paid for insuring against loss of income should generally be tax deductible and benefit payments received which substitute for income are generally considered assessable income. This is not the case for Life Insurance, TPD Insurance, Critical Illness Insurance, Child's Critical Illness and certain benefits under Income Protection. This may vary if insurance is taken out for business purposes and you should seek professional taxation advice.

Capital gains tax

Benefits payable under the Policy may be assessed under the capital gains tax provisions if you are not the original owner of the Policy and you acquired an interest in the Policy for consideration, or you received benefit payments from the Policy.

Tax withholding

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

Insurance structured through superannuation

The following general information relates only to complying superannuation funds. Superannuation law and tax law are complex, so it is important to seek professional advice specific to your circumstances.

Individual members

You may be eligible for a tax deduction for your personal voluntary superannuation contributions.

From 1 July 2017 the requirement that you derive less than 10% of your income from employment sources was abolished and regardless of your employment arrangement you may be able to claim a tax deduction for your personal superannuation contributions. From 1 July 2020, if you're aged under 67 you can make personal or non-concessional contributions into super without needing to meet a work test requirement.

Once you reach age 67 you will be required to meet the work test or use the one-off work test exemption.

Those aged 67 to 74 will still need to meet the work test in order to be eligible to make a personal contribution. A one year exemption from the work test exists for individuals aged between 67 and 74 with total superannuation balances below \$300,000 at the test time. This exemption will only apply for the first year that they do not meet the requirements of the work test (i.e. for the first year of retirement) and to contributions made after 1 July 2019.

Personal contributions which are claimed as a tax deduction are concessional contributions and are subject to the concessional contributions cap discussed below. Employer and salary sacrifice contributions are also concessional contributions.

The concessional contributions cap for the 2020/2021 financial year is \$25,000 for individuals of all ages.

From the 2019/2020 financial year, individuals with total superannuation balances of less than \$500,000 at relevant times, may be able to use their unused concessional contributions cap space to increase their concessional contributions cap.

Concessional contributions are generally included in the fund's assessable income and may be subject to tax at the rate of 15% in the fund's hands. However, where the member's personal adjusted taxable income exceeds \$250,000, the ATO will issue an assessment to the member assessing their concessional contributions to an additional 15% of tax.

Where concessional contributions in excess of the applicable cap are made in a financial year the ATO will issue the member an assessment taxing the excess at the member's marginal tax rate (plus the Medicare levy). The member will be entitled to a tax offset equal to 15% of their excess concessional contribution (reflecting generally the tax already assessed to the recipient fund). An interest charge also applies for the deferral of tax.

If you are a low income earner and have eligible concessional superannuation contributions, you may be eligible for the low income superannuation tax offset, which is paid to your superannuation fund.

There are also limits on the amount of post-tax or 'non-concessional contributions' that can be made on behalf of a member. Non-concessional contributions include personal contributions for which you do not claim an income tax deduction.

For the 2020/2021 financial year, the annual cap for non-concessional contributions is \$100,000 and individuals with total superannuation balances of \$1.6 million or more are not eligible to make non-concessional contributions. There is a 'bring-forward' option as discussed below. You will be taxed on non-concessional contributions over the cap at the rate of 45%, plus the Medicare levy.

Under the 'bring-forward' option, generally people under 65 years of age can bring forward three years' entitlements to non-concessional contributions based on the annual cap limits above. However, from 1 July 2017 individuals with total superannuation balances over \$1.4 million have reduced access to the bring-forward rule.

If you receive an excess concessional or non-concessional contribution determination from the ATO, you should elect for amounts to be released from your superannuation account that has sufficient balance.

If your income is less than \$54,837 (for the 2020/21 financial year), you may also benefit from government co-contributions if you make a personal after tax (non-concessional) contribution to your superannuation.

The government co-contribution is a payment made by the Federal Government to the superannuation account of eligible members who make personal non-concessional contributions. For more information contact your financial adviser or the Australian Tax Office (ATO) Superannuation infoline on 13 10 20.

Employers

Employer contributions are tax deductible to the employer where they are made to provide superannuation benefits for an employee or the employee's dependants.

Employers are entitled to claim a deduction for contributions paid to complying superannuation funds for employees aged:

- under 75; or
- 75 and over, where contributions are required under relevant industrial awards.

Tax payable on death benefits

Lump sum death benefits are tax free if paid to a dependant for tax purposes or the member's estate where the beneficiaries of the estate are dependants of the member for tax purposes. Lump sum death benefits paid to non-dependants for tax purposes or the member's estate to the extent the beneficiaries are not dependants for tax purposes, are taxed at different rates depending on whether the elements are from taxed or untaxed sources. For elements taxed in the fund, the rate is the lower of the recipient's marginal tax rate and 15%, plus the Medicare levy. For elements untaxed in the fund, the rate is the lower of the recipient's marginal tax rate and 30%, plus the Medicare levy. The trustee of the member's estate does not bear the Medicare levy.

Tax payable on Terminal Illness benefits

Terminal illness benefits paid to members are tax free.

Tax payable on TPD benefits

Total and Permanent Disablement benefits are taxed at different rates, depending on the amount, the member's age when they were disabled and their age at the date of payment.

Tax payable on Income Protection benefits

Income Protection benefits that substitute for lost income should constitute assessable income in the hands of the individual recipient and should be taxed at the recipient's marginal tax rate, plus the Medicare levy where applicable.

Withholding tax

Where TAL or the trustee is required by law to deduct any tax, duty, impost or the like in connection with the payment of a benefit, TAL or the trustee will deduct the required amount from the payment and forward it to the relevant authority.

6 Important information on structuring insurance through superannuation

You can choose to structure your Accelerated Protection through a complying superannuation fund. This means the trustee of the superannuation fund becomes the Policy Owner and you become a member of the fund.

When benefits are paid, they will be received by the trustee who will then distribute them in accordance with the governing rules of the superannuation fund and superannuation law.

Check with the trustee of your superannuation fund to see whether they can pay TAL your insurance premiums from your member account. This would be the case for most self-managed superannuation funds.

If you are not a member of a complying superannuation fund, or you are a member of a fund which cannot pay us insurance premiums from your member account, you can still structure Accelerated Protection through superannuation by becoming a member of TAL Super (see Life Insurance through TAL Super PDS). This applies to Life Insurance, TPD Insurance and Income Protection Super.

If you structure your Accelerated Protection through superannuation the taxation impacts may differ from holding insurance outside of superannuation, so it's important to seek financial advice before you make this decision. Superannuation law is complex, so this advice should be specific to your circumstances. Please refer to the 'Tax' section for more information.

There are some important differences between owning your insurance yourself and holding your insurance through superannuation. For example, some benefits will not apply where insurance is held through superannuation (as set out in the original PDS issued to you). However, in some circumstances structuring insurance through superannuation may be more advantageous.

When Income Protection is structured through superannuation:

- A claim may not be payable if you were not 'gainfully employed' (as set out in SIS) immediately before your disability started.
- If you're not 'gainfully employed' (as set out in SIS), you can apply to have your Plan suspended for up to 12 months.

If you are concerned or have any questions about the potential complications of structuring Income Protection through superannuation, you should speak to your financial adviser.

The following information is provided to assist you in understanding your options. It is general information only and is not intended to be a comprehensive statement of the laws applying to superannuation. You should talk to your financial adviser about your personal circumstances.

Contributions to a superannuation fund

Contributions can only be made to the superannuation fund in accordance with superannuation law. Superannuation law stipulates the way in which employer, personal, spousal and child contributions can be made, as well as work requirements and age limits in relation to the acceptance of superannuation contributions for members.

Payment of the death benefit

Superannuation law specifies that a death benefit can only be paid to the following:

- Member's spouse (married or de facto, including same sex couples).
- Child of the member of any age (including adopted child, stepchild and ex-nuptial child).
- The member's legal representative.
- Any person who was financially dependent on the member at the time of death.
- Any person with whom the member had an interdependency relationship.

If the trustee cannot locate any of these persons after conducting reasonable searches, the death benefit may be paid to an individual non-dependant such as a parent or sibling.

Payment of superannuation benefits

Other than death benefits, a superannuation benefit can only be paid where the member meets a condition of release under applicable superannuation law. In a general sense, these circumstances include Permanent Incapacity, Temporary Incapacity, Terminal Medical Condition, retirement (or the person has reached their preservation age), the termination of employment after age 60, leaving Australia after holding an eligible temporary resident visa, and on financial hardship or compassionate grounds. Rules relating to when superannuation benefits can be accessed are complex, so you should consult your financial adviser for further information.

Superannuation and family law

Provisions in the *Family Law Act* enable parties who are married to require superannuation fund trustees to carry out certain actions in relation to superannuation entitlements. Members should note that their spouse or de-facto will be able to request the trustee to disclose information about the member's benefit entitlements ('Request for Information').

The trustee is prohibited by law from informing members that such a request was made. The trustee will not pass any information about your present whereabouts to the person making the Request for Information.

Payment by rollover

Some superannuation funds are prevented from making rollovers to pay for insurance cover through superannuation – you should check whether your superannuation fund is able to pay a rollover.

Risk of holding insurance through superannuation

There are risks you should consider before deciding to hold insurance through superannuation, including:

- Except for Income Protection benefits, a benefit paid from a policy structured through superannuation is a superannuation benefit for tax purposes and it may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation.
- Limits apply to the amount you can contribute to superannuation each year. Any contributions you make to a superannuation fund in order to pay premiums will reduce the amount you may be able to contribute to other superannuation accounts you hold for retirement savings purposes.
- Where you choose to pay premiums by rollover from another superannuation fund, your retirement savings will be reduced so that you may have less available to you on retirement than otherwise may have been the case. You should ensure that the cost of premiums do not inappropriately erode your retirement savings.
- Taxation or superannuation laws may change in the future, altering the suitability of holding insurance in superannuation.

Structuring insurance through TAL Super

If you're structuring Accelerated Protection through TAL Super, you should also read the 'Life Insurance through TAL Super PDS' together with this PDS. It contains specific information on structuring Accelerated Protection through TAL Super.

7 Direct debit arrangements

Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement (DDR Agreement) is issued by TAL (on behalf of MSAL in relation to TAL Super), to enable you to understand your rights and responsibilities as a new customer when making premium payments by direct debit. It allows TAL to debit your nominated account to meet the premiums for your Policy.

Please keep this DDR Agreement in a safe place for future reference.

Our Commitment To You

We ensure that we:

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

Your Commitment To Us

If you do commit to a DDR Agreement please ensure that:

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

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

If you provide us, directly or indirectly, with new or updated bank account details (for payment through the direct debit system), these conditions will also apply to that request.

How to make changes

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

- altering any of your direct debit or financial institution details, or
- stopping or suspending any debits, or cancelling the DDR Agreement completely.

If you do any of these, you will need to make alternative arrangements for future premiums to continue your Policy.

If you prefer you may contact your financial institution directly to alter*, stop, cancel or dispute any debit.

** Note: in relation to the above reference to 'alter', your financial institution may alter your debit payment only to the extent of advising us of your new account details.*

Contacting us

If you wish to make any of the changes, as outlined above, or wish to dispute a debit you should do so in writing. The address for any correspondence is:

TAL

 1300 209 088

 customerservice@tal.com.au

 www.tal.com.au

 GPO Box 5380, Sydney NSW 2001

MSAL (TAL Super)

 1300 209 088

 customerservice@tal.com.au

 www.tal.com.au/talsuper

 GPO Box 4303, Melbourne, VIC 3001

We will always respond to your query or dispute in the first instance.

Please refer to our website at www.tal.com.au to obtain a copy of our current Payment Authority form.

TAL Life Limited



www.tal.com.au



GPO Box 5380 Sydney NSW 2001



Customer Service Centre – 1300 209 088 | Adviser Service Centre – 1300 286 937
Monday to Friday 8am – 7pm AEST

TAL

Supplementary Product Disclosure Statement

ISSUE DATE: 24 SEPTEMBER 2021

TAL Life Limited

✉ GPO Box 5380, Sydney NSW 2001

☎ 1300 209 088

📠 1300 351 133

✉ customerservice@tal.com.au

🌐 www.tal.com.au

This Supplementary Product Disclosure Statement (SPDS) is effective from 24 September 2021 (Issue Date). This SPDS is jointly issued by TAL Life Limited (ABN 70 050 109 450, AFSL 237848) (TAL) and Mercer Superannuation (Australia) Limited (ABN 79 004 717 533, AFSL 235906) (MSAL).

This SPDS has been issued to inform you of important amendments to the Product Disclosure Statements listed in the table below (the **PDSs**). You should read this SPDS carefully as it supplements the PDSs, and amends, deletes or replaces some sections in those documents.

This SPDS must be read together with the PDS applicable to you, whether your insurance product is held inside or outside of superannuation. If you are unsure which of the PDSs applies to your insurance product, or if you have any other questions in relation to this SPDS, please contact us using the details above.

PDSs

Item Numbers	Document title	Issue Date
1	Accelerated Protection Product Disclosure Statement	1 April 2017
2	Accelerated Protection Product Disclosure Statement	12 October 2018
3	Life Insurance through TAL Super PDS	1 December 2020

Changes to Product Disclosure Statements

1. References

In each PDS, where the word or phrase in the “Current” section in the table below is used, it is deleted and replaced by the word or phrase in the “New” section below.

Current	New
Duty of Disclosure	Duty of disclosure or the duty to take reasonable care not to make a misrepresentation (whichever is applicable)
Eligible rollover fund	The Australian Taxation Office (ATO)
Guaranteed renewal of cover	Guaranteed continuation of cover
Guarantee of renewal	Guarantee of continuation



2. Update to the sections titled “Duty of Disclosure”, “Complaints Process” Or “How to make a complaint” (as applicable) and “Approved Eligible Rollover Fund”

The table in the [Appendix](#) sets out the page numbers in the PDSs where the “Duty of Disclosure”, “Complaints Process” or “How to make a complaint” (as applicable) and “Approved Eligible Rollover Fund” sections can be found. In each of the PDSs, these sections (including the heading) are deleted and replaced in full with the sections set out below.

The duty of disclosure and the duty to take reasonable care not to make a misrepresentation

Duty of disclosure

The duty of disclosure applies when entering into, extending, varying, or reinstating a life insurance contract prior to 24 September 2021. For life insurance contracts that are consumer insurance contracts entered into, extended, varied, or reinstated on or after 24 September 2021, the duty to take reasonable care not to make a misrepresentation applies.

The duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you did not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you on the same terms if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of

entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Duty to take reasonable care

For life insurance contracts entered into, extended, varied, or reinstated prior to 24 September 2021, the duty of disclosure applies.

The duty to take reasonable care not to make a misrepresentation applies when entering into, extending, varying, or reinstating a life insurance contract that is a consumer insurance contract from 24 September 2021. If your application is accepted, the Policy will be a consumer insurance contract.

If a life insurance contract was originally entered into before 24 September 2021, and is varied by agreement between you and us (other than automatic variations or variations which reduce a sum insured or remove or reduce cover, benefits or features) on and after that date, then the contract is treated as though it were entered into on or after 24 September 2021 and is treated as a consumer insurance contract, to the extent of the variation. This means that the duty to take reasonable care not to make a misrepresentation applies to variations (other than automatic variations or variations which reduce a sum insured or remove or reduce cover, benefits or features) made from 24 September 2021, while the duty of disclosure continues to apply to the parts of the Policy entered into before 24 September 2021.

The duty to take reasonable care not to make a misrepresentation

When applying for insurance, 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 does not fairly reflect the truth.

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

If the duty is not met

If the duty is not met, 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.

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

What can we do if the duty is not met?

If you or the Life Insured do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

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

- whether you or the Life Insured took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances.
- what we would have done if the duty had been met – for example, whether we 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 we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

When applying for replacement cover

TAL will rely on the representations and disclosures made in respect of your original Policy for this replacement cover. TAL will only issue replacement cover as a new Policy if you complied with the applicable duty at the time the original Policy was issued and TAL would have issued the original Policy or Plan on the terms that it did. You must ensure that the representations and disclosures that were made in respect of your original Policy (including any variations, extension or reinstatement of that policy) were accurate at the time the original Policy was issued, varied, extended or reinstated.

Complaints Process

If you have a complaint about our services or your privacy you should direct your complaint depending on the product you hold:

Complaints about policies structured outside superannuation or SMSF

If you wish to make a complaint about your Policy you can write to:

The Manager, Dispute Resolution
TAL Life Limited
✉ GPO Box 5380, Sydney NSW 2001
@ customerservice@tal.com.au

We will attempt to resolve your complaint within 30 days of the date it is received. If we are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

Complaints about policies structured through superannuation

You should address your complaints to the trustee of your superannuation fund. The trustee will provide you with the details of its complaint-handling arrangements.

Australian Financial Complaints Authority (AFCA)

If an issue has not been resolved to your satisfaction within 30 days of lodging your initial complaint, you can lodge a complaint with AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

☎ 1800 931 678
@ info@afca.org.au
🌐 www.afca.org.au

✉ GPO Box 3, Melbourne VIC 3001

Time limits may apply to complaints to AFCA. You may wish to consult the AFCA website or contact AFCA directly to find out if there is a time limit on lodging a complaint with AFCA

Complaints about policies structured through TAL Super

If you are dissatisfied with your Policy which is structured through TAL Super, you should address your complaint to:

TAL Super Plan in the Mercer Super Trust
C/- The Manager, Dispute Resolution
TAL Life Limited
✉ GPO Box 5380, Sydney NSW 2001
@ customerservice@tal.com.au

For most disputes, the Trustee will try to resolve your complaint within 45 days of receiving it. For disputes in relation to death benefit distribution, the Trustee will try to resolve your complaint within 90 days of receiving it. If the Trustee are unable to resolve your complaint within that period, we will inform you of the reasons for the delay and let you know when we expect to provide a response to your complaint.

If your complaint is not resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution that is free to consumers.

🌐 www.afca.org.au

✉ info@afca.org.au

☎ 1800 931 678

✉ Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

Some complaints must be lodged with AFCA within set timeframes or may be outside of AFCA's jurisdiction. Contact AFCA directly for more information about their time limits and other requirements."

Transfer of benefits to the ATO in certain circumstances

The Trustee is required by superannuation law to transfer your benefits in certain circumstances. The Trustee will transfer your benefits to ATO (after providing you prior written notice of its intention to do so) if you do not inform the Trustee of an alternative superannuation arrangement within the time frame set out in the notice.

If we pay your benefit to the ATO, you cease to be a member of TAL Super. On transfer to the ATO, your insurance protection in TAL Super ceases. You can transfer or withdraw your benefit from the ATO as the governing legislation permits.

3. Update to the section titled "Making a claim"

This change applies to the "Making a claim" section of the PDSs. The table in the [Appendix](#) sets out the page numbers in the PDSs where the "Making a claim" section can be found. In the first paragraph of this section in each PDS, the text in the "Current" column in the table below is deleted and replaced with the text in the "New" column of the table below.

Current	New
After you become aware of any claim or potential claim under your Policy, you must notify us at our earliest opportunity	We will support you through the process of making a claim. If you wish to make a claim against the Policy, we strongly encourage you to contact us at the earliest possible opportunity. A delay in notifying us may mean it could take longer for us to assess your claim, as it may be difficult for us to access information we need to finalise our decision

4. Update to the section titled "Changes in premium" or "Changes in premiums" (as applicable)

This change applies to the "Changes in premium" or "Changes in premiums" sections of the PDSs. The table in the [Appendix](#) sets out the page numbers in the PDSs where the "Changes in premium" or "Changes in premiums" (as applicable) sections can be found. The following paragraphs are added to the end of these sections:

"We will act reasonably when making decisions to change our premium rates or Policy fees and will only make changes to the extent reasonably necessary to protect our legitimate business interests.

If your premiums increase, you will always have the option to reduce the premium by reducing your cover, subject to any minimum premiums or sum insured applicable to your policy.

You will also always have the right to cancel your cover, at any time and for any reason, including a premium increase".

5. Update to the section titled "What are the costs?"

This change applies to the "What are the costs" section of the PDSs. The table in the [Appendix](#) sets out the page numbers in the PDSs where the "What are the costs?" sections can be found. The following paragraphs are added to the end of this section:

"We will act reasonably when making decisions to change our premium rates or Policy fees and will only make changes to the extent reasonably necessary to protect our legitimate business interests.

If your premiums increase, you will always have the option to reduce the premium by reducing your cover, subject to any minimum premiums or sum insured applicable to your policy.

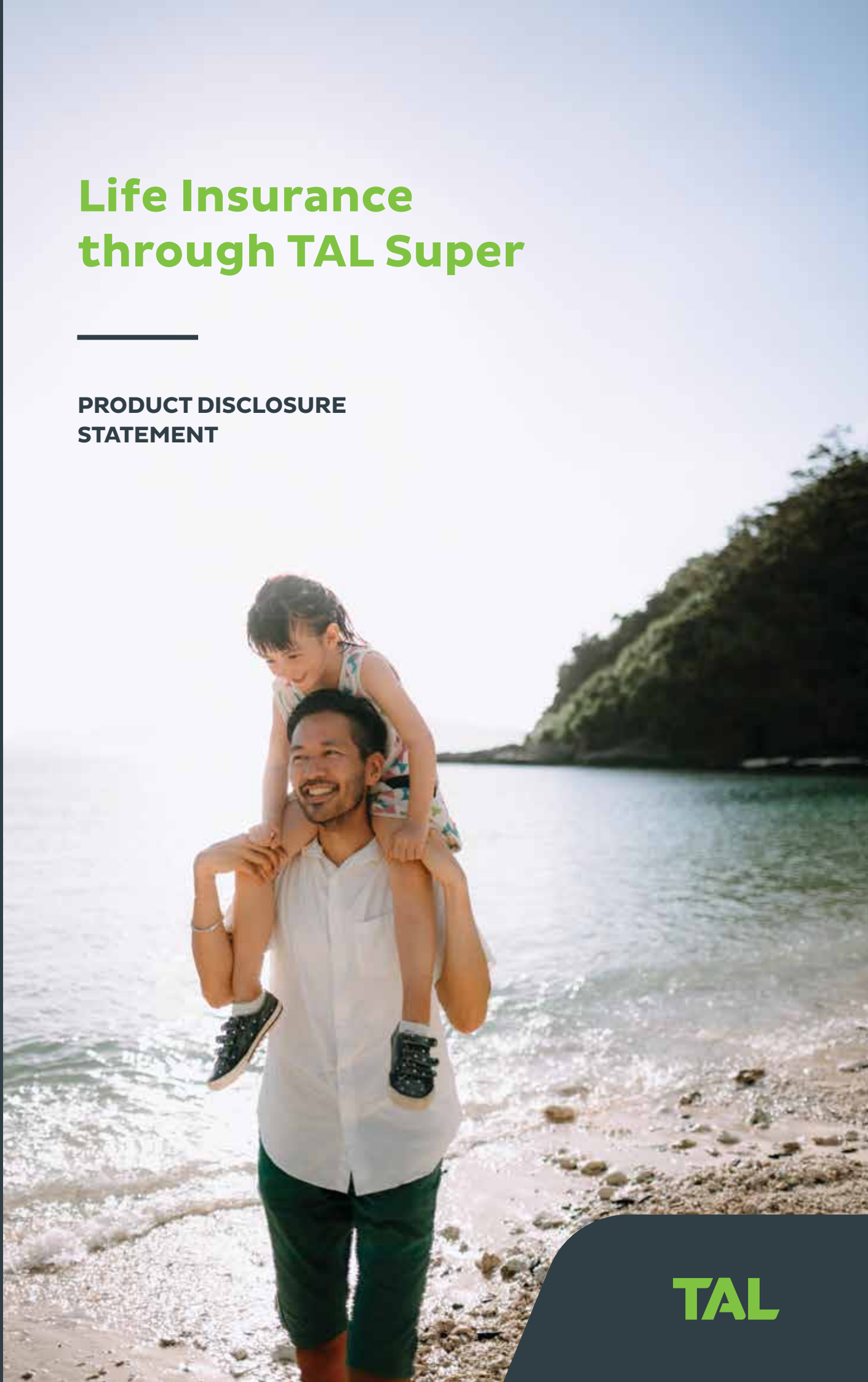
You will also always have the right to cancel your cover, at any time and for any reason, including a premium increase. These paragraphs are to be read in conjunction with the "Changes in premium" or "Changes in premiums" sections (as applicable) of the PDS that you hold for your policy."

6. Appendix

Document title	Issue Date	Duty of Disclosure	Making a claim	Complaints Process or How to make a complaint (as applicable)	Approved Eligible Rollover Fund	Changes in premium or Changes in premiums (as applicable)	What are the costs?
Accelerated Protection Product Disclosure Statement	1 April 2017	34	36	37	N/A	33	N/A
Accelerated Protection Product Disclosure Statement	12 October 2018	30	32	33	38	29	N/A
Life Insurance through TAL Super PDS	1 December 2020	N/A	N/A	13	10	N/A	11

Life Insurance through TAL Super

PRODUCT DISCLOSURE STATEMENT



TAL



Important information about this document

This Product Disclosure Statement (PDS) gives you important information about structuring your life insurance product through TAL Super.

This PDS is jointly issued by TAL Life Limited (ABN 70 050 109 450, AFSL 237848) (TAL) and Mercer Superannuation (Australia) Limited (ABN 79 004 717 533, AFSL 235906) (MSAL). You should read this PDS in conjunction with your existing Life Insurance Documents which contain detailed information about the benefits, options, conditions and limitations of your life insurance product.

TAL Super is a plan within the Retail Division in the Mercer Super Trust (ABN 19 905 422 981) and is sponsored by TAL Services Limited (ACN 076 105 130) (TAL Services). TAL Services is a related body corporate of TAL that provides administration services, insurance services and indemnities to MSAL.

TAL Super provides members with access to life insurance through superannuation. Contributions and rollovers made to TAL Super are only used for the purposes of paying insurance premiums. Members do not have an account balance in TAL Super and therefore there is no investment component.

TAL is the issuer of the life insurance product structured through TAL Super but is not responsible for TAL Super and does not issue, underwrite or guarantee the superannuation interest described in this PDS. MSAL is the Trustee (the Trustee) of TAL Super and is not responsible for the life insurance product or the payments to be made under the life insurance product.

Where your life insurance product is structured through TAL Super, the Trustee will be noted as the Policy Owner and will hold the Policy on behalf of the Life Insured member. Your interest in TAL Super is governed by the Master Deed of the Mercer Super Trust dated 28 June 1995 (as amended from time to time) as well as the terms and conditions of the Policy. Any benefit payable under the Policy will be paid by TAL to the Trustee. The Trustee is responsible for paying the benefits out of TAL Super. Restrictions may apply to these benefit payments under the Trust Deed and superannuation law. A copy of the Trust Deed can be obtained, free of charge at <https://www.mercerfinancialservices.com/documents.html>

The information contained in this PDS is general information only. TAL and the Trustee have not taken into account your objectives, financial situation or needs. You should consider the appropriateness of the information in this PDS, taking into account your objectives, financial situation and needs, before acting on any information in this PDS. Information about tax provided in this PDS is a guide only and is based on our understanding of the tax laws that were current at the date of the PDS. These laws can change and the Trustee recommends you speak to your tax adviser regarding the tax consequences of holding insurance cover through superannuation.

The information in this PDS may change from time to time. You can obtain update information that is not materially adverse to you at www.tal.com.au/talsuper. Please contact us if you'd like a free printed copy of the updated information. Changes that are materially adverse to you will be advised as required by law.



We are here to help

If you have any questions, contact us on:

TAL

-  1300 209 088
-  customerservice@tal.com.au
-  www.tal.com.au
-  GPO Box 5380, Sydney NSW 2001

MSAL

-  1300 209 088
-  customerservice@tal.com.au
-  www.tal.com.au/talsuper
-  GPO Box 4303, Melbourne, VIC 3001

Terms used in this document

There are a number of terms in this PDS which have a particular meaning. Where a defined term is used in this PDS, the initial letter(s) is capitalised (e.g. 'Policy Owner'). The only exceptions are 'you', 'your', 'we', 'us' and 'our' which are not capitalised. Defined terms include the following:

Cover means insurance benefit and applicable options under your life insurance product.

Life Insurance Documents means your life insurance Product Disclosure Statement/Customer Information Brochure and Policy Document issued to you in relation to the life insurance product you currently hold either within, or are considering transferring into TAL Super. This also includes any subsequent notices or updated policy documentation issued in relation to the above.

Life Insured means the person(s) whose life is insured under the Policy.

Mercer refers to Mercer (Australia) Pty Ltd (ABN 32 005 315 917).

MSAL refers to Mercer Superannuation (Australia) Limited (ABN 79 004 717 533) (AFSL 235906) as the trustee of TAL Super.

Policy means the cover types (sometimes referred to as Covers), benefits and/or options listed in your Policy Schedule and the applicable terms and conditions listed in your Life Insurance Documents.

Policy Owner means the person, company or trustee who legally owns the Policy.

Policy Schedule refers to the legal document that states the Cover start and end date and states the Cover options and special conditions applicable to you.

SIS refers to the *Superannuation Industry (Supervision) Act 1993* and/or the *Superannuation Industry (Supervision) Regulations 1994*, as applicable.

TAL refers to TAL Life Limited (ABN 70 050 109 450) (AFSL 237848).

TAL Services refers to TAL Services Limited (ACN 076 105 130).

TAL Super is a plan within the Retail Division in the Mercer Super Trust (ABN 19 905 422 981).

Trust Deed means the master deed of the Mercer Super Trust, dated 28 June 1995 (as amended from time to time), together with the governing rules applicable to TAL Super.

Trustee refers to MSAL.

We, us and **our** refers to TAL and/or MSAL.

You and **your** means the Life Insured or the person (excluding the Trustee) applying for insurance on behalf of the Life Insured, as applicable.





Contents

1	Life Insurance through TAL Super	6
	Contributions to TAL Super	6
	Payment of insurance premiums by rollover	6
	Superannuation – Further points to consider	6
	Risks of holding insurance through superannuation	6

2	Structuring Life Insurance through TAL Super	8
	Key Insurance Information	8
	Income Protection	8
	Life Insurance	8
	TPD Insurance	8
	Insurance through TAL Super	8
	Providing your Tax File Number (TFN)	9
	Superannuation and family law	9
	Spouse contribution arrangements	9
	Payment of benefits	9
	Payment of a death benefit	9
	Payment of superannuation benefits	9
	Nominating a beneficiary	10
	What is an interdependency relationship?	10
	Binding nominations	10
	Approved eligible rollover fund	10

3	Other important information	11
	3.1 What are the costs?	11
	3.2 When does your cover and membership start and end	11
	3.3 Tax	11
	3.4 Anti-money laundering and counter terrorism financing	13
	3.5 Privacy	13
	3.6 How to make a complaint	13

1 Life Insurance through TAL Super

The following information is provided to assist you in understanding your membership in TAL Super. It is general information only and is not intended to be a comprehensive statement of the laws applying to superannuation. You should talk to your financial adviser about your personal circumstances.

TAL Super provides members with insurance benefits within superannuation. Some of the key features are:

- Members may hold cover types including Life Insurance, Total and Permanent Disability (TPD) Insurance and Income Protection through TAL Super. Some members may also hold additional cover types under grandfathered superannuation arrangements.
- TAL Super does not offer a superannuation savings facility that has an investment component. You will not receive an investment return on contributions made to your account.
- MSAL will only accept contributions and rollovers to pay the premiums for insurance policies held through TAL Super.
- Membership of TAL Super is for the provision of insurance benefits only.
- The Trustee may reduce your contributions if it has claimed a tax deduction for the payment.

This PDS provides important information about structuring your life insurance product through TAL Super, the tax treatment that may apply, your options for meeting the costs of the insurance, and the potential risks of holding insurance through TAL Super. If you pay via rollover, the cost of premiums paid will gradually reduce your superannuation over time. You should consider your retirement needs and insurance protection objectives when structuring your insurance through TAL Super.

If applying for change of ownership (where available) and an application is made and accepted to become a member of TAL Super, TAL will issue a Policy to MSAL and you will be the Life Insured.

You will only be entitled to a benefit if an insured event occurs while you are covered under the Policy, and you have satisfied a condition of release under SIS. The insured events under the policies offered in TAL Super are consistent with the conditions of release (unless grandfathered terms apply). If a benefit is payable under a policy the Trustee will direct TAL to pay it to you or your beneficiaries as a superannuation benefit.

Contributions to TAL Super

Contributions can only be made to TAL Super in accordance with superannuation law. Superannuation law stipulates the way in which employer, personal and spouse contributions can be made as well as work requirements and age limits in relation to the acceptance of superannuation contributions for members.

Please note that the Trustee only accepts contributions to pay for insurance premiums. In circumstances agreed by the Trustee and TAL, an overpayment of premium may be held and applied to reduce future premiums. You will not receive interest or an investment return on contributions made.

How to make contributions to TAL Super

- Direct debit;
- Credit card;
- Cheque (not available where payment is monthly);
- BPAY®; or
- Rollover.

Payment of insurance premiums by rollover

- If you are funding your insurance premiums from another superannuation account, you must ensure that the cost of premiums do not inappropriately erode your retirement savings.
- Some superannuation funds are prevented from making rollovers to pay for insurance cover through superannuation – you should check whether your superannuation fund is able to pay a rollover.

Superannuation – Further points to consider

- The laws governing superannuation are complex and the statements provided here are general in nature and based on current law;
- You should obtain your own independent advice on the taxation implications of joining TAL Super and in maintaining insurance cover through TAL Super; and
- As your circumstances change, so may the tax treatment of your contributions and any other payments made through TAL Super.

Risks of holding insurance through superannuation

There are risks you should consider before deciding to hold insurance through superannuation, including:

- Except for Income Protection benefits, a benefit paid from TAL Super is a superannuation benefit for tax purposes and it may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation.
- Limits apply to the amount you can contribute to superannuation each year.
- Where you choose to pay premiums by rollover from another superannuation fund, your retirement savings will be reduced so that you will have less available to you on retirement than otherwise would have been the case.
- Taxation or SIS laws may change in the future, altering the suitability of holding insurance in superannuation.
- Any contributions you make to TAL Super in order to pay premiums will reduce the amount you may be able to contribute to other superannuation accounts you hold for retirement savings purposes.



2 Structuring Life Insurance through TAL Super

When you structure your life insurance product through TAL Super, your Policy is owned by the Trustee under TAL Super in the Mercer Super Trust. The Mercer Super Trust is a resident regulated superannuation fund regulated by the Australian Prudential Regulation Authority (APRA) under the Superannuation Industry (Supervision) Act 1993 (Cth). Mercer pays for the Trustee's costs of running TAL Super. TAL makes payments to Mercer towards the costs of running TAL Super. These costs are not an additional cost to you.

TAL Super is governed by the governing rules set out in its Trust Deed. The Trustee is able to amend these governing rules at any time if superannuation law permits.

Under the Trust Deed, the Trustee is not generally liable to you for any act or omission other than where it has failed to act honestly or has intentionally and/or recklessly failed to exercise the degree of due care and diligence that it was required to exercise.

The Trustee has the right to indemnity from TAL Super for all liabilities it may incur, unless prevented by superannuation law.

If your application to change ownership is accepted by TAL, or you become a member of TAL Super via a Successor of Fund Transfer and the Trustee is able to accept contributions or rollovers for you, you will then become a member of TAL Super.

Key Insurance Information

The insurance cover you hold through TAL Super may include Life Insurance, Total and Permanent Disability (TPD) Insurance or Income Protection Insurance.

Income Protection

Income Protection can provide an insured person with a monthly benefit to help replace lost income when Sickness or Injury prevents them from working.

Life Insurance

If you hold Life Insurance, a lump sum may be payable in the event of death or diagnosis of a Terminal Illness.

TPD Insurance

If you hold TPD Insurance, a lump sum may be payable if the insured person suffers a Sickness or Injury resulting in total and permanent disability.

Your insurance cover may also be referred to by a different name depending on when your Policy was issued and the type of policy that was issued to you.

Your Policy will be subject to terms and conditions, and there may be exclusions that apply. Details of the terms and conditions and exclusions that apply to your Policy are set out in your Life Insurance Documents.

Your Life Insurance Documents also set out important information about:

- eligibility for insurance cover;
- various ways to structure your insurance cover;
- your duty of disclosure when completing an application for insurance;
- insurance benefit provided including when cover starts and ends and maximum insured amounts;
- the cost of cover including any discounts available;
- how to make a claim for a benefit;
- the terms and conditions of those benefits, including important definitions; and
- exclusions and restrictions on the payment of those benefits.

You can access a copy of the Product Disclosure Statement applicable to your Policy on the TAL Super website at www.tal.com.au/talsuper or by contacting us at 1300 209 088.

Insurance through TAL Super

The terms and conditions that relate to your insurance product/s held within TAL Super are set out in your Life Insurance Documents. Your Life Insurance Documents set out important information about:

- eligibility for insurance cover;
- various ways to structure your insurance cover;
- your duty of disclosure when completing an application for insurance;
- insurance benefit provided including when cover starts and ends and maximum insured amounts;
- the cost of cover including any discounts available;
- how to make a claim for a benefit;
- the terms and conditions of those benefits, including important definitions; and
- exclusions and restrictions on the payment of those benefits.

Once you are a member of TAL Super, the Trustee is the Policy Owner and you are the Life Insured. You will not have an accumulation account in TAL Super, as the Trustee will immediately pay all contributions and rollovers received for you to the Mercer Super Trust (TAL Super) Application Moneys Account to pay your insurance premiums. Your membership of TAL Super only provides insurance benefits.

In circumstances agreed by the Trustee and TAL, an overpayment of premium may be held and applied to reduce future premiums. No interest will be paid in these circumstances.

The Trustee may reduce your contributions if it has claimed a tax deduction for that payment. Where this occurs, to reflect the most common tax outcome to TAL Super, the Trustee will assume:

- you will be claiming a tax deduction for any personal contributions you make. This means we will assume that 15% tax will be payable on the contribution and the premium funded by your contribution will be deductible, resulting in no net tax impact for TAL Super; and
- any rollover you make is non-taxable, meaning that no tax is payable on the rollover, but the premium funded by the rollover is deductible to TAL Super for tax purposes, so there will be a net 15% tax impact; i.e. your rollover will only need to fund 85% of the premium. If the 15% rollover reduction set out above applies to you, your premium will be automatically adjusted. We will notify you of your premium 30 days in advance of your annual renewal date.

It's not possible to later adjust those outcomes to reflect your individual tax circumstances. These outcomes do not change the premiums paid or the amount of cover.

Providing your Tax File Number (TFN)

When you become a member of TAL Super, the TFN that you have provided to TAL will be made available to the Trustee. Your TFN will only be used for lawful purposes and may only be disclosed as permitted by the applicable laws. The purpose for which TAL and the Trustee are able to use your TFN may change in the future as a result of law changes.

Superannuation and family law

Provisions in the Family Law Act enable parties who are married or in a de-facto relationship to require superannuation fund trustees to carry out certain actions in relation to superannuation entitlements. Members should note that their spouse or de-facto will be able to request the trustee to disclose information about the member's benefit entitlements ('Request for Information').

The trustee is prohibited by law from informing members that such a request was made. The trustee will not pass any information about your present whereabouts to the person making the Request for Information.

Spouse contribution arrangements

Under current rules, you are allowed to contribute to superannuation on behalf of your spouse and for your spouse to contribute to superannuation for you. A spouse can make 'eligible spouse' contributions into a superannuation fund, as long as the spouse for whom contributions are being made (i.e. the receiving spouse) is either:

- under age 67, or
- aged from 67 to age 74, and has worked at least 40 hours in a consecutive 30-day period in the financial year that contributions were made.

Eligible spouses (including a married or de facto spouse or same sex couple) who make superannuation contributions may be entitled to a tax offset of up to \$540 per annum for superannuation contributions made, provided that the spouse in respect of whom they are made is on a low income or not working.

It is your responsibility to maintain a record of eligible spouse contributions made for the purpose of claiming the offset.

Payment of benefits

If you become eligible for a benefit under the Policy, Life Insurance and TPD Insurance benefits will be paid as a lump sum, Income Protection Insurance benefits will be paid by income stream. A benefit payment will not be made under the Policy until the Trustee has determined to whom the benefit must be paid. This might be you, your beneficiary, your legal personal representative or one or more of your dependants.

Payment of a death benefit

Superannuation law specifies that a death benefit can only be paid to the following:

- member's spouse (married, de facto or same sex couples);
- child of the member of any age (including adopted child, stepchild and ex-nuptial child);
- the member's legal personal representative;
- any person who was financially dependent on the member at the time of death; and
- any person with whom the member had an interdependency relationship.

Where after reasonable searches the Trustee cannot locate any of these persons, it may pay the death benefit to an individual non-dependant such as a parent or sibling.

Payment of superannuation benefits

Other than death benefits, a superannuation benefit can only be paid where the member meets a condition of release under SIS. Generally, these circumstances include permanent incapacity, temporary incapacity, terminal medical condition, retirement (or the person has reached their preservation age), the termination of employment after age 60, leaving Australia after holding an eligible temporary resident visa, and on financial hardship or compassionate grounds. Rules relating to when superannuation benefits can be accessed are complex, so you should consult your financial adviser for further information.

Please note that not all of the above conditions are relevant to your membership in TAL Super. You will only receive a benefit from TAL Super for one of the following conditions of release:

- death;
- permanent incapacity;
- temporary incapacity or
- terminal medical condition.

Nominating a beneficiary

Understanding who receives your superannuation and insurance benefit in the event of your death is important. Under the Trust Deed, the Trustee has the discretion to determine to whom and in what proportions any death benefit is payable (see below for binding nominations). You may nominate your legal personal representative and/or dependants as your preferred beneficiaries and the Trustee will consider your wishes in the event of your death.

In the event of your death, benefits will be paid to one or more of your dependants or to your legal personal representative as determined by the Trustee.

For superannuation and tax purposes, the definition of 'dependant' includes any of the following:

- A spouse, which includes a person (whether of the same or different sex) with whom the member is in a relationship that is registered under a law of a State or territory, or a person who, although not legally married to the member, lives with the member on a genuine basis in a relationship as a couple;
- A child of the member, including adopted child, stepchild, ex-nuptial child or child of the member's spouse (for tax purposes a child must be under age 18);
- A person who is financially dependent on the member;
- A person with whom the member has an 'interdependency relationship'.

It is recommended that any nomination of beneficiaries made by you be reviewed regularly, particularly if a change in circumstances has occurred (e.g. marriage or divorce).

What is an interdependency relationship?

An interdependency relationship is defined as where two people (whether or not related by family):

- live together; and
- have a close personal relationship; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship can also exist where there is a close personal relationship between two people who do not satisfy all other criteria for interdependency because either or both of them suffer from a physical, intellectual, psychiatric or other disability.

Binding nominations

Generally, your nomination is only a guide. The Trustee is obliged to pay your death benefit in accordance with the Trust Deed and superannuation laws. If you wish to make your nomination binding, the Trust Deed and superannuation laws require special conditions to be met.

When making (or amending) a binding nomination, the nomination must be signed in the presence of two witnesses. Both witnesses need to be over the age of 18 and cannot be beneficiaries under the binding nomination.

Each binding nomination remains valid for only three years. If you choose this option, it is your responsibility to renew your nomination and advise the Trustee of appropriate changes.

If your nomination expires or is invalid at the time of your death, the Trustee has the discretion to determine to whom and in what proportions any death benefit is payable.

Approved eligible rollover fund

The Trustee is required by superannuation law to select an eligible rollover fund (ERF) to which the Trustee may transfer your benefits in certain circumstances. The Trustee will transfer your benefits to an ERF (after providing you prior written notice of its intention to do so) if you do not inform the Trustee of an alternative superannuation arrangement within the time frame set out in the notice.

If we pay your benefit to an ERF, you cease to be a member of TAL Super and become a member of the ERF. On transfer to the ERF, your insurance protection in TAL Super ceases. You can transfer or withdraw your benefit from the ERF as the governing legislation permits.

The Trustee has nominated SuperTrace Eligible Rollover Fund as the ERF for TAL Super.

 SuperTrace Eligible Rollover Fund
Locked Bag 5429
Parramatta NSW 2124
 1300 788 750
 SuperTrace.Member@cba.com.au
 www.supertrace.com.au

If your policy is cancelled or expires you will cease to be a member of TAL Super.

3 Other important information

3.1 What are the costs?

You are not charged a fee for membership of TAL Super. Your insurance premiums will be deducted from the money we hold for you. The details of the insurance premiums, insurance fees and other costs relating to insurance can be found in your Life Insurance Documents.

3.2 When does your cover and membership start and end

Where you apply to change ownership of your existing policy and become a member of TAL Super, we are not bound to accept an application for membership into TAL Super. If we accept your application and we issue a Policy Schedule, you will become a member of TAL Super. The invitation to apply to change ownership is only made to persons receiving the PDS in Australia. The Policy Schedule shows the Cover start date, Cover end date, the Policy Owner, and the benefits, options and special conditions that apply to you.

Your membership with TAL Super will end when your Life Insurance Policy ends, is cancelled or transferred.

Your Life Insurance Documents sets out the details of when your cover starts and ends.

If the Policy is altered at any time you will receive a new Policy schedule or confirmation reflecting the agreed changes.

3.3 Tax

Unless otherwise stated, the general information provided below is based on Australian law that is in force at the time this document was prepared and relates to Australian resident individuals only.

We recommend that you obtain independent, professional tax advice that takes into account your specific circumstances regarding the tax and superannuation implications of investing in or contributing to superannuation and of joining and obtaining insurance cover through TAL Super.

The complexity of taxation laws and rulings is such that any advice should be specific to your circumstances. This should include any tax implications of holding insurance cover structured through superannuation or outside of superannuation.

A benefit payment will not be made under a Policy through TAL Super until the Trustee has determined to whom the benefit must be paid. This might be you, your beneficiary, your legal personal representative or one or more of your dependants. Except for benefits paid under Income Protection, benefits paid from TAL Super are treated as superannuation benefits for tax purposes. Where TAL or the Trustee is required by law to withhold any tax from a benefit, TAL or the Trustee will withhold the required amount before paying the benefit.

Individuals have different options to contribute to superannuation to fund the acquisition of insurance cover. Below is a general summary of the Australian tax implications of making contributions to a complying superannuation fund and receiving the types of benefits that are insured under your life insurance product.

Individual members

You may be eligible for a tax deduction for your personal voluntary superannuation contributions.

From 1 July 2017 the requirement that you derive less than 10% of your income from employment sources was abolished and regardless of your employment arrangement you may be able to claim a tax deduction for your personal superannuation contributions. From 1 July 2020, if you're aged under 67 you can make personal or non-concessional contributions into super without needing to meet a work test requirement.

Once you reach age 67 you will be required to meet the work test or use the one-off work test exemption. A one year exemption from the work test exists for individuals aged between 67 and 74 with total superannuation balances below \$300,000 at the test time. This exemption will only apply for the first year that they do not meet the requirements of the work test (i.e. for the first year of retirement) and to contributions made after 1 July 2019.

Personal contributions which are claimed as a tax deduction are concessional contributions and are subject to the concessional contributions cap discussed below. Employer and salary sacrifice contributions are also concessional contributions.

The concessional contributions cap for the 2020/21 financial year is \$25,000 for individuals of all ages. From the 2019/2020 financial year, individuals with total superannuation balances of less than \$500,000 at relevant times, may be able to use their unused concessional contributions cap space to increase their concessional contributions cap.

Concessional contributions are generally included in the fund's assessable income and may be subject to tax at the rate of 15% in the fund's hands. However, where the member's personal adjusted taxable income exceeds \$250,000, the ATO will issue an assessment to the member assessing their concessional contributions to an additional 15% of tax.

Where concessional contributions in excess of the applicable cap are made in a financial year the ATO will issue the member an assessment taxing the excess at the member's marginal tax rate (plus the Medicare levy). The member will be entitled to a tax offset equal to 15% of their excess concessional contribution (reflecting generally the tax already assessed to the recipient fund). An interest charge also applies for the deferral of tax.

If you are a low income earner and have eligible concessional superannuation contributions, you may be eligible for the low income superannuation tax offset, which is paid to your superannuation fund.

There are also limits on the amount of post-tax or 'non-concessional contributions' that can be made on behalf of a member. Non-concessional contributions include personal contributions for which you do not claim an income tax deduction.

For the 2020/21 financial year, the annual cap for non-concessional contributions is \$100,000 and individuals with total superannuation balances of \$1.6 million or more are not eligible to make non-concessional contributions. There is a 'bring-forward' option as discussed below. You will be taxed on non-concessional contributions over the cap at the rate of 45%, plus the Medicare levy.

Under the 'bring-forward' option, generally people under 65 years of age can bring forward three years' entitlements to non-concessional contributions based on the annual cap limits above. However, from 1 July 2017 individuals with total superannuation balances over \$1.4 million have reduced access to the bring-forward rule.

If you receive an excess concessional or non-concessional contribution determination from the ATO, you should not elect for amounts to be released from TAL Super. TAL Super is unable to process a release authority from the ATO because you will not have an accumulation interest in TAL Super.

If your income is less than \$54,837 (for the 2020/21 financial year), you may also benefit from government co-contributions if you make a personal after tax (non-concessional) contribution to your superannuation.

The government co-contribution is a payment made by the Federal Government to the superannuation account of eligible members who make personal non-concessional contributions. For more information contact your financial adviser or the Australian Tax Office (ATO) Superannuation infoline on 13 10 20.

Employers

Employer contributions are tax deductible to the employer where they are made to provide superannuation benefits for an employee or the employee's dependants.

Employers are entitled to claim a deduction for contributions paid to complying superannuation funds for employees aged:

- under 75; or
- 75 and over, where contributions are required under relevant industrial awards.

Tax payable on death benefits

Lump sum death benefits are tax free if paid to a dependant for tax purposes or the member's estate where the beneficiaries of the estate are dependants of the member for tax purposes. Lump sum death benefits paid to non-dependants for tax purposes or the member's estate to the extent the beneficiaries are not dependants for tax purposes, are taxed at different rates depending on whether the elements are from taxed or untaxed sources. For elements taxed in the fund, the rate is the lower of the recipient's marginal tax rate and 15%, plus the Medicare levy. For elements untaxed in the fund, the rate is the lower of the recipient's marginal tax rate and 30%, plus the Medicare levy. The trustee of the member's estate does not bear the Medicare levy.

Tax payable on Terminal Illness benefits

Terminal illness benefits paid to members are tax free.

Tax payable on TPD benefits

Total and Permanent Disablement benefits are taxed at different rates, depending on the amount, the member's age when they were disabled and their age at the date of payment.

Tax payable on Income Protection benefits

Where Income Protection benefits that substitute for lost income is paid, this should constitute assessable income in the hands of the individual recipient and should be taxed at the recipient's marginal tax rate, plus the Medicare levy where applicable.

Withholding tax

Where TAL or the trustee is required by law to deduct any tax, duty, impost or the like in connection with the payment of a benefit, TAL or the trustee will deduct the required amount from the payment and forward it to the relevant authority.

3.4 Anti-money laundering and counter terrorism financing

TAL and MSAL are required to satisfy various regulatory and compliance obligations, including the *Anti-Money Laundering/Counter-Terrorism Financing Act 2006 (Cth)*.

TAL may, from time to time, require additional information from you, which you must provide. We may also be required to disclose information about you to a regulator or law enforcement body.

3.5 Privacy

The way in which we collect, use and disclose your personal and sensitive information (personal information) is explained in TAL's and Mercer's respective Privacy Policies. Protecting your personal information is very important to us. Please refer to your Life Insurance Documents for information on how your personal information will be used. If you would like a copy or if you have any questions about the way in which we manage your information, please contact us using the details below:

TAL

-  1300 209 088
-  1300 351 133
-  customerservice@tal.com.au
-  www.tal.com.au
-  GPO Box 5380, Sydney NSW 2001

MSAL

-  1300 209 088
-  1300 351 133
-  customerservice@tal.com.au
-  www.tal.com.au/talsuper
-  GPO Box 4303, Melbourne, VIC 3001

3.6 How to make a complaint

If you are dissatisfied with your Policy which is structured through TAL Super, you should address your complaint to:

TAL Super Plan in the Mercer Super Trust
C/- The Manager, Complaints Resolution
TAL Life Limited
GPO Box 5380, Sydney NSW 2001

The Trustee will try to resolve your complaint within 45 days of receiving it, but the Trustee may need up to 90 days. If the Trustee needs 90 days to resolve your complaint, we will communicate to you its expected timeframe.

If your complaint is not resolved to your satisfaction or after 90 days of lodging your initial complaint, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides a fair and independent financial services complaint resolution that is free to consumers.

-  www.afca.org.au
-  info@afca.org.au
-  1800 931 678 (free call)
-  Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

Some complaints must be lodged with AFCA within set timeframes or may be outside of AFCA's jurisdiction. Contact AFCA directly for more information about their time limits and other requirements.

Customer Service Centre: 1300 209 088 | Adviser Service Centre: 1300 286 937 (Monday to Friday 8am – 7pm AEST)
www.tal.com.au

Life Insurance through TAL Super Product Disclosure Statement

Issue date 1 December 2020

TAL Life Limited | ABN 70 050 109 450 | AFSL 237 848

GPO Box 5380 Sydney NSW 2001

Mercer Superannuation (Australia) Limited

ABN 79 004 717 533 | AFSL 235 906

TALR8004/1220

