

Apia Funeral Insurance

Combined Product Disclosure Statement and Financial Services Guide

This product and Product Disclosure Statement (PDS) is issued by TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL Life). TAL Life is not part of Apia. TAL Life uses the Apia brand under licence.

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Important information

About this document

The Apia and TAL group companies have entered into an agreement for TAL to issue Funeral Insurance under the Apia brand (Apia Funeral Insurance).

This document is designed to help you decide whether to buy Apia Funeral Insurance. This document comprises the Product Disclosure Statement and Policy Document (together referred to as the PDS) and Financial Services Guide (FSG). The PDS contains information about the product's key features, premiums, benefits, risks and the complaints handling procedure and sets out the terms of the **policy**. The FSG outlines the financial services offered, including the fees and commissions, and is designed to assist you in deciding whether to use any of the financial services. We are required to give you an FSG if we provide certain financial services to you.

The information in this document is general information only, which means it doesn't take into account your individual objectives, financial situation or needs. Therefore, before acting on this information you should consider how appropriate this product is for you and carefully read this PDS before making a decision whether to buy this product. You may wish to consider seeking advice from a financial adviser, or compare the product with products offered by other insurers.

Up to date information

All the information in this PDS is current at the time of issue. From time to time we may change or update information about our products. If the change is not materially adverse to you, we may notify you by way of a website update at apia.com.au/funeral. If you'd like a free printed copy of this information please call us on 13 50 50.

If the change is a material or significant one, we will notify you within 3 months of the change occurring. We may also make improvements to your **policy** without any increase to your premium.

About the distributor of this product and issuer of the FSG

TAL Direct Pty Limited ABN 39 084 666 017, AFSL 243260 (TAL Direct) distributes this product and is responsible for the FSG.

TAL Direct and TAL Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

Understanding what we mean

In this document, references to 'you' and 'your' mean the **life insured** and/or the **policy owner** as the context requires. References to 'we', 'us' and 'our' mean TAL Life.

When reading this PDS, please refer to the Glossary.

Some words and expressions have a special meaning. They have been bolded and their meaning is explained in the Glossary.

The singular includes the plural and vice versa. Words of one gender include the other gender. Headings are only for convenience. Apart from the Glossary, headings don't affect the interpretation of the words of the **policy**.

Before you buy this insurance, please read this PDS carefully, including Section 3, 'When we won't pay a benefit'.

If you take out a **policy**, please keep a copy of this document with your **policy schedule** in a safe place, as together with your application they form your contract of insurance. The **policy schedule** sets out your **policy** details and any additional terms and conditions applicable to you. Please read the PDS and the **policy schedule** carefully to understand how your **policy** operates and to ensure all of your details in the **policy schedule** are correct.

1.0 Apia Funeral Insurance at a glance

Your funeral is a chance for friends and family to gather and say goodbye. Yet, even the most modest funeral can cost over \$6,000. As Australia's leading over 50s insurance specialist, Apia offers flexible and affordable Funeral Insurance to make sure your loved ones receive the financial assistance they need to help cover your final expenses.

Apia Funeral Insurance at a glance

Who can apply?	<ul style="list-style-type: none">• Australian residents aged 45 to 80
What's covered?	<ul style="list-style-type: none">• Accidental death only for the first 12 months of cover• Any cause of death after the first 12 months of cover
Am I covered overseas?	<ul style="list-style-type: none">• Yes. Apia Funeral Insurance provides worldwide cover 24 hours per day
How much cover can I get?	<ul style="list-style-type: none">• Between \$3,000 and \$15,000 at application• This can be increased up to \$25,000 once your policy is in place
How is the cover paid out?	<ul style="list-style-type: none">• A lump-sum benefit• Fast payments – usually within 24 hours of making a claim
Can I cover my partner?	<ul style="list-style-type: none">• Yes. Provided they're an Australian resident aged 45 to 80, you can have more than one life insured on your policy and qualify for a 5% multi-life premium discount. This discount doesn't apply to optional Accidental Death Cover
Who gets the payout?	<ul style="list-style-type: none">• Whoever you nominate as your beneficiary• Your estate if no beneficiary has been nominated
Built in benefits	<ul style="list-style-type: none">• Bonus Cover – 10% more cover at no extra cost after five years• Value Promise – the benefit paid will be the greater of the cover amount and total premiums (either 100% or 70% of total premiums depending on the option selected)• Early Payout Benefit – cash in your benefit after your 85th birthday for 120% of your average cover amount
Waiting or qualifying periods	<ul style="list-style-type: none">• Cover for <i>accidental death</i> only for the first 12 months of cover• Cover for any cause of death after the first 12 months
What's not covered?	<ul style="list-style-type: none">• Deaths from causes other than accidental death in the first 12 months. See page 6
Optional extra	<ul style="list-style-type: none">• Take out up to \$50,000 of Accidental Death Cover to complement your Funeral Benefit

About the premium	<ul style="list-style-type: none"> • The premium is calculated based on your age at the time you take out cover, and doesn't increase in line with your age • The premium will change if you make changes to your policy, such as increasing the cover amount, or adding optional benefits or other people to your policy • The premium will also change if we change the premium rates for our Funeral Insurance portfolio. We will provide you with at least 30 days notice before any change to your premiums • A 5% loyalty discount applies after 10 years, or from the policy anniversary after your 84th birthday, whichever happens first. This discount doesn't apply to optional Accidental Death Cover
Premiums can be paid	<ul style="list-style-type: none"> • Fortnightly, monthly or annually (discount for paying annually) • By direct debit from your bank account or credit card
How do I get a quote and apply?	<ul style="list-style-type: none"> • Call us on 13 50 50 • Go online: apia.com.au/funeral

2.0 About the benefits

2.1 Funeral Benefit

The Funeral Benefit is payable on the **life insured's** death, subject to conditions set out under 'When we won't pay a benefit'.

Cover is for **accidental death** only for the first 12 months from the **commencement date** specified in the **policy schedule**. After the first 12 months, the **life insured** is covered for all causes of death. This 12 month **accidental death only period** also applies if you increase the **life insured's** Funeral Benefit, but only in respect of the increased portion of cover.

If a **life insured** dies during the first 12 months of cover from any cause other than **accidental death**, we will pay a benefit amount equal to the Funeral Insurance premiums you've paid for that **life insured**.

If you increase the Funeral Insurance **cover amount**, then any additional cover you take out also only covers the **life insured's accidental death** for the first 12 months from the date of the increase. After 12 months, you are covered for the **life insured's** death by any cause.

2.2 Bonus Cover

We'll increase your Funeral Benefit by 10% on your fifth **policy anniversary**, at no additional cost.

The extra cover is equal to 10% of the average Funeral Benefit **cover amount** you've held continuously from the **commencement date** until the fifth **policy anniversary**.

The average Funeral Benefit **cover amount** takes into account any changes you've made to your Funeral Benefit **cover amount** and how long each **cover amount** has been in place.

Example: A customer is covered for a Funeral Benefit of \$10,000 from the **commencement date**. On the fifth **policy anniversary** we'll increase their Funeral Benefit **cover amount** by \$1,000 at no additional cost.

As long as the customer's **policy** remains in place, the \$1,000 Bonus Cover amount will always be payable in the event of their death, even if they change their Funeral Benefit **cover amount** in the future.

The 12 month **accidental death only period** that applies to the Funeral Benefit does not apply to Bonus Cover.

Bonus Cover ends when your Funeral Benefit ends and will be cancelled if the **Early Payout Benefit** is claimed or the Funeral Benefit is cancelled or cover ceases due to premiums not being paid when due.

2.3 Early Payout Benefit

The **Early Payout Benefit** gives you the option to cash in your Funeral Benefit for an immediate cash payout.

The cash payout is equal to 120% of your average Funeral Benefit **cover amount**, excluding any Bonus Cover. This takes into account any changes made to your Funeral Benefit Insurance **cover amount** and the time each **cover amount** is in place.

The **Early Payout Benefit** is available from the **policy anniversary** immediately after your 85th birthday. Please contact us if you'd like to exercise this benefit.

Exercising the **Early Payout Benefit** cancels your Funeral Benefit, and any Bonus Cover and Accidental Death Cover.

You should consider how the **Early Payout Benefit** may affect entitlements to government benefits such as age pensions and financial assistance for older Australians. We recommend you seek advice from a financial adviser on the **Early Payout Benefit**.

There are income tax implications if the payout of 120% of the **life insured's** average Funeral Benefit is paid to the **policy owner** before the end of the 10th anniversary of the commencement of risk. The additional benefit from exercising the **Early Payout Benefit** may need to be included in your assessable income, and a tax offset of 30% may be available to reduce the income tax liability in respect of the additional benefit. For comprehensive advice regarding taxation please contact a registered tax agent, tax (financial) adviser or the Australian Taxation Office.

2.4 Value Promise

You can select from 2 options when choosing your **Value Promise**.

Option 1: 100% Value Promise

Our 100% **Value Promise** means that at the time of a claim for the Funeral Benefit, the claim payout for the **life insured** will always be the higher of:

1. the **cover amount** then in place plus any Bonus Cover, where applicable; or
2. 100% of the total premiums paid for the **life insured's** Funeral Benefit from the **commencement date**.

Option 2: 70% Value Promise

If you choose the 70% **Value Promise** option, your premiums will be lower. This lower cost option will reduce the amount of the **Value Promise** so that at the time of a claim for the Funeral Benefit, the claim payout for the **life insured** will be the higher of:

1. the **cover amount** then in place plus any Bonus Cover, where applicable; or
2. 70% of the total premiums paid for the **life insured's** Funeral Benefit from the **commencement date**.

The **Value Promise** option you have selected will be shown in your **policy schedule** and will apply for the life of the **policy**.

Note: The **Value Promise** does not apply to a **life insured's** optional Accidental Death Cover.

Examples of how the **Value Promise** options affect your claim payout are illustrated below:

Example 1: If you have a Funeral Benefit **cover amount** of \$10,000 (including Bonus Cover) and, over time, paid premiums totalling \$15,000:

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- Under the 100% **Value Promise**, the amount we will pay upon claim is \$15,000, which represents total premiums paid, being higher than your **cover amount**.
 - If you selected the 70% **Value Promise**, the amount we will pay upon claim is \$10,500, which represents 70% of the \$15,000 premiums paid, being higher than your **cover amount**.

Example 2: If you have a Funeral Benefit **cover amount** of \$10,000 (including Bonus Cover) and, over time, paid premiums totalling \$9,000:

- In this instance, regardless of which **Value Promise** option you have, the amount we will pay upon claim is \$10,000, which represents your Funeral Benefit **cover amount**, being higher than the premiums paid.

2.5 Accidental Death Cover

To help with the often unexpected costs associated with an **accidental death**, we offer Accidental Death Cover. This is optional cover available for an extra premium. If selected, it will be included in your **policy schedule**.

Accidental Death Cover is payable if you die as a result of an **accident**, or within 6 months of the **injury** leading to your death. Accidental Death Cover is payable in addition to your Funeral Benefit.

You can choose a **cover amount** between \$1,000 and \$50,000. The amount can be higher or lower than your Funeral Benefit.

The Accidental Death Cover for a **life insured** starts on the cover **commencement date** specified in the **policy schedule** and stops at the earliest of:

- the cancellation of the Accidental Death Cover for that **life insured**;
- your **policy** being cancelled;
- the Accidental Death Cover amount being paid in full for that **life insured**;
- the cancellation of the Funeral Benefit for that **life insured**;
- or
- a claim being made for the **Early Payout Benefit** for that **life insured**.

3.0 When we won't pay a benefit

3.1 Funeral Benefit

No Funeral Benefit is payable if you die during the first 12 months of cover from any cause other than **accidental death**.

If a **life insured** dies during the first 12 months of cover from any cause other than **accidental death**, we will pay a benefit amount equal to the Funeral Insurance premiums you've paid for that **life insured**.

3.2 Accidental death and Accidental Death Cover

If you choose to add Accidental Death Cover, please be aware that the **life insured** is not covered for any death resulting from any of the following circumstances:

- suicide or an intentional, self-inflicted act;
- participation in any criminal or unlawful activity;
- being under the influence of alcohol (over the prescribed legal limit for driving a motor vehicle according to the relevant state or territory limit), illicit drugs in any dosage, or any pharmaceutical drug (whether or not prescribed by a **medical practitioner**) not taken in the correct dosage;
- war, hostilities or war-like operations (whether war is declared or not), civil commotion, civil war or rebellion, but not terrorism, outside of Australia or New Zealand;
- undertaking a **dangerous occupation**; or
- participation in **dangerous pursuits**.

Premiums will not be refunded if a benefit is not payable for the reasons given above.

4.0 About your premium

This is an insurance **policy**, not a savings plan, which means you may pay more or less in premiums than your **cover amount** over the life of the **policy**. After the first 12 months of cover, if the total premiums paid for a **life insured's** Funeral Benefit are greater than the Funeral Insurance **cover amount** (inclusive of any Bonus Cover), this amount will be payable on the death of a **life insured**, subject to the **Value Promise** applicable to your **policy**. If you make changes to your **policy**, your premium may change as a result. We will inform you of any changes in premium at the time.

4.1 How premiums are calculated

Premiums for the Funeral Benefit and optional Accidental Death Cover are calculated separately for each **life insured** and are based on your age at the time you take out cover, the amount of cover and any applicable discounts. Once covered, your premiums don't increase just because you get older or your health changes.

4.2 Paying your premium

You can pay your premium fortnightly, monthly or annually via a direct debit from your nominated account or credit card. If you pay annually, you get 12 months of cover for the price of 11.

The total first year premium, or the first instalment of the premium you have to pay, is shown in your **policy schedule**.

We also provide you with a payment schedule, which lists the regular payment dates for the coming year. This schedule is included with your **policy schedule**.

You can change the frequency of premium payments at any time. An updated payment schedule will be sent for your records. If you are paying by direct debit or credit card, the premium will be deducted from the account that you have authorised us to debit, on the agreed date and frequency. Depending on weekends and public holidays, the deduction will be made on the next business day. If we are unable to debit on the agreed date due to insufficient funds we will, subject to the relevant debit authority, attempt to debit again.

Non-payment or late payment of your premium

To ensure your cover continues you must pay your premiums when due.

If you don't pay the premium when due, or the premium deduction from your account can't be made, then:

- if the unpaid premium is the first premium, the **policy** will be cancelled and treated as if it had not operated at all.
- if the unpaid premium is a premium other than the first premium, we will allow 30 days from the due date for you to make this payment. If we have not received payment by this time, we will send you a notice telling you that we will cancel your **policy** if the premium then due is not paid by the date shown in the notice. This date will be at least 28 days from the date of the giving of this notice. If you do not pay the premium by the cancellation date in the notice, we will cancel the **policy** and the insurance cover stops.

We understand that changes in your circumstances can occur. If you find yourself having trouble budgeting for your **policy**, please call us. We'll go through your options and work out the best way for you to manage your premiums and cover.

4.3 Premiums can change

Premium rates are not guaranteed.

Your premium will change when any of the following events occur:

- if you make changes to your **policy**;
- if your **cover amount** is increased or decreased;
- if you add or remove a benefit (such as Accidental Death Cover) or a **life insured** from your **policy**;
- any discount that applies, changes or ceases, including because you make changes to your **policy** (the 5% loyalty discount once qualified applies for the life of the **policy**);
- if a **policy** has more than one **life insured** and cover ends as a result of the death or the removal of one or more **lives insured**, such that premiums remain payable only in respect of one **life insured**, then the discount for more than one **life insured** will no longer apply;
- if there are changes in government duty or taxes and we choose to pass on these additional costs. If this happens, we will give you 30 days written notice; or
- we choose to change the premium rates on our Apia Funeral Insurance portfolio.

4.4 We can change our premium rates

The cost of your cover is not guaranteed to remain the same each year. We can change the premium rates we use to determine your premium.

Decisions to change premium rates do not occur because of changes to an individual customer's own circumstances, but rather are determined in relation to the group of customers that we insure.

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

Our premiums are determined so that the total premium for our group of insured customers is sufficient to cover our expected future claims costs, meeting our associated costs of doing business and margins in providing cover to you.

We review associated factors on an ongoing basis which may include, but are by no means limited to, our assessment of regulatory or legislative requirements, our operating costs or the commercial environment. These are only some examples of factors that we may consider, and others may apply. The outcome of any premium review performed by us may result in a change to the premium rates we charge you. If we change the premium rates, you will be advised of the change to your premiums at least 30 days before the change takes effect.

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. There may be other options available to help you manage the cost of your cover. Please call us for assistance. There are no cancellation fees or penalties for cancelling your **policy**.

Your **policy** cannot be singled out for a change in how a premium is charged because of an adverse change in the health or circumstances of the **life insured** after the **policy commencement date**.

4.5 Discounts

Loyalty discount

A 5% loyalty discount applies to the Funeral Insurance premium for a **life insured** from the earlier of:

- the 10th anniversary of the **commencement date** of your Funeral Benefit; and

-
- the **policy anniversary** immediately after the **life insured's** 84th birthday.

This discount doesn't apply to optional Accidental Death Cover.

Multi-life discount

A 5% multi-life discount applies when you have more than one **life insured** on the **policy**. Each **life insured** receives a 5% discount off their Funeral Benefit premium.

The multi-life discount only applies while there is more than one **life insured** on the **policy**. If cover ends for the other **life insured** on the **policy** and there is only one **life insured** remaining, the discount is removed from the next premium due date.

This discount doesn't apply to optional Accidental Death Cover.

4.6 When premium payments stop

Your cover only continues while premiums are paid when due, so if you stop paying, your cover will end. As Funeral Insurance is an insurance **policy**, not a savings plan, it works in the same way as other insurance, such as car insurance. If you stop paying and we cancel your **policy** (after providing relevant notice under law) or you cancel after the first 30 days, there will be no refund of any of the money you've paid in premiums. If you are having trouble meeting your premium payments, we may be able to offer you options to assist. Please call us to discuss the options that might be available to you.

If the **life insured** is age 85 or over, you may be eligible for an **Early Payout Benefit**. Please contact us to claim your benefit. After you claim the **Early Payout Benefit** in respect of a **life insured**, premiums and all cover for that **life insured** will cease.

Reinstatement

If this **policy** lapses, cover may be reinstated at our sole discretion, on such terms and conditions as we may require including, but not limited to the following:

- outstanding premiums will need to be paid before a **policy** can be reinstated;
- reinstatement is not guaranteed; and
- reinstatement may be in the form of a new **policy**, with a new **policy** number and contract conditions. Any Bonus Cover that applied on the lapsed **policy** will have been forfeited by the **policy** lapsing.

5.0 Claims

Funeral insurance helps take the financial difficulty out of what can be a very stressful time for your loved ones. That's why we've kept the claims process as straightforward as possible.

5.1 Making a claim

Step 1: Call us on 1300 618 477 and we'll send a claim form. The sooner a claim is made, the sooner your loved ones can receive the financial assistance they need.

Step 2: Return the completed claim form to us, with any other documents we've requested in order to assess your claim. Depending on the claim, we may request birth and death certificates or evidence from a **medical practitioner**.

We will require relevant information from you to assess your claim and to be satisfied of our liability under your **policy**. Where relevant to assessing any claim you make, we will request you to provide access to relevant medical and other relevant records. We may also request you to provide your consent or grant us authority to obtain access to such records.

If you do not provide the above relevant records or you do not provide consent or authority for us to access relevant records to assess your claim, we may not be able to assess any claim you make (in which case we may not pay a claim which we have not been able to assess).

Once we've received the completed claim information which we reasonably consider is acceptable to us, and accepted a claim, we generally pay out the benefit within 24 hours of receiving the completed claim requirements.

Claim requirements for accidental death

For an **accidental death** claim, we'll require proof of the **accidental** nature of your death, evidenced by a certified copy of the death certificate, medical attendant's certificate or coroner's report. In turn, some **accidental death** claims will take longer to assess, but we'll make sure we keep you informed throughout the process.

5.2 Who we pay

If you have nominated a **beneficiary** on your **policy**, they will receive the benefit payment in the event of your death.

A **beneficiary** can be a person who is at least 18 years old, an institution or your estate. You can have multiple **beneficiaries** on your **policy**. If you have more than one **beneficiary**, you need to allocate the portion of the benefit you want each **beneficiary** to receive. These details will be included in your **policy schedule**.

Any nomination is binding on us. However, you may revoke or change a nomination at any time. Any nomination, revocation or change in the details of a **beneficiary** has no effect unless we have issued a written confirmation to you.

If you don't have a nominated **beneficiary** and are the sole **policy owner** and **life insured**, then the claim payout will go to your estate.

If the **policy owner** is different to the **life insured**, and there is no nominated **beneficiary**, then the claim payout will go to the **policy owner**.

If you're exercising the **Early Payout Benefit**, we'll pay to the **policy owner**.

5.3 When we will not pay a claim, in whole or in part

We will accept your claim and pay you a benefit if you satisfy the terms and conditions of your **policy**.

It is important that you comply with the terms and conditions of the **policy**.

We may refuse to pay your claim, in whole or in part, or reduce the amount of your benefit where:

- your claim does not meet the relevant **policy** terms and conditions
- you make a fraudulent claim;
- we do not receive all information we reasonably require to assess your claim; or
- there is insufficient evidence to support your claim.

Your **policy** is subject to the applicable laws of Australia including the *Insurance Contracts Act 1984 (Cth)*. For example, under section 54 of the *Insurance Contracts Act 1984 (Cth)*, if the effect of your **policy** is that we may refuse to pay your claim or reduce your benefit due to some act or omission by you or someone else that occurs after your **policy** commences, we may:

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- refuse to pay your claim, but only to the extent that such act or omission could reasonably be regarded as having caused or contributed to the loss which gives rise to your claim; or
 - reduce the amount of your benefit, but only by an amount that fairly represents the extent to which our interests are prejudiced by the act or omission.

There may be circumstances where the act or omission was necessary to protect a person or property, or it was not reasonably possible to avoid the act or omission. In those circumstances we may not refuse to pay the claim, only because of that act or omission.

5.4 Misstatement of age

Proof of age must be provided using a birth certificate, passport or driver's licence. If your age has been understated on the application for this **policy**, the benefit payable will be recalculated based on the benefit that the premium would have purchased if the correct age had been provided.

If your age has been overstated, we'll refund any excess premium you've paid.

Where the terms and conditions of a benefit vary by the age of the **life insured**, the correct age of the **life insured** will be used to determine whether a benefit is payable.

5.5 Fraudulent claims

We may refer any suspected fraudulent claims or illegal activity to the relevant law enforcement authorities and will, to the extent permissible by law, seek to recover any monies paid, expenses or damages incurred in obtaining such evidence as may be required to protect our rights. If you make a fraudulent claim under your **policy** or another policy you have with us, then to the extent permitted by law we may cancel your **policy** and may refuse to pay your claim.

6.0 Important things you need to know about your cover

We encourage our customers to make sure they understand all aspects of their Funeral Insurance, so here's what you need to know before and after you take out your cover.

6.1 When your cover starts and ends

Your **policy** starts at the **policy commencement date** and ends on the first to occur of:

- cancellation due to non-payment of premiums (following notice required by law being provided by us);
- claiming under the **Early Payout Benefit** for the last remaining **life insured**;
- the death of the last remaining **life insured** under the **policy**; or
- the date we cancel the **policy** following a request from all **policy owners**.

We'll provide you with a **policy schedule**, which sets out the details of your cover including **policy owner**, **life insured**, **cover amount** and **commencement date**. Please review your **policy schedule** when you receive it to make sure all the details are correct and keep it in a safe place, because together with this document and your application they form your contract with us. Some documents, such as your **policy schedule**, may be required in the event of a claim.

6.2 How we communicate with you

All correspondence and notices about your **policy** will be sent to the email address you give us unless you ask to receive this information in the post. You can nominate at any time to receive your **policy** correspondence by post instead of email. You should save or print a copy of any information or documents that we email to you, and keep these in a safe place so you can always refer back to them.

6.3 If you change your mind (cooling off period)

We offer a 30 day money-back guarantee, giving you time to review your **policy**, and make sure it's the right one for you. This is commonly referred to as a cooling off period. If you cancel your **policy** within 30 days of the **commencement date** and you haven't made a claim, we'll refund the premium you've paid.

You can cancel your **policy** at any time after the cooling-off period. Cancellation is effective immediately upon your request, which means you're no longer covered after that. If you've paid an annual premium and cancel your cover halfway through the year, we'll refund half of the annual premium you paid.

6.4 More than one life insured

You can have more than one **life insured** on the same **policy**, subject to entry age requirements. Each **life insured** can have a different amount of Funeral Benefit and Accidental Death Cover.

All **lives insured** will be shown individually on your **policy schedule** along with their respective premium.

If more than one **life insured** is covered under this **policy**, a reference to a **life insured** means each respective **life insured** individually.

The 30 day cooling off period only applies when the **policy** is first issued. No further cooling off period applies when a **life insured** is added to an existing **policy**.

You may apply to add a new **life insured** to your **policy** after the **policy commencement date**. If a new **life insured** is added, a new **policy schedule** will be sent to you listing all of the **lives insured** covered under the **policy**, effective as at the **issue date** of the **policy schedule**. **Lives insured** added after the **policy commencement date** will be subject to an **accidental death only period** of 12 months from the **issue date** of the new **policy schedule**.

For the Funeral Benefit, the premium for each additional **life insured** must be equal to or more than the multi-life discount given to the first **life insured**.

6.5 Alterations to existing cover

We understand that circumstances change and you may need to make changes to your cover. You may be able to make the following changes:

- update your contact details;
- add or remove a **life insured**;
- increase or decrease your **cover amount**;
- add or remove optional Accidental Death Cover;
- add or remove **beneficiaries**;
- change the premium frequency or the date we debit your bank account or credit card; and
- change how you pay your premiums.

Any changes to your cover are subject to our sole discretion and agreement. Please contact us to understand if alterations to your **policy** are possible.

You may increase the Funeral Insurance **cover amount** for each **life insured** to a maximum of \$25,000 prior to the **life insured** reaching 80 years of age. Any increased portion of the Funeral Insurance **cover amount**, requested by you, will be payable only for the **life insured's accidental death** during the first 12 months following the increase.

Alterations to your **policy** may have an impact on your premium. By adding people to your **policy** or increasing your **cover amount**, your premiums will increase. If you reduce your **cover amount**, your premiums will decrease. Changing your **cover amount** will also impact the future amount of Bonus Cover, **Early Payout Benefit** amount and the **Value Promise**. The **Value Promise** option you have will be shown in the **policy schedule** and will apply for the life of the **policy**.

While your Funeral Benefit remains in place, the Bonus Cover amount calculated on the fifth anniversary of the commencement of the Funeral Benefit will always be payable in the event of your death, even if you've since changed your Funeral Benefit.

6.6 No cash value

Your Apia Funeral Insurance **policy** does not acquire a cash value. It works just like your car and home insurance – it's not a savings plan. No premiums or refunds will be payable to you in the event of **policy** cancellation, except within the 30 day cooling-off period when an annual premium has been paid, in which case we will refund the unused portion of the premium, or if you are exercising the **Early Payout Benefit**.

6.7 Guaranteed continuation of cover

As long as you continue to pay your premiums when due, we guarantee to continue your **policy** each year until cover ends. This guarantee of continuation of cover applies regardless of any changes to your health or personal circumstances.

6.8 Currency

All payments in connection with this **policy** must be made in Australian dollars.

6.9 Statutory fund

The assets of TAL's Statutory Fund Number 1 will alone be liable for the payment of the benefits under this **policy**. You have no rights to the assets of TAL or any other TAL statutory fund.

6.10 Sanctions Laws

In limited cases, Australian and overseas laws prohibit ("sanction") payments to or from certain persons, and dealings in certain assets (including insurance policies). Where any law requires us, we will not provide cover under, accept premium for, or make a claim or other payment under the **policy**, if any **policy owner, life insured** or nominated **beneficiary**:

- is listed on the Australian Department of Foreign Affairs and Trade or other applicable Australian or overseas sanctions list, or where dealing with such person or asset is otherwise unlawful;
- live in a sanctioned country; or
- requests payment to an account of a bank listed on any Australian or relevant overseas sanctions list or if such bank is located in a sanctioned country.

We are not liable to provide cover, accept premium, or make a claim or other payment if that would expose us to any prohibited sanction under any applicable law.

6.11 Duty of utmost good faith

We and you have a duty of utmost good faith under this contract, which means that both of us must act with honesty and fairness when dealing with each other in relation to your **policy**. Under the *Insurance Contracts Act 1984* (Cth), neither of us may rely on a term of your **policy**, if such reliance would be to fail to act with utmost good faith.

6.12 Taxation

Generally, the premiums paid will not be tax deductible nor will the benefits be assessable for income tax purposes. However please refer to the following comments regarding tax and the **Early Payout Benefit**. The taxation information in this PDS is based on the continuation of present laws and their current interpretation and is a general statement only.

For comprehensive advice regarding the taxation implications of paying premiums or receiving any of the benefits under the **policy** that takes into account your personal circumstances, please contact a registered tax agent, tax (financial) adviser or the Australian Taxation Office.

Early Payout Benefit

There are income tax implications if the payout of 120% of your average Funeral Benefit is paid out before the 10th anniversary of the **commencement date**. The additional benefit from exercising the **Early Payout Benefit** may need to be included in your assessable income, and a tax offset of 30% may be available to reduce the income tax liability in respect of the additional benefit.

You should consider how the **Early Payout Benefit** may affect entitlements to government benefits such as age pensions and financial assistance for older Australians. For comprehensive advice regarding taxation please contact a registered tax agent, tax (financial) adviser or the Australian Taxation Office.

6.13 Risks of taking out insurance

There are risks involved with taking out insurance and you should be aware of these. Risks include:

- you may not select the right insurance product and cover level for your needs;
- it is possible to pay more in premiums than the amount of cover provided by the **policy**. You should consider the terms and conditions of each insurance contract before deciding to buy or continue to hold a **policy**;
- our policies do not contain a savings or investment component, which means that unless you exercise the **Early Payout Benefit**, if your **policy** is cancelled after the 30 day cooling off period, you will not receive any money back. You may need to seek assistance from a financial adviser to assist you to determine if the terms are consistent with your objectives, financial situation and needs;
- exercising the **Early Payout Benefit** may affect entitlements to the age pension and other government benefits. You may need to seek assistance from a financial adviser to assist you to determine if the **Early Payout Benefit** is consistent with your objectives, financial situation and needs;
- exercising the **Early Payout Benefit** may give rise to income tax implications if the payout of 120% of your average Funeral Benefit is paid to you before the end of the 10th **policy anniversary**, and the payout value is greater than the total premiums paid by you. The additional benefit from exercising the **Early Payout Benefit** may need to be included in your assessable income, and a tax offset of 30% may be available to reduce the income tax liability in respect of the additional benefit. For comprehensive advice

regarding taxation please contact a registered tax agent or the Australian Taxation Office; and

- you should consider if you have the financial capacity to fund the costs of cover, over the period you intend to hold the cover. This includes periods in which your financial capacity may change such as, but not limited to, changing employment circumstances, entering retirement or another change in your financial situation. You should form your own assessment of your capacity to fund premiums.

6.14 Complaints process

We offer an internal complaints department to assist with any concerns you may have about your **policy**, our services or your privacy. If you have a complaint about your **policy** or our services, please contact us on the details below:

Telephone: 13 50 50

Email: customerservice@apialifeinsurance.com.au

In writing: Internal Dispute Resolution Team
Apia Funeral Insurance
Reply Paid 5380
Sydney NSW 2001

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. More information about our complaints process can be found in the APIA Complaints Policy at <https://www.apia.com.au/privacy/complaints>

If an issue has not been resolved to your satisfaction or we do not respond to your complaint within 30 days, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au

Email: info@afca.org.au

Telephone: 1800 931 678 (free call)

In writing to: Australian Financial Complaints Authority,
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.

6.15 Life Insurance Code of Practice

We have adopted the Life Insurance Code of Practice (the Code) which sets out the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure and principles of conduct for their life insurance services, such as being open, fair and honest. It also sets out timeframes for life insurers to respond to claims, complaints and requests for information from customers. The Code covers many aspects of a customer's relationship with their life insurer, from buying life insurance to making a claim, to providing options to those experiencing financial hardship or requiring additional support. More information can be found at apia.com.au/code-of-practice

6.16 Contacting us

If there's anything we haven't answered for you here, or even if there's anything you're not completely sure about, please contact us on the details below:

Telephone: 13 50 50
Email: customerservice@apialifeinsurance.com.au
In writing: Apia Funeral Insurance
Reply Paid 5380
Sydney NSW 2001

7.0 Your privacy

This Privacy Statement is given on behalf of both TAL Life and Apia. In this section “TAL Life” means TAL Life Limited ABN 70 050 109 450 and its related companies that assist it to provide its services, “Apia” means a member of the Suncorp Group of companies which includes Australian Pensioners Insurance Agency Pty Ltd ABN 14 099 650 996, “we/us” means TAL Life and Apia collectively (or singularly/separately where the context requires) and “you/your” means the **life insured** and/or the **policy owner** as the context requires.

Personal and sensitive information is collected from you or about you to enable us to provide insurance products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to your insurance **policy** or at claim time when financial and health information about you may need to be collected to process the claim. If you do not supply the information that is required, then it may not be possible to provide the product to you or pay the claim.

7.1 Privacy policy

The ways in which your personal information is collected, used, secured and disclosed, are set out in the respective privacy policies which are available at tal.com.au/privacy and apia.com.au/privacy, and are free of charge on request.

A privacy policy contains details about the following:

- the kinds of personal information that can be collected and held;
- how your personal information can be collected and held;
- the purposes for which your personal information may be collected, held and disclosed;
- how customers may access the personal information about them which has been collected and how they can correct that information; and
- how customer complaints regarding privacy issues are dealt with.

7.2 Contacting us about privacy matters

If you have any questions regarding privacy related matters, including how we manage your information, or a privacy related complaint, please contact us on the details below:

Telephone: 13 50 50
Email: customerservice@apialifeinsurance.com.au
In writing: The Privacy Officer
Apia Funeral Insurance
Reply Paid 5380
Sydney NSW 2001

TAL Life and Apia rely on the accuracy of the information you provide. If you think the information held about you is incorrect, please let us know using the communication methods above.

7.3 Additional information about privacy issues

The website of the Privacy Commissioner which is available at www.oaic.gov.au is a useful source of additional information about both the privacy rights of individuals and the privacy laws imposed on organisations like the providers of this product. This website also contains sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology. We take no responsibility for the contents of this government run website.

7.4 Access to information held about you

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

If, for any reason, your request to access and/or update your information is declined, you'll be provided with details of the reasons. In some circumstances it may be appropriate to provide copies of complex medical information to a treating **medical practitioner** (such as your general practitioner) rather than directly to the customer so that the medical terminology can be explained.

There are some limited exemptions where you are unable to access the personal information held about you. These are not limited to but include the following circumstances:

- if the access would have an unreasonable impact on the privacy of other people;
- if the access request is frivolous or vexatious; and
- if giving access would be unlawful.

7.5 Disclosure of information

In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to other parties such as organisations to whom the providers of this product outsource mailing and information technology, government regulatory bodies, as well as disclosed to and received from companies within the Apia and TAL groups (if applicable). Your personal information (including health information) may also be disclosed to other bodies such as reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

Generally, customer information will not be used or disclosed for any purpose other than providing the products and services unless:

- you consent to the use or disclosure of the information;
- 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.

Sometimes we need to get personal information from, or provide it to, parties located overseas for the purposes outlined in this privacy statement. For more information on this including a list of countries where personal information may be disclosed, refer to our respective privacy policies.

7.6 Our marketing practices and opt-out

We and our related bodies corporate, affiliate companies and their partners, service providers and agents who operate and/or offer products and services under the Apia brand may use your personal information (including your telephone number and your email or other electronic addresses) to keep you informed about other products, services and offers which may be of interest to you.

We may do this by phone (where we have your valid consent), mail, email and SMS or other electronic messages. These consents shall remain in effect in accordance with relevant law or unless and until you notify us that you do not want to receive such direct marketing communications from the Apia brand.

In order to keep you informed about products, services and offers which may be of interest to you as well as improving our products and services that we may provide to you, we collect your personal information from and disclose it to others (including between the Apia and TAL group of companies) that provide us with specialised data warehousing, matching, trending or analytical services, as well as customer feedback, general marketing and product development services.

We may use online targeted marketing, data and audience matching and market segmentation to improve advertising relevance to you. We may also collect your personal information for marketing through competitions and by purchasing contact lists.

We, and other people who provide us with services, may combine the personal information collected from you or others, with the information we, or companies in Apia, or our service providers already hold about you.

If, in relation to the Apia brand, you do not wish to receive direct marketing communications, or do not want your personal information to be used or disclosed for marketing purposes, please call us on 13 50 50 or email customerservice@apialifeinsurance.com.au. You can update your marketing preferences at any time.

8.0 Glossary

accident/accidental: means an event where **injury** is caused solely and directly by violent, external and visible means.

accidental death: means death from a physical **injury** caused directly by violent, external and visible means.

Accidental death does not include and we will not pay any **accidental death** benefit for a death caused by:

- actual or attempted intentional self-injury or suicide;
- participation in any criminal or unlawful activity;
- being under the influence of alcohol (over the prescribed legal limit for driving a motor vehicle according to the relevant state or territory limit), illicit drugs in any dosage, or any pharmaceutical drug (whether or not prescribed by a **medical practitioner**) not taken in the correct dosage;
- war, hostilities or war-like operations (whether war is declared or not), civil commotion, civil war or rebellion, but not terrorism, outside of Australia or New Zealand;
- undertaking a **dangerous occupation**; or
- participation in **dangerous pursuits**.

accidental death only period: means the 12 month period of time that the **life insured** is covered for **accidental death** only under the Funeral Benefit. The **accidental death only period** begins at the **commencement date** of the Funeral Benefit or the effective date of any increase to the **cover amount** in relation to the increased amount.

Australian resident: means you are currently residing in Australia, received the PDS/FSG in Australia and you are a/an:

- Australian citizen;
- New Zealand citizen; or
- Australian permanent resident.

If you currently reside in Australia, received the PDS/FSG in Australia, have applied to be an Australian citizen or Australian permanent resident and are awaiting the outcome of your application, we will consider you an eligible **Australian Resident** but only as a **Life Insured** under the **Policy**.

beneficiary: means the natural person/s, institution or estate selected by you to receive, in the proportion nominated, the **cover amount** payout in the event of your death.

commencement date: means the date on which cover under your **policy** starts and is the date from which you are able to claim against the **policy** in the event of your death. Where we have agreed to add **lives insured** to the **policy** after the **commencement date** the **commencement date** of any such additional **life insured** will be deemed to be the **issue date** of the **policy schedule** we send to you confirming the addition of that **life insured**.

cover amount: means the amount payable on the death of the **life insured**, subject to the terms of cover outlined in this document, as shown in the **policy schedule**.

dangerous occupations: are those occupations that would ordinarily be regarded as dangerous including, but not limited to, test pilot, explosives workers, underground miners, bomb disposal workers and over 20 metre high window cleaners. This does not include normal travel to and from **dangerous occupations**.

dangerous pursuits: are those activities that would ordinarily be regarded as dangerous, including but not limited to professional sports, hang gliding, underwater diving beyond 30 metres, motor car or motor cycle sports, speed contests, skydiving, parachuting and flying in an aircraft (except as a fare-paying passenger or aircrew travelling on a commercial airline). This does not include normal travel to and from **dangerous pursuits**.

Early Payout Benefit: means the amount payable at the time of claim on or after the **policy anniversary** after the **life insured** reaches age 85, being 120% of the average Funeral Insurance **cover amount** for that **life insured** over the period that the Funeral Benefit was active. The average Funeral Insurance **cover amount** takes into account any changes made to a **life insured's** Funeral Benefit and the time each **cover amount** is in place.

immediate family member: means a spouse, de facto partner (same or opposite sex), child, grandchild, parent, grandparent, sibling, aunt, uncle, cousin, niece or nephew.

injury: means an **accidental** bodily **injury** suffered by the **life insured** after the cover **commencement date** or in the case of an increase to a benefit, after the commencement of the increase. The **injury** must be caused directly and solely by an **accident**.

issue date: means the date on which a new **policy schedule** is issued due to changes made to your **policy**. This is the date from which you are able to claim against the **policy** for **lives insured** or other benefits added on that date.

life insured or lives insured: means a person or persons that we have agreed in writing to insure under this **policy** as stated in the **policy schedule**. Also described as 'you' or 'your' in this document.

medical practitioner: means a person who is registered as a **medical practitioner** in Australia, other than:

- the **life insured** or the **policy owner**;
- a business partner, colleague or employer of the **life insured** or the **policy owner**; or
- an **immediate family member** of the **life insured** or the **policy owner**.

If practising other than in Australia, the **medical practitioner** must be approved by us, acting reasonably, and have qualifications equivalent to Australian standards.

Physiotherapists, nurse practitioners, and/or alternative therapy providers, chiropractors and acupuncturists, for example, are not considered by us to be medical practitioners.

policy: means the legal contract between the **policy owner** and us. This document, the application and the **policy schedule** and any special conditions or endorsements make up the **policy**.

policy anniversary: means each anniversary of the **commencement date**.

policy owner: means the natural person shown in the **policy schedule** as the person to whom the **policy** has been issued. Also described as 'you' or 'your' in this document.

policy schedule: means the document provided to you by us, containing details of the **life insured**, **cover amount** and **commencement date** under this **policy**. Your **policy schedule** will be updated by us as a result of:

- any changes you make to your **policy** and agreed to by us; and/or
- any changes made by us in accordance with the terms and conditions of the **policy**.

Value Promise: means that at the time of a claim for the Funeral Benefit, the claim payout for the **life insured** will be the higher of:

1. the **cover amount** then in place plus any Bonus Cover, where applicable; or
2. the relevant **Value Promise** option you have selected and as shown on your **policy schedule**, as described below:
 - where you have selected the 100% **Value Promise** option, 100% of the total premiums paid for the **life insured's** Funeral Benefit; or
 - where you have selected the 70% **Value Promise** option, 70% of the total premiums paid for the **life insured's** Funeral Benefit.

The **Value Promise** option you have selected will be shown in your **policy schedule** and will apply for the life of the **policy**.

Note: The **Value Promise** does not apply to a **life insured's** optional Accidental Death Cover.

We, us, our mean TAL Life Limited, ABN 70 050 109 450 AFSL 237848.

You, and your mean the **policy owner** and/or **life insured** as the context requires.

9.0 Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by TAL. It sets out the conditions for using direct debit to pay your insurance premiums. Please keep this agreement in a safe place for future reference.

9.1 How direct debit works

On the day your premiums are due, we send a request to your financial institution to debit the payment from your nominated account.

It usually takes between 1 to 3 days for the funds to be deducted — so make sure you keep enough money in your account during this time. If there are insufficient funds in your account to cover your premium payment, your bank may charge you a dishonour fee, and your insurance cover may lapse. TAL does not charge a dishonour fee for missed payments, but we may cancel your cover if your premiums remain unpaid.

When we deduct your payments

Usually we'll deduct your payment on the day it is due. Here are the exceptions:

- weekends — we'll deduct your payment the next business day, usually Monday; and
- public holidays — we'll deduct your payment the next business day. For public holidays that do not apply in all states, we'll deduct your payment the day it's due.

Our promise to you

We promise to:

- give you at least 10 business days written notice of changes to this agreement; and
- keep your nominated account information confidential, except where conducting direct debits with your financial institution, or otherwise as required by law.

Your commitment to us

You agree that:

- you've given us the correct account details (please check a recent account statement to confirm);
- the account you've nominated allows direct debit payments;
- all account holders are party to this agreement; and
- sufficient funds will be available on the due dates to cover your direct debit payments.

9.2 How to make changes

To make a change to your direct debit arrangement, please contact us on 13 50 50. We can help you with:

- changing your nominated account details;
- delaying, stopping or suspending any debits; and
- cancelling the agreement completely.

We'll need at least 2 business days notice before your next payment for these changes to take effect. If you delay, suspend, stop or cancel your direct debit payment, you'll need to make alternative payment arrangements to ensure your insurance cover can continue.

10.0 Financial Services Guide

This Financial Services Guide (FSG) is provided by TAL Direct Pty Limited ABN 39 084 666 017 (TAL Direct, the Licensee, we, us and our). TAL Direct holds an Australian Financial Services Licence (AFSL 243260) and is related to the insurer TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL Life). TAL Direct and TAL Life are part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies (TAL).

10.1 Purpose of this Financial Services Guide

This FSG is designed to assist you in deciding whether to use any of the services we offer. It contains important information about:

- the services we are authorised to provide under our Australian Financial Services Licence (AFSL);
- the remuneration received by us and any other relevant parties;
- who we act for when providing the financial services;
- how we handle your personal information;
- our internal and external dispute resolution services; and
- our compensation arrangements.

TAL Direct is responsible for the content of this FSG and has authorised its distribution.

10.2 Our services

TAL Direct is authorised under its AFSL to:

- provide financial product advice on life risk, and superannuation to retail clients;
- provide general advice only on general insurance products to retail clients;
- deal in life risk and general insurance products to retail clients; and
- arrange superannuation products for retail clients.

10.3 About our representatives

A number of representatives have been appointed by TAL Direct to provide a financial service over the telephone and via webchat. These people have received specialist training to discuss the products we offer. They are only authorised to provide general advice. TAL Direct is responsible for any financial service provided by a representative over the telephone or via webchat.

10.4 General advice warning

It's important that you understand and are happy with your purchase decision. Any advice you receive is general advice only and has been prepared without taking into account your objectives, financial situation or needs. Before acting on the advice, you should obtain a copy of the relevant product disclosure statement (PDS) and consider it carefully before deciding whether or not to acquire the product.

10.5 Who we act for

When our representatives provide general financial product advice, or arrange for the insurer to issue policies, they act for TAL Direct.

TAL Direct has been authorised under an arrangement called a 'binder':

- by TAL Life, for life cover;

to:

- enter into, vary or cancel insurance cover; and
- until 8 December 2021, manage, administer and settle claims;

on behalf of the insurer as if it were the insurer. This means that TAL Direct is acting for the insurer in these circumstances.

From 9 December 2021, TAL Direct will cease to manage, administer and settle claims on behalf of this insurer.

TAL Direct's authority is subject to the limits of authority agreed to with the insurer.

The insurer's registered address is:

- TAL Life Ltd, Level 16, 363 George Street,
Sydney NSW 2000

10.6 Our associations and relationships

It's important that you are aware of the relationships we have with other service providers so you can decide on the services you wish to use. Given that we are a TAL group company, we are affiliated with TAL Life.

If our representatives provide general advice or recommend a product issued by a TAL group company, the TAL group company may benefit from this by receiving fees (including product, administration, investment or management fees) charged on that product. The amount and calculation of those fees are shown in the relevant product disclosure document. Further, we and our representatives may also benefit if a TAL group company product is issued to you, or a TAL group company product you hold is varied, as a result of the general advice provided to you. You can request details of this remuneration from us before you apply for your TAL group product – see the 'How to contact us' section for details.

Companies in the TAL group may provide services, and obtain fees and charges or other benefits from the product issuer or service provider if you obtain a product or service from a company in the TAL group. These relationships will be detailed in the relevant disclosure document. Where we enter into transactions with related parties, we operate in accordance with the related party protocols and TAL policies and procedures which require us to transact on terms that would be reasonable if the parties were dealing at arm's length.

10.7 Dispute resolution process

If you have a complaint about your **policy**, our services or your privacy, please contact us on the details below:

Telephone: 13 50 50
Email: customerservice@apialifeinsurance.com.au
In writing: Apia Funeral Insurance
Reply Paid 5380
Sydney NSW 2001

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. More information about our complaints process can be found in the APIA Complaints Policy at <https://www.apia.com.au/privacy/complaints>

If an issue has not been resolved to your satisfaction or we do not respond to your complaint within 30 days, you may lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au
Email: info@afca.org.au
Telephone: 1800 931 678 (free call)
In writing: Australian Financial Complaints Authority,
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.

AFCA is an independent body and its service to you is free. Different terms of reference are applied by AFCA depending on whether your complaint relates to a life insurance product or a general insurance product. Please refer to the AFCA website for details.

10.8 Personal information

Personal and sensitive information (together ‘personal information’) is collected from you to enable TAL Direct and the insurer to provide their products or services to you. Further information may be requested from you at a later time, such as during the underwriting assessment, if you want to make alterations to your insurance **policy**, or when you make a claim.

The way in which we collect, use and disclose your information is described in our Privacy Policy which is available at tal.com.au, and is free of charge on request. If you have any questions or complaints relating to your privacy, please contact us. Generally, you are entitled to gain access to information we hold about you. If you wish to request access, please let us know.

If you do not supply the requested information to us we may not be able to provide our products and services to you such as issue a **policy** or assess a claim. In processing and administering your insurance (including at the time of claim) your personal information may be collected from, or disclosed to, the insurer and AFSL as well as any related bodies corporate including the third parties if it is legally permitted or authorised to do so. For example, we may need to collect information from, or disclose information to,

general practitioners or health services providers to verify any health information you provide. Other examples include financial advisers, our related bodies corporate and other companies with which we have a business arrangement such as organisations to whom we outsource our mailing, administration and information technology, investigators, reinsurers, government agencies and law enforcement bodies if required or authorised to do so, or any person acting on your behalf such as a lawyer or accountant.

Information regarding the privacy rights of individuals is available at www.oaic.gov.au which is the website of the Office of the Australian Information Commissioner.

10.9 Opt-out

From time to time we and TAL group of companies may use your information to offer, invite you to apply or promote and market (by all communication channels, including telephone) our products (including life insurance) and services to you. Your consent shall remain in effect in accordance with relevant law or until you tell us otherwise. If you do not want to receive telemarketing calls, or any information on other products (including life insurance) or services offered under the relevant brand by us or the insurer, please contact us on 13 50 50.

10.10 Remuneration

When insurance is arranged for you, you will be required to pay a premium and this will be paid to the insurer of the product. The premium includes any commission payable by the insurer for distributing the product so you do not need to pay any extra.

Where a representative arranges a **policy** for you over the telephone, that representative may in addition to their salary receive additional variable remuneration from TAL. The amount of this remuneration is dependent on a number of factors including the number of policies issued and the quality of the representative's conduct.

If we provide you with a financial service you are entitled to request details of this remuneration, and may do so by contacting us on the number specified in this FSG. There may be circumstances where additional commissions, bonuses and non-cash incentives are paid and these will accrue from time to time. These are not an additional cost to you. TAL may also pay referral fees or commissions to people or organisations that refer new customers to us. The referral fee may be paid in the form of an upfront commission fee and/or periodical trail fees. This will be at no additional cost to you. In addition to paying referral fees, TAL may from time to time give other non-cash benefits to referral partners.

10.11 Direct Debit Request summary

This summary describes how the Direct Debit Request system works. The full Direct Debit Request Service Agreement (Agreement) is available to you at apia.com.au/funeral. You should read the Agreement carefully as it explains your rights and obligations relating to your ongoing direct debits.

When you complete your bank details and sign the authority, you are authorising the direct debit of the appropriate premiums from your nominated account. Your authority will be kept confidential at all times. If your premium cannot be paid (for example there's not enough money in your nominated account) your bank may dishonour that payment, in which case your **policy** may lapse. Insurance cover ceases when the **policy** has lapsed.

If you have concerns about its operation or you subsequently need to change any aspects of the authority, please contact us. From time to time updates about our services which are subject to change and which are not materially adverse to you may be found at apia.com.au/funeral and if you request a paper copy of any updated information, this will be provided to you without charge.

10.12 Compensation arrangements

TAL Direct is part of TAL and we confirm that TAL retains professional indemnity (PI) insurance to cover the activities of licensees within TAL, including TAL Direct. This PI cover is maintained in accordance with the law, is subject to its terms and conditions and provides indemnity up to the sum insured for the activities of the representatives of TAL and TAL Direct.

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How to contact us



13 50 50



Apia Funeral Insurance, GPO Box 5380,
Sydney NSW 2001



customerservice@apialifeinsurance.com.au

Issuer of this PDS:

TAL Life Limited

ABN 70 050 109 450, AFSL 237848

Level 16, 363 George Street, Sydney NSW 2000

Issuer of this FSG:

TAL Direct Pty Limited

ABN 39 084 666 017, AFSL 243260

Reply Paid 5380, Sydney NSW 2001

