

Target Market Determination (TMD)

Product:	Protection Plans – Business Overheads Assured
Issuer:	TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life)
Date of this TMD:	6 November 2025
Version:	1
Next TMD review date:	By 6 November 2027

Important information

This TMD sets out the product description and key attributes, target market, distribution conditions, review periods and review triggers for the product. This TMD forms part of the product design and distribution arrangements of the products.

This document is **not** a product disclosure statement, and is **not** a summary of the conditions, features or terms of the products. The terms and conditions of cover provided under the product are set out in the Product Disclosure Statement and *Policy* document, along with any *Policy schedule* (if applicable). Consumers interested in acquiring this product should carefully read those documents before deciding to purchase, or to continue to hold the product. The Product Disclosure Statement and *Policy* document can be obtained from tal.com.au.

There are a number of terms in this TMD which have a particular meaning. Where a defined term is used in this TMD, the word is italicised (e.g. '*Policy Owner*'). These terms are defined in the Product Disclosure Statement and *Policy* document.

This document does not take into account any consumer's individual objectives, financial situation or needs. If a consumer has any questions about the product, please speak with a financial adviser or contact TAL Life.

Product description and key attributes

Product description

The key product attributes of this product are:

- the product provides a monthly benefit to cover costs (such as those outlined under 'Needs, objectives and financial situation' below) if the *Insured Person* is totally or *partially disabled* and unable to work at full capacity:
 - the product provides a Total Disability Benefit, which is the lesser of the *insured monthly benefit* and the *allowable business expenses* actually incurred in the month the *Insured Person* is totally disabled,
 - the product provides a Partial Disability Benefit, which is the lesser of the *insured monthly benefit* and the *allowable business expenses* actually incurred in the month the *Insured Person* is *partially disabled*, based on their contribution to the *business income* of the business, as determined by TAL Life,
- premiums can only be paid on a stepped premium structure,
- the product is no longer on sale, and is only available for consumers who are reinstating, replacing or repurchasing existing insurance cover (e.g. under a buy back or continuation option), as approved by TAL Life.

Eligibility criteria

The key eligibility requirements to acquire this product are:

- the *Insured Person* must be age 17–59 at the time of commencing cover or age 17–65 for any replacement or reinstatement,
- the *Insured Person* must be an income-producing key *employee* or business owner,
- the *Insured Person* must be working at least 20 hours per week,
- the *Insured Person* must be working in an eligible occupation (for occupation eligibility, please speak to a financial adviser or contact TAL Life customer contact centre),
- the *Insured Person* must be an Australian citizen, a permanent resident of Australia or holder of an eligible work visa or *spouse/partner work visa*,
- the *Policy* must be owned by the *Insured Person* or by a trust or business entity that the *Insured Person* has direct control of,
- the business must have no more than two business owners,
- the business needs to have traded for at least one year in a net profit position in the most recent financial year,
- the *Insured Person* must not be an undischarged bankrupt.

If a *Policy* is being reinstated, replaced or repurchased (e.g. under a buy back or continuation), the consumer may still be eligible for the product if they satisfied the eligibility criteria when the prior *Policy* first commenced.

Benefits and definitions

The product is available as an indemnity benefit, described in the table below.

Type of cover	Description	Cover amounts available
Indemnity	<p>Means the amount of the Total Disability Benefit (which is relevant to calculating the benefit payable in the event of total disability and/or <i>partial disability</i>) being the lesser of:</p> <ul style="list-style-type: none">• the <i>insured monthly benefit</i> amount stated in the most recent <i>Policy schedule</i>, membership certificate or renewal summary,• and the <i>allowable business expenses</i> actually incurred in the month the <i>Insured Person</i> is suffering total and/or <i>partial disability</i>.	<ul style="list-style-type: none">• Minimum cover when applying for cover is \$1,000 per month.• Maximum cover when first applying for cover is \$60,000 per month.

The product's key benefits are outlined in the table below.

Benefit type	Description
Total Disability Benefit	<ul style="list-style-type: none">• Pays a monthly benefit if the <i>Insured Person</i> is totally disabled.• Totally disabled means (in broad terms) the <i>Insured Person</i> is, due to <i>sickness or injury</i>: unable to perform one or more of the <i>important income-producing duties</i> of their <i>usual occupation</i>, not working for more than 10 hours per week in their <i>usual occupation</i>; and is under the <i>regular care of a doctor</i>.
Partial Disability Benefit	<ul style="list-style-type: none">• Pays a monthly benefit if the <i>Insured Person</i> is <i>partially disabled</i>.• Partially disabled means (in broad terms) the <i>Insured Person</i> is, due to <i>sickness or injury</i>: able to perform at least one of the <i>important income-producing duties</i> of their <i>usual occupation</i>, but in a reduced capacity; is suffering a loss in <i>business income</i>; and is under the <i>regular care of a doctor</i>.

Exclusions and limitations

Exclusions apply if the *sickness or injury* giving rise to the claim is caused:

- by an act of war;
- by intentional self-inflicted *injury*;
- by attempted suicide; or
- by normal and uncomplicated pregnancy and childbirth.

Exclusions may also apply depending on individual circumstances, which will be notified in writing.

Only sicknesses or injuries that occur after *Policy* commencement are covered by the *Policy*.

Class of consumers

The product is designed for *Policy* owners, insured persons or super fund members who need a monthly benefit of between \$1,000 and \$60,000 per month if the *Insured Person* is unable to work at full capacity.

Needs, objectives and financial situation

This product provides insurance for *Policy* owners to cover the following business costs as a result of the *Insured Person* suffering total or *partial disability*:

- The fixed operating expenses of the business (e.g. utilities, rent, cleaning, leasing and advertising costs, as well as the remuneration of non-income producing employees and net costs of employing a locum).

Consumers should consider if they have the financial capacity to fund the costs of cover, in accordance with their chosen premium structure, over the period they intend to hold the cover. This includes periods in which financial capacity will change such as, but not limited to, changing employment circumstances, entering retirement or another change in *your* financial situation. Consumers will be required to form their own assessment of their capacity to fund premiums.

This product is not designed for *Policy* owners and insured persons:

- if, when first taking out cover:
 - the *Insured Person* is not working in an eligible occupation, or
 - the business has not traded for at least one year or is not in a net profit position in the most recent financial year, or
 - the *Insured Person* is age 60 or over, or
 - the *Insured Person* is an undischarged bankrupt, or
 - the *Insured Person* is not an Australian citizen, a permanent resident of Australia or holder of an eligible work visa or *spouse/partner* work visa, or
- whose main reason for cover is for a pre-existing condition of the *Insured Person*, or
- who need cover for less than \$1,000 per month, or
- who need cover for more than \$60,000 per month, or
- who need cover for an *Insured Person* age 16 or under, or
- who need cover for death, *terminal illness*, TPD cover or trauma insurance, or
- who need health insurance, or
- where the *Policy* is not owned by the *Insured Person* or by a trust or business entity that the *Insured Person* has direct control of, or
- where the business has more than two owners.

Alignment to target market

This product is likely to be consistent with the likely objectives, financial situation and needs of the class of consumers in the target market. This is based on an assessment of the key terms, features and attributes of the product and a determination that these are consistent with the identified class of consumers.

Distribution conditions and restrictions

Distribution channels

This product is designed to be sold via the following means:

- by financial advisers, who hold or operate under an Australian Financial Services Licence (AFSL), or
- by TAL Life.

Distribution conditions and restrictions

This product should only be distributed under the following circumstances:

- the *Policy Owner, Insured Person* or super fund member meet the relevant eligibility criteria for the product, and
- distribution to new consumers is provided by a financial adviser who is appropriately authorised, trained and qualified to provide financial advice about life insurance products, or
- distribution to consumers other than new consumers is provided by TAL Life through its customer contact centre or a financial adviser who is appropriately authorised, trained and qualified to provide financial advice about life insurance products in the following circumstances:
 - the consumer falls within the target market for this product, and
 - either:
 - the consumer previously held this product, or
 - this product is being acquired to replace a product that the consumer holds which had been issued by TAL Life.

Although the product may be advertised or compared on third party comparison websites, consumers may only make an application for the product to the issuer through a financial adviser or to TAL Life as described above.

Appropriateness of distribution conditions and restrictions

The distribution conditions will result in the product being issued to consumers who are likely to be in the target market because:

- The requirement for distributors to determine whether a consumer is eligible for the product and not permit consumers to be issued the product if they do not satisfy the eligibility criteria means the product cannot be issued to consumers who are not eligible for the product; and
- The requirement for distributors to draw the consumer's attention to the key features of the product, including an estimate of the applicable premium (based on the consumer's requested product benefits), is likely to prompt a consumer to either proceed or not to proceed with an application, based on their financial capacity to afford the applicable premiums and determination of whether the product is consistent with their likely objectives, financial situation and needs.

TMD reviews

We will review this TMD in accordance with the below:

Periodic reviews

At least every two years from the date of this TMD.

Review triggers or events

The specific review triggers (that reasonably suggest the TMD is no longer appropriate) that may result in an earlier review of the TMD are:

- significant changes in metrics. These include complaints, sales, policy cancellations, lapses, claims, and loss ratios,
- a material change to the design or distribution of the product, including an alteration in acceptance criteria or *underwriting* criteria,
- identified systemic issues across the product lifecycle,
- change in relevant law,
- occurrence of a significant dealing, and
- distribution conditions found to be inadequate.

Distribution information

We will collect the following information from our distributors in relation to this TMD.

Complaints

Distributors will report all complaints in relation to the product(s) covered by this TMD on a 6-monthly basis to TAL Life, with distributors reporting complaint volumes within 10 business days of the end of each reporting period. This will include written details of the complaints.

Significant dealings

Distributors will report if they become aware of a significant dealing in relation to this product that is inconsistent with the TMD within 10 business days.