

Target Market Determination (TMD)

Product:	Protection Plans – Total and Permanent Disablement (TPD), including non- <i>superannuation</i> TPD cover linked to Protection Plans – Term Life or Term Life as Superannuation policies, and Protection Plans – Reserve TPD
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 cover in the event of *total and permanent disablement* or partial and permanent disability of the *Insured Person*,
- the *Policy* may be owned by individuals, trustees (*superannuation* and non-*superannuation*) or businesses,
- outside *superannuation*, there is a maximum of five *Policy* owners, who would jointly own the *Policy*,
- the product provides a lump sum benefit to cover costs (such as those outlined under 'Needs, objectives and financial situation' below) incurred if the *Insured Person* becomes totally and permanently or *partially and permanently disabled*,
- 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 15–59 at the time of commencing cover or age 15–99 for any replacement or reinstatement (any replacements or reinstatements after age 65 will be on *general cover TPD* terms):
 - for insured persons age 15–59, policies may be taken with stepped premiums for the life of the cover,
 - for insured persons age 15–59, policies may be taken with level premiums until age 65, with stepped premiums thereafter for the life of the cover,
 - for insured persons age 15–49, policies may be taken with level premiums until age 55, with stepped premiums thereafter for the life of the cover,
- 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*,
- if the *Insured Person* is seeking an own or any occupation definition, they must be working in an eligible occupation and working for 20 hours or more per week (for occupation eligibility please speak to a financial adviser or contact TAL Life customer contact centre), and
- 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's key benefits are outlined in the table below:

Benefit type	Description
TPD Benefit	Pays a lump sum benefit if the <i>Insured Person</i> becomes totally and permanently disabled.
TPD Partial Benefit	Pays a partial benefit if the <i>Insured Person</i> is <i>partially and permanently disabled</i> .

Depending on occupation eligibility of the *Insured Person*, *Policy* owners can choose between TPD definitions outlined in the table below:

Benefit type	Description	Cover amounts available
Own occupation	<p>The <i>own occupation</i> TPD definition covers an <i>Insured Person</i> who (in broad terms):</p> <ul style="list-style-type: none">• is unlikely to do their <i>own occupation</i> ever again, or• suffers loss of limbs and/or sight, or• is unable to look after themselves ever again, or• suffers permanent loss of intellectual capacity. <p>When an <i>Insured Person</i> turns 65, cover with an <i>own occupation</i> definition is automatically replaced with <i>general cover TPD</i> until the expiry of the <i>Policy</i>, unless the TPD Continuation Benefit applies.</p>	<ul style="list-style-type: none">• Minimum cover when applying for cover is \$25,000.• Maximum cover when first applying for cover is \$5 million.

Benefit type	Description	Cover amounts available
Any occupation	<p>The <i>any occupation TPD</i> definition covers an <i>Insured Person</i> who (in broad terms):</p> <ul style="list-style-type: none"> • is unlikely to do a suited occupation ever again, or • suffers loss of limbs and/or sight and unlikely to do a suited occupation ever again, or • is unable to look after themselves ever again and unlikely to do a suited occupation ever again, or • suffers permanent loss of intellectual capacity and unlikely to do a suited occupation ever again. <p>When an <i>Insured Person</i> turns 65, cover with an any occupation definition is automatically replaced with <i>general cover TPD</i> definition until the expiry of the <i>Policy</i>, unless the TPD Continuation Benefit applies.</p>	<ul style="list-style-type: none"> • Minimum cover when applying for cover is \$25,000. • Maximum cover when first applying for cover is \$5 million for Protection Plans TPD and \$10 million for Protection Plans Reserve.
General cover	<p>The <i>general cover TPD</i> definition covers an <i>Insured Person</i> who (in broad terms):</p> <ul style="list-style-type: none"> • suffers loss of limbs and/or sight, or • is unable to look after themselves ever again and unlikely to do a suited occupation ever again, or • suffers permanent loss of intellectual capacity and unlikely to do a suited occupation ever again. 	<ul style="list-style-type: none"> • Minimum cover when applying for cover is \$25,000. • Maximum cover when first applying for cover is \$5 million for Protection Plans TPD and \$15 million for Protection Plans Reserve.
<p>Exclusions and limitations</p> <p>Exclusions apply if the <i>sickness</i> or <i>injury</i> giving rise to the claim is caused by intentional self-inflicted <i>injury</i> or attempted suicide.</p> <p>Additional exclusions apply to Protection Plans Reserve TPD level of cover if the <i>sickness</i> or <i>injury</i> giving rise to the claim was caused by:</p> <ul style="list-style-type: none"> • alcohol abuse; • alcohol dependence; • drug use; • mental illness; and • fatigue syndromes. <p>Exclusions may also apply depending on individual circumstances, which will be notified in writing.</p> <p>Only sicknesses or injuries that occur after <i>Policy</i> commencement are covered by the <i>Policy</i>.</p>		
<p>Class of consumers</p> <p>This product is designed for <i>Policy</i> owners and <i>super fund</i> members who need a lump sum benefit of between \$25,000 and \$5 million (under Protection Plans TPD) or between \$25,000 and \$15 million (with Protection Plans Reserve TPD) if the <i>Insured Person</i> suffers a <i>sickness</i> or <i>injury</i> and is totally and permanently disabled according to an any or own <i>occupation TPD</i> definition, or a <i>general cover TPD</i> definition, as specified in the <i>Policy</i>.</p>		

Needs, objectives and financial situation

This product provides insurance to cover the following costs due to the *total and permanent disablement* of the *Insured Person*:

- personal financial costs (e.g. transportation and accommodation costs, or home modifications) or personal capital requirements (e.g. to allow a full or partial reduction of *mortgage* and other debt and/or an amount to meet a family's ongoing income needs), or
- business costs where the *Insured Person* is a *key person* in the business or business capital requirements when the *Insured Person* is a business owner.

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, insured persons and *super fund* members:

- if, when first taking out cover:
 - the *Insured Person* is not working in an eligible occupation, or
 - the *Insured Person* is not working more than 20 hours per week, 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
- who need cover for less than \$25,000, or
- who need cover for more than \$15 million, or
- whose main reason for cover is for a pre-existing condition of the *Insured Person*, or
- who need cover for an *Insured Person* age 14 or under, or
- where there is a need for more than five *Policy* owners, or
- who need cover for death, *terminal illness*, trauma insurance or income protection, or business expenses insurance, or
- who need health insurance.

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*, and *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 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.

TAL Life Limited

ABN 70 050 109 450 | AFSL 237848
GPO Box 5467, Sydney NSW 2001

 1300 553 764
 tal.com.au/protection-plans

