

Money Management Service SuperWrap Insurance Booklet

The distributor of Money Management Service SuperWrap is
Money Management Services Pty Ltd.

The administrator of Money Management Service SuperWrap is
BT Portfolio Services Ltd.

The issuer of Money Management Service SuperWrap is:

Trust Company Superannuation Services Limited
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Carlton South VIC 3053

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This Insurance Booklet forms part of the Product Disclosure Statement (the 'PDS') for Money Management Service SuperWrap Personal Super Plan ('the Plan'). The PDS is comprised of the Information Brochure, the Investment Options Booklet and this Insurance Booklet. All documents that form part of the PDS must be provided to you at the same time by your adviser. Refer to the inside front cover of the Information Brochure for a full description of the terms which are used throughout the PDS.

About the PDS

The PDS will help you to:

- decide whether this product will meet your needs; and
- compare this product with another product you may be considering.

Money Management Service SuperWrap

All references in this Insurance Booklet to the Plan, or Money Management Service SuperWrap are to the Money Management Service SuperWrap Personal Super Plan.

About the insurer

To ensure that members receive competitive rates and terms and conditions available in the market, the Trustee provides insurance benefits by effecting a group policy with an external specialist insurer. The cover under this group policy is provided by American International Assurance Company (Australia) Limited trading as AIG Life ('AIG Life') (ABN 79 004 837 861 and Australian Financial Services Licence No. 230043), a party external to the Trustee. AIG Life is a member company of the global American International Group, Inc. ('AIG'). AIG is one of the world's leading risk insurers and has been protecting Australians for over 30 years. Member companies of AIG have assets totaling more than A\$900 billion and employ over 80,000 people. AIG Life has given and not withdrawn its consent to the PDS containing information referable to it in the form and context in which that information appears. AIG Life has not issued or caused the issue of the PDS and is not responsible for any other statements in the PDS which are not referable to it.

Points you should note

The payment of any insurance benefit is conditional on AIG Life accepting the claim and paying the benefit to the Trustee. Neither the Trustee, the Administrator nor any of their associated entities guarantee AIG Life's performance under the life insurance contract.

The information in this PDS doesn't account for your investment objectives, particular needs or financial situation. These should be considered before investing and it is recommended that you consult a financial adviser.

The information in the PDS, in particular in relation to superannuation, taxation and Social Security legislation, is based on the Trustee's interpretation of existing laws at the time the PDS was prepared and is current 29 March 2005. The application of these laws depends upon your individual circumstances. The taxation and superannuation information is provided as a general overview of how those laws may apply to you, but it should not be relied upon as a complete statement of all relevant laws and it may change from time to time. It is recommended you discuss your individual position with your accountant or your adviser in order to make the most of your retirement savings.

Linking insurance to your super

Ask most people about their family's most important asset and they will mention their house or car. In reality, your family's most important asset could be your income. That's why insuring against the loss of that income is so important. To see why, ask yourself these questions:

- How would your family pay its bills if you died or were permanently disabled?
- Could your family maintain the mortgage payments?
- What happens to your business if you die or become permanently disabled?

It's painful to think about, but it is crucial that you do.

Protecting your family against the unexpected is an important part of financial planning. Death or disablement can occur without warning. How your family can meet its financial obligations after such an event can depend on the insurance protection you arrange now.

Life insurance benefits can provide you with the comfort of knowing that income from insurance can help your family pay a mortgage or other bills and help meet day to day living expenses should you die or suffer permanent disablement. While money can never replace the loss of a loved one, it's comforting to know the people who depend on you will be assisted financially during this emotional period.

Significant tax advantages for employees

As your insurance premiums are deducted from your superannuation investment, you can use pre-tax dollars via salary sacrifice or employer contributions to pay your premiums. This can be more tax effective than using your post-tax income to pay for insurance.

Tax rebates on spouse contributions

Contributing spouses may be able to claim a rebate of 18% on the first \$3,000 of contributions made on behalf of a spouse earning less than \$10,800 pa. A reduced rebate applies for spouses earning up to \$13,800 pa. Therefore the contributing spouse may receive a tax rebate on any spouse contributions they make to pay for insurance premiums.

Insurance may also be cheaper through super

Taking out insurance benefits within your super fund is generally cheaper than paying for individual policies and the Plan can offer you competitive rates. Your insurance premium will depend on the type of insurance cover you select, your age, sex, whether you smoke or not, your occupation and, of course, the amount of cover you require.

Features at a glance

The Plan offers the option of Death only cover or Death and Total and Permanent Disablement cover. Below are some of the features:

	Death only	Total and Permanent Disablement (with Death Cover)
Benefit payment	Lump sum	Lump sum
Eligibility	<ul style="list-style-type: none"> Casual employees or permanent employees working less than 15 hours per week Permanent employees working 15 hours or more per week Self-employed Not currently employed 	<ul style="list-style-type: none"> Self-employed working 15 hours or more per week Permanent employees working 15 hours or more per week
Availability	Members aged 17 to 69	Members aged 17 to 69
Minimum cover	\$50,000	\$50,000
Maximum cover	<ul style="list-style-type: none"> If less than 65 years: \$10 million If between 65 and 69 years: \$2 million 	<p><i>Death cover:</i></p> <ul style="list-style-type: none"> If less than 65 years: \$10 million If between 65 and 69 years: \$2 million <p><i>Total & Permanent Disablement cover:</i></p> <ul style="list-style-type: none"> If less than 65 years: \$2 million If between 65 and 69 years: \$750,000
Accident cover	<p>You will be provided with free Death by Accident and (if applied for) Total and Permanent Disablement by Accident cover until insurance cover is accepted or declined by the insurer (subject to a maximum period of 180 days from the date of application).</p> <p>The amount of Death by Accident only or Death and Total and Permanent Disablement by Accident cover will be the lesser of:</p> <ul style="list-style-type: none"> the amount of insurance you apply, and \$500,000. <p>Death or Total and Permanent Disablement must be caused directly and independently of any other cause from and unforeseen and unintended accident and caused by violent, external and visible means.</p>	
Period of cover	Cover commences the day that AIG Life accepts the application covering your benefits and will generally terminate when you elect to leave the Plan, or if you turn 70.	
Continuation option	If you voluntarily leave the Plan before age 60, you have the option of purchasing an individual policy with AIG Life for Death cover only.	Not available
Worldwide cover	Available 24 hours a day.	

How to apply

You must complete the Application Form Personal Statement — Part 1 in the back of this booklet

If you are seeking insurance cover in excess of \$400,000 or have answered YES to any of questions 3 to 8 on page 11 in the Application Forms, you will also need to complete the Personal Statement — Part 2 and undergo additional tests as indicated on page 9 in the Application Forms.

Where to send the forms

Send your Application Forms in an envelope marked 'Confidential' to:

SuperWrap
The Medical Officer
GPO Box 2337
Adelaide SA 5001

Please note that as the insurance benefits are underwritten through a company external to the Trustee, the payment of the insurance benefit is conditional on the insurer accepting the claim and paying the benefit to the Plan.

Insurance premium rates

Your insurance premium will depend on a number of factors including:

- the amount of insurance cover
- the type of insurance cover
- your age
- your sex
- whether you are a smoker or a non-smoker, and
- your occupation.

The insurance premium rate tables are set out on the following pages but they may alter depending on the insurer's assessment of your circumstances. These rates are guaranteed by AIG Life until 31 December 2006.

Covering your premium

You should ensure your Cash Account balance is sufficient to cover all your fees and other costs, including the insurance premium. If necessary, your investment may be sold down in accordance with the applicable drawdown strategy to meet these charges (refer to 'Managing your Cash Account' under 'The Cash Account' in the 'Investment options and services' section of the Information Brochure for more information). However, if the total value of your account is insufficient to cover your premiums, your cover may be cancelled.

One-off cash contributions and the Regular Contribution Plan provide you with two methods to assist you in ensuring your Cash Account balance is sufficient to cover all your fees and charges.

Occupation classifications for insurance

Your premium rate will depend on your occupation classification, which is defined below.

White collar

White collar workers include those in occupations for which a tertiary qualification has been attained, as well as other occupations including clerical and administrative work (involving no manual work). Examples: professionals, office based managers, administration and office work, sales executives — with no manual work.

Light blue collar

If available, Light blue collar workers include those performing light manual duties but for no more than 20% of the time. These duties include: sales work, supervisory in a manual environment, shop assistants, shop employees and very light manual duties.

Blue collar

Blue collar workers include fully qualified, skilled trades people of various occupations who perform manual work, for more than 20% of the time. Examples: qualified electricians, mechanics and chefs.

Manual blue collar

Manual blue collar workers include skilled or unskilled employees performing duties that are heavier than trade qualified work but who are not exposed to unusual accident or health hazards or hazardous manual work. Examples: bricklayers, boilermakers, cleaners. Certain occupations may

not be eligible for Total and Permanent Disablement cover and you will be advised of this, if need be.

A complete list of industry classifications and insurance premiums is available free of charge and on request by contacting your adviser.

Adviser and Trustee fee

If you choose to take out insurance for Death or Death and Total and Permanent Disablement cover as part of the Plan, premiums will be deducted at the end of each month from your Cash Account.

The Trustee currently receives 27.93% of the group life premiums as commission. From this amount, your adviser and/or the Distributor may receive up to 17.93% of the insurance premiums paid in the Plan.

Male annual rate per \$1,000 sum insured

How to calculate your premium

To calculate the standard cost of your preferred level of insurance cover, find the premium rate applying to your situation at your next birthday. Then, perform the following calculation:

$$\text{Cost pa} = \frac{\text{annual premium rate} \times \$ \text{ amount of cover required}}{\$1,000}$$

The premium is paid in monthly instalments. To work out your monthly instalments, simply divide the annual cost of your insurance by 12.

Age next birthday	Death only		Death and Total and Permanent Disablement							
	All occupations		White collar		Light blue collar		Blue collar		Manual blue collar	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
18	0.76	1.06	1.00	1.54	1.12	1.78	1.24	2.03	1.48	2.51
19	0.76	1.06	1.00	1.54	1.12	1.78	1.24	2.03	1.48	2.51
20	0.76	1.06	1.00	1.54	1.12	1.78	1.24	2.03	1.48	2.51
21	0.76	1.08	0.97	1.53	1.07	1.76	1.18	1.98	1.38	2.43
22	0.74	1.07	0.95	1.52	1.06	1.75	1.16	1.98	1.37	2.43
23	0.72	1.04	0.91	1.41	1.00	1.59	1.10	1.78	1.29	2.15
24	0.68	0.99	0.84	1.32	0.92	1.48	1.00	1.64	1.16	1.97
25	0.64	0.97	0.79	1.23	0.86	1.36	0.94	1.49	1.09	1.75
26	0.64	0.94	0.77	1.21	0.84	1.34	0.91	1.47	1.04	1.73
27	0.59	0.92	0.72	1.16	0.78	1.27	0.84	1.39	0.96	1.63
28	0.56	0.91	0.70	1.15	0.77	1.28	0.83	1.40	0.97	1.65
29	0.53	0.90	0.66	1.15	0.73	1.27	0.80	1.39	0.93	1.64
30	0.50	0.91	0.63	1.19	0.70	1.33	0.77	1.47	0.90	1.75
31	0.51	0.94	0.64	1.18	0.71	1.31	0.78	1.43	0.91	1.68
32	0.51	0.97	0.64	1.25	0.71	1.39	0.78	1.53	0.91	1.81
33	0.52	1.01	0.67	1.27	0.74	1.40	0.81	1.53	0.96	1.79
34	0.53	1.04	0.66	1.30	0.73	1.44	0.80	1.57	0.93	1.83
35	0.53	1.07	0.68	1.39	0.76	1.54	0.83	1.70	0.98	2.01
36	0.54	1.11	0.72	1.44	0.81	1.61	0.90	1.78	1.08	2.12
37	0.56	1.17	0.76	1.54	0.86	1.72	0.96	1.91	1.15	2.28
38	0.58	1.24	0.80	1.65	0.91	1.86	1.02	2.07	1.24	2.49
39	0.59	1.34	0.83	1.83	0.95	2.07	1.07	2.31	1.31	2.79
40	0.61	1.45	0.90	1.99	1.04	2.26	1.18	2.53	1.46	3.08
41	0.65	1.56	0.98	2.18	1.14	2.49	1.30	2.80	1.63	3.42
42	0.72	1.75	1.08	2.46	1.26	2.82	1.43	3.17	1.79	3.88
43	0.78	1.91	1.19	2.70	1.39	3.10	1.59	3.49	2.00	4.28
44	0.86	2.07	1.35	2.99	1.60	3.44	1.84	3.90	2.33	4.81
45	0.96	2.32	1.50	3.34	1.76	3.85	2.03	4.37	2.56	5.39
46	1.08	2.55	1.67	3.71	1.97	4.29	2.27	4.87	2.86	6.03
47	1.21	2.80	1.89	4.13	2.23	4.80	2.57	5.46	3.25	6.80
48	1.34	3.06	2.14	4.63	2.54	5.41	2.95	6.19	3.75	7.76
49	1.49	3.32	2.41	5.14	2.87	6.04	3.33	6.95	4.25	8.77
50	1.66	3.72	2.72	5.84	3.25	6.91	3.77	7.97	4.83	10.10
51	1.88	4.08	3.09	6.54	3.69	7.78	4.30	9.01	5.51	11.48
52	2.12	4.47	3.52	7.31	4.22	8.73	4.92	10.14	6.32	12.98
53	2.41	5.03	4.00	8.24	4.79	9.84	5.59	11.45	7.18	14.66
54	2.74	5.67	4.57	9.37	5.48	11.22	6.40	13.08	8.23	16.78
55	3.05	6.21	5.18	10.55	6.25	12.72	7.31	14.89	9.44	19.23
56	3.41	6.83	6.11	12.35	7.45	15.11	8.80	17.87	11.50	23.39
57	3.93	7.50	7.31	14.40	9.00	17.85	10.69	21.29	14.06	28.19
58	4.44	8.26	8.67	16.96	10.79	21.31	12.91	25.66	17.14	34.35
59	5.03	9.07	10.21	19.86	12.80	25.25	15.39	30.65	20.58	41.44
60	5.82	10.24	12.20	23.22	15.38	29.71	18.57	36.20	24.95	49.17
61	6.57	11.27	14.31	26.56	18.17	34.20	22.04	41.84	29.78	57.13
62	7.59	12.77	17.56	30.21	22.55	38.94	27.53	47.66	37.51	65.10
63	8.76	14.43	21.22	35.02	27.45	45.32	33.68	55.62	46.14	76.21
64	10.11	16.37	25.01	40.51	32.45	52.58	39.90	64.65	54.80	88.79
65	11.68	18.58	30.21	46.02	38.94	60.74	47.66	74.66	64.66	103.10
66	13.19	20.61	36.02	52.66	46.02	69.94	56.66	85.66	75.66	119.10
67	14.92	22.88	42.66	60.51	54.66	80.24	66.66	97.66	87.66	136.10
68	16.87	25.39	50.02	69.66	64.66	92.24	77.66	110.66	100.66	154.10
69	19.10	28.19	58.66	80.24	75.66	105.24	89.66	125.66	115.66	173.10
70	21.57	31.36	68.66	92.24	88.66	119.66	103.66	142.66	132.66	193.10

For example: The premium for a male, aged 43 next birthday, who is employed in a Light Blue occupation, is a non-smoker and seeks \$350,000 of Death and Total and Permanent Disablement cover would be calculated as follows:

$$1.39 \times \$350,000 = \$486.50 \text{ pa}$$

$$\frac{\$486.50 \text{ pa}}{\$1,000^1}$$

$$\$486.50 \text{ pa} = \$40.54 \text{ per month}$$

1_Assuming no other health or other loadings is applied by the insurer.

Female annual rate per \$1,000 sum insured

How to calculate your premium

To calculate the standard cost of your preferred level of insurance cover, find the premium rate applying to your situation at your next birthday. Then, perform the following calculation:

$$\text{Cost pa} = \frac{\text{annual premium rate} \times \$ \text{ amount of cover required}}{\$1,000}$$

The premium is paid in monthly instalments. To work out your monthly instalments, simply divide the annual cost of your insurance by 12.

Age next birthday	Death only		Death and Total and Permanent Disablement							
	All occupations		White collar		Light blue collar		Blue collar		Manual blue collar	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
18	0.43	0.50	0.68	0.98	0.81	1.22	0.94	1.46	1.19	1.95
19	0.43	0.50	0.68	0.98	0.81	1.22	0.94	1.46	1.19	1.95
20	0.43	0.50	0.68	0.98	0.81	1.22	0.94	1.46	1.19	1.95
21	0.43	0.50	0.65	0.95	0.76	1.17	0.87	1.40	1.10	1.85
22	0.41	0.48	0.64	0.93	0.75	1.16	0.86	1.38	1.08	1.83
23	0.41	0.46	0.61	0.83	0.71	1.02	0.81	1.20	1.01	1.58
24	0.39	0.46	0.56	0.79	0.65	0.95	0.73	1.11	0.90	1.44
25	0.38	0.45	0.54	0.71	0.62	0.84	0.70	0.97	0.85	1.24
26	0.39	0.46	0.54	0.72	0.61	0.85	0.68	0.98	0.82	1.24
27	0.39	0.48	0.52	0.71	0.59	0.83	0.65	0.95	0.78	1.18
28	0.39	0.48	0.54	0.73	0.61	0.86	0.68	0.98	0.82	1.23
29	0.41	0.50	0.55	0.75	0.62	0.87	0.69	0.99	0.84	1.24
30	0.43	0.53	0.57	0.81	0.65	0.95	0.72	1.09	0.86	1.37
31	0.43	0.55	0.57	0.79	0.65	0.92	0.72	1.04	0.86	1.29
32	0.44	0.58	0.58	0.86	0.65	1.00	0.72	1.14	0.87	1.43
33	0.44	0.61	0.59	0.88	0.67	1.01	0.75	1.14	0.91	1.40
34	0.45	0.64	0.60	0.90	0.67	1.03	0.74	1.16	0.88	1.42
35	0.45	0.68	0.60	0.99	0.68	1.15	0.76	1.30	0.92	1.62
36	0.45	0.72	0.64	1.06	0.74	1.23	0.83	1.40	1.02	1.74
37	0.46	0.77	0.67	1.14	0.77	1.33	0.88	1.51	1.09	1.88
38	0.48	0.83	0.71	1.25	0.83	1.46	0.95	1.66	1.18	2.08
39	0.49	0.88	0.75	1.37	0.87	1.61	1.00	1.85	1.25	2.33
40	0.52	0.96	0.82	1.50	0.97	1.77	1.12	2.04	1.42	2.58
41	0.57	1.04	0.91	1.66	1.09	1.97	1.26	2.28	1.61	2.90
42	0.62	1.14	1.00	1.85	1.19	2.20	1.38	2.56	1.76	3.27
43	0.68	1.21	1.11	2.00	1.32	2.40	1.54	2.79	1.97	3.58
44	0.72	1.32	1.24	2.23	1.50	2.69	1.77	3.15	2.29	4.06
45	0.78	1.44	1.35	2.46	1.63	2.97	1.92	3.48	2.49	4.51
46	0.84	1.58	1.48	2.74	1.79	3.32	2.11	3.90	2.74	5.07
47	0.93	1.74	1.65	3.07	2.02	3.74	2.38	4.40	3.10	5.74
48	1.03	1.94	1.88	3.51	2.31	4.29	2.74	5.07	3.59	6.64
49	1.16	2.18	2.14	3.99	2.63	4.90	3.12	5.81	4.10	7.62
50	1.30	2.43	2.42	4.55	2.98	5.62	3.54	6.68	4.66	8.81
51	1.49	2.73	2.77	5.20	3.42	6.43	4.06	7.67	5.35	10.13
52	1.73	3.05	3.22	5.89	3.97	7.31	4.71	8.72	6.20	11.56
53	1.97	3.37	3.66	6.58	4.51	8.19	5.35	9.79	7.04	13.00
54	2.23	3.74	4.18	7.44	5.15	9.30	6.12	11.15	8.07	14.86
55	2.50	4.10	4.77	8.44	5.90	10.61	7.03	12.78	9.29	17.12
56	2.81	4.54	5.67	10.06	7.11	12.82	8.54	15.58	11.40	21.10
57	3.17	5.04	6.76	11.93	8.55	15.38	10.35	18.83	13.94	25.73
58	3.47	5.57	7.97	14.26	10.21	18.61	12.46	22.96	16.96	31.66
59	3.82	6.17	9.33	16.96	12.08	22.36	14.84	27.76	20.34	38.55
60	4.25	6.88	11.03	19.86	14.41	26.35	17.80	32.83	24.57	45.81
61	4.96	7.65	13.18	22.93	17.29	30.58	21.40	38.22	29.62	53.51
62	5.75	8.54	16.35	25.98	21.64	34.71	26.94	43.43	37.54	60.87
63	6.67	9.35	19.91	29.94	26.53	40.24	33.15	50.53	46.39	71.13
64	7.74	10.22	23.57	34.37	31.48	46.44	39.40	58.51	55.23	82.65
65	8.60	11.19	27.35	39.64	37.23	53.36	46.10	67.68	64.17	95.43
66	9.53	12.23	31.33	45.78	43.53	61.05	53.33	78.02	74.24	109.57
67	10.56	13.33	35.72	52.84	50.43	69.70	61.10	89.54	85.05	125.07
68	11.69	14.59	40.50	60.80	57.93	79.27	69.91	102.34	96.66	142.03
69	12.96	15.99	45.71	69.66	66.11	90.74	79.54	116.54	109.07	160.55
70	14.33	17.50	51.40	79.42	74.97	104.13	90.00	132.14	122.28	180.65

For example: The premium for a female, aged 43 next birthday, who is employed in a Light Blue occupation, is a non-smoker and seeks \$350,000 of Death and Total and Permanent Disablement cover would be calculated as follows:

$$1.32 \times \$350,000 = \$462 \text{ pa}$$

$$\frac{\$462 \text{ pa}}{\$1,000^1}$$

$$\$462 \text{ pa} = \$38.50 \text{ per month}$$

$$\frac{\$38.50 \text{ per month}}{12}$$

1_Assuming no other health or other loadings is applied by the insurer.

Your questions answered

Are there any limits on the amount of cover?

Yes. The minimum insurance cover is \$50,000, the maximum Death cover under age 65 is \$10 million and the maximum Total and Permanent Disablement cover under age 65 is \$2 million. From age 65, the maximum Death cover is \$2 million and the maximum Total and Permanent Disablement cover is \$750,000.

When will my cover commence?

Your application for insurance benefits, which you make to the Trustee, will be individually assessed by AIG Life. The Trustee authorises AIG Life to assess applications on its behalf. Depending on your situation, you may be accepted or, at the insurer's discretion, you may be asked for additional information and to undergo medical tests. AIG Life will notify you in writing to let you know if your application has been accepted or rejected by AIG Life.

If you are an existing member within the Plan and your application is accepted at standard rates and terms, your cover will commence from the date of acceptance by AIG Life, provided you have a sufficient investment balance to cover the premium payment. Depending on your circumstances, AIG Life may decline cover or impose special conditions or different rates than the standard. If special conditions or rates are imposed, cover will commence once AIG Life receives signed Special Acceptance Terms acceptable to it and confirms commencement of your cover.

Am I covered while my application is being processed?

Members will be automatically covered (at no cost) against accidental, unintended death and, unless you apply for Death cover only, accidental, unintended Total and Permanent Disablement cover from the date AIG Life receives your completed application for insurance.

The automatic accidental cover is equal to the lesser of the amount of insurance you apply for and \$500,000. Cover will cease on the earlier of 180 days from the date of receipt of the application by AIG Life, or the acceptance or rejection of the cover sought.

How much are my insurance premiums?

Current insurance premiums are detailed on pages 4 and 5.

When will my insurance premiums be deducted?

The insurance premiums will be deducted from your Cash Account in the Plan on the last day of the month.

Will my premiums change over time?

The premiums you pay each month are determined according to the premium rate tables shown on pages 4 and 5 and are guaranteed by AIG Life until 31 December 2006. Your premium will change on each anniversary of the commencement of your cover to take account of:

- the automatic indexation of your insurance cover to inflation (if applicable), and
- your age next birthday.

Can I increase my insurance cover?

Unless you indicate otherwise, your cover will be increased each year in line with inflation (as measured by the Consumer Price Index ('CPI') up to a maximum of 7.5% pa. You may also apply to increase your insurance cover at any time prior to age 70. To apply for an increase, please complete a new application. If your health, occupation, lifestyle or recreational pursuits have changed since your initial application, AIG Life may decline your request. Please note that this will not affect the continuity of your current insurance cover.

Do you wish to replace existing insurance cover?

If you are intending to replace your existing cover from another insurer, AIG Life are willing to offer take over terms for individuals if certain requirements are met. Your adviser can provide you with a copy of the applicable take over terms upon request.

What commission is payable?

27.93% of your premium will be paid by AIG Life to the Trustee. From this amount, up to 17.93% of your premium may be paid to your adviser and/or the Distributor.

How and when are insurance benefits paid?

Both Death and Total and Permanent Disablement benefits are paid as a lump sum to the Trustee who will credit the amount to your Cash Account. This benefit is payable in addition to the value of your superannuation investment in the Plan.

How and when are Total and Permanent Disablement insurance benefits paid?

You will be deemed to be Totally and Permanently Disabled for insurance purposes if you either:

- have suffered the total and irrecoverable loss of use of:
 - both hands
 - both feet
 - the sight of both eyes
 - one hand and one foot
 - one hand and the sight of one eye, or
 - one foot and the sight of one eye,

OR

- meet the applicable age based conditions as detailed in the subsequent paragraphs. (Please note in the case of such deemed disablement, the Trustee cannot pay you the relevant benefit unless and until you satisfy a condition of release under superannuation law.)

If you are under age 65

- you are unable to follow your usual occupation by reason of an illness, accident or injury for a period of six consecutive months after the occurrence of the illness, accident or injury and in the opinion of AIG Life (after consideration of medical and other evidence satisfactory to it) are unlikely ever to be able to follow your usual occupation and any other occupation for which you are reasonably suited by education, training or experience.

If you are age 65 and above

— you are continuously and totally unable to perform at least two of the following activities of daily living, as certified by a qualified medical practitioner appointed by AIG Life and provided such continued inability is certified by that medical practitioner:

- a) bathing
- b) dressing
- c) eating
- d) toileting, and
- e) transferring.

The criteria for these activities are set by AIG Life and are available from your adviser.

If you become entitled to a Total and Permanent Disablement benefit, AIG Life will pay your insurance benefit to the Trustee. The Trustee will credit this payment to your Cash Account, and your entire benefit may be cashed out of the Plan immediately, provided you are permanently incapacitated for the purposes of superannuation law. This requirement is satisfied if you have ceased to be gainfully employed and are suffering from ill health where the Trustee is satisfied that you are unlikely to ever again engage in gainful employment for which you are reasonably qualified by education, training or experience because of the ill health.

However, if you were not working at the time of your Total and Permanent Disablement, the Trustee may be required by law to retain your benefit in the Plan until you satisfy another condition of release — for example, you turn 65, or reach your preservation age and retire, or the Australian Prudential Regulation Authority approves of the payment.

Are there any exclusions?

Insurance benefits will not be payable if you die as a result of an intentional, self-inflicted act, whether sane or insane, within a period of 13 months from:

- the date you joined the Plan, or most recently rejoined the Plan, or
- the date any additional insurance cover commences (this restriction applies to the amount of the additional cover only).

Conditions on payment of benefit

As the benefit is totally insured through AIG Life, the payment of the insurance benefits is subject to the insurer accepting the claim and paying the benefit. AIG Life will pay any claim it admits under the insurance policy to the Trustee of the Plan.

The Trustee will pay the benefit received from AIG Life to you, your dependant(s), or your estate, provided the conditions of the trust deed and superannuation law are met. As the insurance cover does not contain an investment element, it does not have a surrender value. As explained earlier, in the case of deemed disablement, the Trustee cannot pay you the relevant benefit unless and until you satisfy a condition of release under superannuation law.

When will my cover stop?

Your Total and Permanent Disablement cover will automatically terminate on leaving the Plan; however, your Death cover will continue for 30 days after you leave the Plan (at no cost). Further, both your Death cover and Death and Total and Permanent Disablement cover will automatically terminate on the earliest of you:

- electing to terminate your cover
- turning 70
- receiving a benefit payment pursuant to your cover
- commencing active duty in the armed forces, or
- when there are insufficient funds in your account to meet the cost of the premium.

In addition, your Total and Permanent Disablement cover will cease after a period of 12 months after the cessation of active continuous employment (of 15 hours or more per week) or immediately on becoming a casual employee. You must advise the Administrator upon ceasing active continuous employment or change of employment status so that your premiums and cover can be adjusted accordingly.

Who receives the insurance benefit on my death?

Refer to 'Death Benefits' in the 'Other Important features section' of the Information Brochure for information.

How are death benefits taxed?

Refer to 'On your death' in the 'SuperWrap Personal Super Plan' section of the Information Brochure for information regarding the taxation of death benefits.

How are other benefits taxed?

If you are entitled to a Total and Permanent Disablement benefit, your entire benefit will be taxed on payment in the manner described under 'Withdrawals or rollovers from SuperWrap' in the 'Other important features' section of the Information Brochure.

If your benefit is paid as an ETP as a consequence of the termination of your employment due to disability prior to your last retirement date, your benefit may include a post 30 June 1994 invalidity component, which is not currently taxed.

How do I make a claim?

Please contact your adviser or call a SuperWrap Consultant on 1300 657 010 to obtain the appropriate claim forms.

Once the claim forms have been completed and returned to the Administrator, the insurer will assess your claim.

Can I continue my cover if I withdraw my investment?

If you leave the Plan before age 60 for reasons other than ill health or injury, you have the option of purchasing an individual policy with AIG Life for Death cover only. Please note that this option is not available if a disablement benefit is paid to you.

To take out this option, you must request a Continuation Option Form from AIG Life within 30 days of leaving the Plan and you must supply AIG Life with a completed AIDS declaration satisfactory to AIG Life. AIG Life will cover you during this 30-day period at no cost to you.

Additional information

Please note, however, that the premium rates may be different and any special acceptance terms that applied to you under your current arrangement will continue to apply under the individual policy.

Can the insurer and conditions change?

As the benefit is totally insured through AIG Life, the terms and conditions outlined in this booklet are dependent on AIG Life continuing to provide the insurance cover. Should AIG Life cease to be the provider or the Trustee decides to change the insurer, the Trustee will seek to obtain another insurer to provide these insurance benefits on equivalent terms and conditions. You will be notified of any significant changes in insurance conditions.

Duties and obligations — Insurance Contracts Act 1984

The Trustee has a duty of disclosure when entering into the group policy with AIG Life. As a condition of participation in the Plan, you have a similar disclosure obligation to the Trustee. References below to 'you' and 'member' therefore encompass your application to the Trustee for insured benefits under the Plan.

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer (American International Assurance Company (Australia) Limited) every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose these matters to the insurer before you extend, vary or reinstate a contract of life insurance. However, your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows, or ought to know, in the ordinary course of its business, or
- where your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Health information

If you are applying for life insurance cover through the SuperWrap Personal Super Plan, the Administrator may be required to collect information regarding you and your

family's medical history (health information) so that the SuperWrap Personal Super Plan's insurer may assess your eligibility for insurance cover. In turn, the insurer may pass this information to their reinsurers and insurer contractors and third party service providers to assist them in assessing your eligibility for cover. The SuperWrap Personal Super Plan's insurer and their reinsurer are required to keep this information confidential but may use the information collected in assessing any claim that you make and may pass this information on to any other party that assists them in assessing your claim. The Administrator will only use health information it collects for these insurance purposes or directly related purposes.

If you do not provide this information, your application for insurance or an insurance claim may not be able to be processed. You can contact a SuperWrap Consultant on 1300 657 010 or write to the address listed on the inside back cover, to access or update the information the Administrator holds about you or your beneficiary. The Administrator tries to give each customer access to their information on request, but the Administrator will tell you if this is not possible.

You can also contact the Administrator if you do not want to receive any marketing information from the Administrator or any other Westpac Company, although you do not have to do this if you have already told the Administrator you do not wish to receive marketing information of this sort. A copy of the Administrator's privacy policy is available at www.investorwrap.com.au or by calling a SuperWrap Consultant on 1300 657 010.

For further information on Privacy, please refer to the Information Brochure.

APPLICATION FORM CHECKLIST

Completing the Application Form

- All members must fully complete the Personal Statement – Part 1.
- Depending upon your age and how much cover you are seeking you may need to complete certain additional tests and forms. See the table below to find out which tests and forms you will need to complete:

Age next birthday	Personal Statement – Part 2	General Practitioner Medical Exam	HIV (AIDS) Antibody Test	Multiple Biochemical Analysis (MBA) 20 and Hep B & C	Electro Cardio Graph (ECG)
Where cover exceeds:					
Up to 35	\$400,000	\$850,000	\$400,000	\$400,000	Not required
36 to 40	\$400,000	\$750,000	\$400,000	\$400,000	Not required
41 to 50	\$400,000	\$600,000	\$400,000	\$400,000	\$1,000,000
51 to 55	\$400,000	\$400,000	\$400,000	\$400,000	\$500,000
56 to 60	All cases	\$200,000	\$400,000	\$400,000	\$500,000
61 and over	All cases	All cases	\$400,000	\$400,000	\$500,000

New Policy

Have you:

- read the Additional Information section in this PDS?
- fully completed the Personal Statement – Part 1?
- if necessary, fully completed the Personal Statement – Part 2, and medical reports (see table above)?
- signed and dated the Declarations on page 12?
- signed and dated the Declaration on page 14, if applicable?
- initialled and dated any corrections or changes?

Replacing Existing Cover

Have you read:

- 'Do you wish to replace existing insurance cover?' under 'Your questions answered' in the Insurance Booklet of this PDS?
- part 1, if cover required for less than \$400,000?
- part 1 and 2, for all other circumstances?

Plus:

- attached a copy of the original acceptance and original policy schedule?
- attached the existing currency of the policy?
- attached the most recent renewal notice?

ADDITIONAL NOTES

1. The member's own general practitioner can normally perform medical examinations.
2. A Personal Medical Attendant's Report ('PMAR') will be obtained on a discretionary basis where any required medical exam has not been performed by the member's usual general practitioner. PMARs may also be required, based on your Personal Statement history.
3. The medical examiner must not be a relative of the proposed insured, or the agent, broker or their families, nor a business associate of the proposed insured.
4. AIG Life can request additional tests and/or reports at its discretion to enable assessment of the application.
5. If you require cover in excess of \$2 million, AIG Life will require you to undergo further tests in order to assess your application. These tests will need to be conducted by a specialist physician or cardiologist. Your GP will be able to provide you with a referral.
6. Please ensure that you complete an Application Form from a current Insurance Booklet. If a material alteration occurs in any of the information disclosed in this booklet resulting in it becoming misleading, it will be withdrawn immediately or amended to correct the information.

Send your Application Form to:

**Money Management Service SuperWrap
The Medical Officer
GPO Box 2337
Adelaide SA 5001**

This page is left intentionally blank.

When you complete this form:

- use a BLUE or BLACK PEN
- print well within the boxes in clear CAPITAL LETTERS
- use CROSSES (X) in boxes where applicable
- start at the left and leave one box between words.

Issued
1 May 2005

PERSONAL STATEMENT – PART 1

All members must complete this part.

1. MEMBER DETAILS

SuperWrap member number

M

Title

Mr Mrs Miss Ms Other

Surname

Given name(s)

Birth date DD/MM/YY

/ /

Gender

Male Female

Member's address

Street number and name or PO Box

Suburb

State

Post code

Country (if not Australia)

Would you like us to contact you by phone to clarify information (if necessary)?

No Yes

Phone number 1 - indicate type H = Home, W = Work, M = Mobile, F = Facsimile. Please ensure you include the area code.

H W M F

Phone number 2 (alternate contact) - indicate type

H W M F

Type of insurance being applied for:

Death only Death and Total and Permanent Disablement

Amount of cover (in whole dollars only)

\$, ,

A. Height cm or feet inches

B. Weight kg or stones pounds

2. MEDICAL QUESTIONNAIRE

To qualify for insurance cover, please complete the following questions.

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Have you smoked tobacco or any other substance in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently or do you intend to reside overseas for a period of more than 3 months? If yes , give name of country, the anticipated date of travel if known, how long and reason. | <input type="checkbox"/> | <input type="checkbox"/> |

Anticipated date of travel DD/MM/YY

Duration

Reason(s)

At the date of this application:

- | | | |
|---|--------------------------|--------------------------|
| 3. Are you absent from work or unable to perform your usual duties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you age 55 or over? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you contemplating medical treatment of any sort in the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last 3 years, have you occasionally or regularly taken any prescribed medications (excluding colds/flu) or illicit drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has any company ever refused or applied special or modified conditions or cancelled any proposal to insure you for life or disablement policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had any advice, treatment, or been hospitalised for any illness or injury in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. What is your current employment status? (please cross 1) | | |

Full time working Self-employed
 Permanent part time working Casual employment
 Not working

Hours worked per week

Occupational duties

Exact duties

Time spent on manual duties

%

Industry of occupation

Grid for industry of occupation

Annual salary

Salary input field with \$, comma, and decimal markers

If you:

- have answered NO to all of questions 3 to 8 above, AND
• require insurance cover of \$400,000 or less, complete the AIDS Declaration and sign and date the General Declaration overleaf.

If you:

- have answered YES to ANY of questions 3 to 8 above, OR
• require insurance cover for more than \$400,000, complete the AIDS Declaration, sign and date the General Declaration overleaf, and fully complete the Personal Statement - Part 2.

3. DECLARATIONS

A. AIDS DECLARATION

I hereby declare that:

- 1. I am not suffering from Acquired Immune Deficiency Syndrome (AIDS) and I am not infected with the HIV virus and I am not carrying antibodies to the HIV virus.
2. Since 1980, I have not used intravenous drugs, I have not engaged in male to male anal sexual activity and I have not worked as a prostitute.
3. I have not had sexual intercourse with someone I know or suspect to be HIV positive.

- Input boxes for 'I am ABLE to declare...' and 'I am UNABLE to declare...' statements.

* If unable, a Confidential Supplementary Personal Statement is required.

Before signing below, one of the above boxes must be crossed.

B. GENERAL DECLARATIONS

- 1. I hereby declare that to the best of my knowledge and belief all of the answers to questions on this medical questionnaire are true.
2. I understand that Total and Permanent Disablement cover will cease if I am unemployed for more than 1 year or become a casual employee.
3. I understand that I must advise the insurer of any material change in my health during the period between the application date below and the cover acceptance date.
4. I note that this application is subject to acceptance by the insurer and that the insurance cover does not commence until I have been advised by Trust Company Superannuation Services Limited or the insurer about acceptance of my application.
5. I have read and acknowledge the statements as to my duty of disclosure in accordance with the Insurance Contracts Act 1984 in the Insurance Booklet.
6. I agree to be bound by the provisions of the policy document between AIG Life and Trust Company Superannuation Services Limited governing the terms of life insurance.
7. I acknowledge that the payment of insurance benefits from the Plan is subject to the insurer accepting the claim.

- 8. I acknowledge that if I tick YES to the following question, and my adviser completes the 'Adviser use only' details below, you will keep my adviser informed of the progress of this application.
9. I consent to AIG Life collecting sensitive information ie health information about me for the purpose of the performance of this contract.

Do you want your adviser to be able to track the progress of this application? YES NO

If you crossed YES to the question above, do you authorise us to disclose your health information to your adviser? YES NO

Signature of person to be insured

Signature and date (DD/MM/YY) input fields

ADVISER USE ONLY

Adviser number

Adviser number input field starting with 'F'

Surname

Surname input field

Given name(s)

Given name(s) input field

Phone number

Phone number input field

Office postcode

Office postcode input field

Adviser's stamp (please use black ink only)

Large empty box for adviser's stamp

PERSONAL STATEMENT – PART 2

Please see table on page 9 to find out if you need to complete this part.

A. FURTHER MEDICAL DETAILS

Have you ever had, or been told you had, or received advice or treatment for:

- | | No | Yes |
|--|--|--------------------------|
| a high blood pressure or blood disorder
eg Leukemia or Haemophilia? | <input type="checkbox"/> | <input type="checkbox"/> |
| b heart, vein or circulatory disorder, including chest pain, heart attack, raised cholesterol, Rheumatic Fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| c mental or nervous disorder (eg stress, depression) fainting, Epilepsy, paralysis, brain disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Gout, Arthritis, Rheumatism, cartilage or ligament injury, bone fracture, Hernia? | <input type="checkbox"/> | <input type="checkbox"/> |
| e back pain, sciatic or other disorder of the back or spine including the neck (whiplash injury)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f Asthma, Bronchitis or other respiratory disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| g stomach, intestinal or rectal disorder, ulcer, gall bladder or liver disorder, including Hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| h Diabetes, thyroid or prostate disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| i Cancer, tumour or any form of growth? | <input type="checkbox"/> | <input type="checkbox"/> |
| j loss or reduction of hearing or sight, or loss of any limb? | <input type="checkbox"/> | <input type="checkbox"/> |
| k Dermatitis, Psoriasis or other disorder of the skin? | <input type="checkbox"/> | <input type="checkbox"/> |
| l kidney or bladder disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| m sexually transmitted diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| n drug or alcohol dependency? | <input type="checkbox"/> | <input type="checkbox"/> |
| o any other medical condition not mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> |
| p Females only | | |
| i Female organ disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii Are you currently pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , date of expected delivery DD/MM/YY | <input type="text"/> / <input type="text"/> / <input type="text"/> | |

B. MEDICAL HISTORY

During the last five (5) years have you:

- | | No | Yes |
|---|--------------------------|--------------------------|
| a had any examination, advice or treatment by a medical practitioner, chiropractor or other health professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| b been in a hospital, clinic or nursing home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c been advised to have an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d had any tests, including blood/genetic tests, ECG, x-rays, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| e occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers? | <input type="checkbox"/> | <input type="checkbox"/> |

C. OTHER DETAILS

- A.** Height cm **or** feet inches
- B.** Weight kg **or** stones pounds
- No Yes**
- Do you smoke?
 If **yes**, what do you smoke?
 cigarettes cigars pipe
 other

 How much (daily)?
 - Do you drink alcohol?
 If **yes**, what type of alcohol?

 How much (daily)?
 - Has any company ever refused, or applied special or modified conditions or cancelled any proposal to insure you for life or disablement policy?
 - Have you ever engaged, or are you ever likely to engage in aviation other than as a fare paying passenger or any hazardous occupation, pastime or pursuit?

D. ANSWERS IN DETAIL

If you answered **yes** to any question in sections A, B or C above, please provide details in the table below. If there is insufficient space, please provide a signed and dated supplementary statement.

Question reference (A, B or C)	Tests, or nature of condition or complaint	Date commenced	Duration	Time off work	Degree of recovery (%)	Full details of treatment and results (include type of operations)	Full name and address of doctor or hospital (if any)

E. FAMILY HISTORY

1. Has any near blood relative suffered from Diabetes, heart disease, mental disorder or breakdown, Haemophilia, Huntington's Chorea or any hereditary disease, or died before age 60? **If yes, please give details**

No Yes

2. Please fill in the following schedule of family history:

Relation	LIVING		DECEASED	
	Age	State of health (if not stated as good, include reason/s)	Age at death	Cause/s of death (to be stated fully and exactly)
Father				
Mother				
Brothers	1			
	2			
	3			
	4			
Sisters	1			
	2			
	3			
	4			

F. DOCTOR'S DETAILS

Name of current doctor

Doctor's address

Street number and name or PO Box

Suburb

State

Post code

Country (if not Australia)

Doctor's phone number

Doctor's fax number

How long have you been his/her patient?

years

Date of your last consultation DD/MM/YY

/ /

Please state the reason(s) and results of your last consultation:

- I hereby declare that the answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- I consent to AIG Life and to Trust Company Superannuation Services Limited on behalf of AIG Life, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to AIG Life.
- I acknowledge that I have read and understood my duty of disclosure in accordance with the Insurance Contracts Act 1984 as detailed in the Insurance Booklet.
- A photocopy of this Declaration shall be as valid as an authority as the original.

NAME AND SIGNATURE

- Full name of person to be insured

- Signature of person to be insured

Date DD/MM/YY

Background to the AIDS virus

Acquired Immune Deficiency Syndrome (AIDS) is a viral disease caused by the Human Immunodeficiency Virus (HIV), which destroys white blood cells that help protect us against infections and cancers.

It was first reported in the United States in 1981, and the path of the disease has been well documented since through medical bodies and authorities, and the media.

The most recent evidence suggests that the virus will persist in the human body indefinitely and, as yet, there is still no prospect of a cure being available.

A person infected with HIV may experience mild flu-like symptoms or no symptoms at all. The body will usually manufacture antibodies to the virus within 8 to 12 weeks of infection, and the presence of these antibodies can be detected by a blood test.

The infected person may remain free of symptoms for many years, but during this time may pass the infection to others.

Why must I undertake the AIDS blood test?

It is essential that AIG Life protects the interests of its existing policyholders, and also ensures its long term viability for the benefit of current and future policyholders.

Therefore, AIG Life must test for the presence of the AIDS virus, and its test requirements are determined particularly by the amount of cover applied for.

Unfortunately, as there is currently no cure for AIDS, it is necessary for AIG Life to exclude those persons from insurance cover who are already infected with HIV.

How do I organise the AIDS blood test?

You may either arrange this through your usual doctor who will provide you with a referral to a Pathology Clinic, or you can make your own arrangements by contacting one of the Pathology Clinic phone numbers listed below. The Clinic will advise of their nearest location to you and contact phone number, and an appointment can be arranged. In either instance, please take the attached Pathology Request Form when you attend for your appointment.

Location	Pathology clinic	Phone no.
Sydney	Sydney Diagnostic Services	(02) 9941 6416
Penrith & West NSW	Barratt & Smith	(02) 4735 6166
Newcastle & North Coast	Hampson Pathology	(02) 4923 4234
Wollongong & South Coast	Southern Pathology	(02) 4224 7474
Albury	South West Pathology	(02) 6058 1600
Canberra	Capital Pathology	(02) 6248 7804
Melbourne	Gribbles Pathology	(03) 9538 6777
Geelong	Pathcare	(03) 5225 1100
Brisbane	Queensland Medical Labs	(07) 3840 4444
Townsville & Cairns	Townsville Pathology Lab	(07) 4779 3277
Rockhampton	Dr T B Lynch	(07) 4927 1666
Adelaide	Clinpath	(08) 8366 2000
Perth	Western Pathology	(08) 9317 0999
Geraldton	Western Pathology	(08) 9185 1140
Hobart	Hobart Pathology	(03) 6223 1955
Launceston	Launceston Pathology	(03) 6334 3636
Darwin	Western Pathology	(08) 8920 6033
Alice Springs	Western Pathology	(08) 8952 6633

The choice is up to you

You may, of course, choose not to have the blood test AIG Life requires, or you may like to have more information first. If so, it is recommended you discuss this with your own doctor.

If you do not have a regular doctor or would prefer advice from elsewhere, you could see a specialist counsellor on the subject. There are several Government or community organisations which provide AIDS counselling services.

This Form should be completed by the pathologist performing your blood test and returned to AIG Life.

To: The Medical Director
Pathology Clinic

As part of our insurance assessment requirements, we require the client named on the Pathology Request Form to undergo the tests detailed on the next page.

If the HIV test is negative, copies of the result(s) and this Pathology Request Form are to be sent to the address listed below marked 'Confidential'.

If the HIV test is positive, do not send the test results to us. You should communicate the results directly to the client's doctor.

The cost of processing these tests will be met by AIG Life.

Yours faithfully



General Manager - Risk
AIG Life

Send report and a copy of this Pathology Request Form to:
**Chief Medical Officer
Group Management Division (GMD)
AIG Life
PO Box 6111
St Kilda Road Central
Melbourne VIC 8008**

E. CIRCULATORY SYSTEM

	No	Yes	If yes, please give details including cause where appropriate		
1. What is the rate and character of the pulse?			rate per minute		
2. What is the position of the apex beat of the heart?			Character		
3. Is there any evidence of cardiac enlargement?	<input type="checkbox"/>	<input type="checkbox"/>	In the	interspace	cm
4. Is there any abnormality in the heart sounds or rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	From the mid-sternal line		
5. Is any murmur present? If yes , describe fully, including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur.	<input type="checkbox"/>	<input type="checkbox"/>			
6. What is the blood pressure? (auscultatory method)			Systolic	Diastolic	mm Hg
			Systolic	Diastolic	mm Hg
			Systolic	Diastolic	mm Hg
7. Is there any abnormality of the peripheral artery or venous circulation?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you consider the heart and vascular system to be abnormal?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Is the examinee now on treatment for hypertension? If yes and if you have the required information, please state:	<input type="checkbox"/>	<input type="checkbox"/>			
a pre-treatment blood pressure level, including date(s)			a		
b duration of treatment			b		
c nature of treatment			c		

F. GENITO-URINARY SYSTEM

	No	Yes	If yes, give expected date of confinement and details		
1. Examination of the urine The urine should be passed at the time of the examination. If not, please state circumstances.				albumin	glucose
2. Is there any abnormality of the genito-urinary system?	<input type="checkbox"/>	<input type="checkbox"/>			
3. For females, is the examinee pregnant?	<input type="checkbox"/>	<input type="checkbox"/>			

G. NERVOUS SYSTEM

	No	Yes	If yes, please give details		
1. Is there any defect of vision or abnormality of the eyes?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Is there any defect in hearing or speech? In cases of present or past ear discharge or deafness, state result of auriscope examination.	<input type="checkbox"/>	<input type="checkbox"/>			
3. Is there any evidence of:					
a mental abnormality?	<input type="checkbox"/>	<input type="checkbox"/>			
b any disorder of the central or peripheral nervous system?	<input type="checkbox"/>	<input type="checkbox"/>			

H. MUSCULO-SKELETAL SYSTEM AND SKIN

	No	Yes	If yes, please give details		
1. Is there any abnormality of the form or function of:					
a the joints?	<input type="checkbox"/>	<input type="checkbox"/>			
b the muscles or connective tissue?	<input type="checkbox"/>	<input type="checkbox"/>			
c the back or neck including the cervical and lumbar spine?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Is there any evidence of any disorder of the skin?	<input type="checkbox"/>	<input type="checkbox"/>			

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