

**ANZ SMART CHOICE SUPER
FOR EMPLOYERS AND THEIR EMPLOYEES
NIPPON LIFE INSURANCE AUSTRALIA
AND NEW ZEALAND LIMITED (ACENDA)
ARISTOCRAT TECHNOLOGIES PTY LTD
SUPERANNUATION PLAN**

INSURANCE GUIDE | 1 MAY 2026
DEATH AND TOTAL PERMANENT DISABLEMENT COVER
INCOME PROTECTION COVER



ANZ SMART CHOICE SUPER

ENTITY DETAILS IN THIS INSURANCE GUIDE

Name of legal entity	Registered numbers	Abbreviated terms used throughout this Insurance Guide
Retirement Portfolio Service	ABN 61 808 189 263 RSE R1000986	Fund
OnePath Custodians Pty Limited	ABN 12 008 508 496 AFSL 238346 RSE L0000673	OnePath Custodians, OPC, Trustee, us, we, our
Nippon Life Insurance Australia and New Zealand Limited	ABN 90 000 000 402 AFSL 230694	Insurer
Australia and New Zealand Banking Group Limited	ABN 11 005 357 522 AFSL 234527	ANZ
Oasis Asset Management Limited	ABN 68 090 906 371 AFSL 553529	Oasis Asset Management, Administrator
Aristocrat Technologies Australia Pty Ltd	ABN 22 001 660 715	Employer
Aristocrat Technologies Australia Pty Limited Superannuation Plan		Employer Plan

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IMPORTANT INFORMATION

This Insurance Guide must be read together with the ANZ Smart Choice Super for employers and their employees Product Disclosure Statement (ANZ Smart Choice Super PDS) dated 1 December 2025.

ANZ Smart Choice Super for employers and their employees (ANZ Smart Choice Super) is part of the Fund. When an employer joins ANZ Smart Choice Super, their nominated employees become members of the Fund. OnePath Custodians is the Trustee of the Fund and is the issuer of this Guide.

This Guide is issued for the information of new members joining the Employer Plan on or after the issue date of this Guide. Other members should refer to the insurance guide that they received on joining the Employer Plan because the information in this Guide might not be accurate for them.

OPC is a member of the Insignia Financial group of companies, comprising Insignia Financial Ltd (ABN 49 100 103 722) and its related bodies corporate (Insignia Financial Group). The ANZ brand is a trademark of ANZ and is used by OPC under licence from ANZ.

The information in this Guide is of a general nature and has been prepared without taking into account your objectives, financial situation or needs. You should obtain financial advice tailored to your personal circumstances. Before acting on the information or advice, you should consider whether it is appropriate for you, having regard to your objectives, financial situation and needs. You should obtain a copy of the ANZ Smart Choice Super PDS before making any decision about whether to acquire, or to continue to hold, the superannuation product. You can obtain a copy of the PDS by contacting Customer Services on 13 12 87.

The Fund is governed by a trust deed (**Trust Deed**). Together with superannuation law, the Trust Deed sets out the rules and procedures under which the Fund operates and the Trustee's duties and obligations. If there is any inconsistency between the Trust Deed and the PDS or this Guide, the terms of the Trust Deed prevail. A copy of the Trust Deed is available from us at no extra charge.

In the case of this Guide, cover is provided by Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda (**the Insurer**) under group policies issued to the Trustee. Any references to the insurer in this guide or any communications in relation to the plan will refer to the insurer by its trading name, Acenda. In respect of such policies, the Trustee reserves the right to change insurer, or vary the Benefits or Insurance fee rates from time to time. A separate policy for Death and Total and Permanent Disablement (**TPD**) and Income Protection arrangements applies and each will be referenced as '**Policy**' throughout this Guide.

Important information about your insurance contract:

This document does not contain full details of the contract between OnePath Custodians Pty Ltd and its Insurer and only offers a general guide to the insurance offered by OnePath Custodians Pty Ltd. The insurance is provided under a contract between the Trustee and Acenda. If there is any conflict between this document and the insurance contract with Acenda, the insurance contract will prevail.

Where the Insurer imposes loadings or exclusions as a result of the member's health, pastimes or other individual circumstances, the Insurer will write to the Trustee and provide specific details relating to the member's cover. The member will receive notification where this occurs.

The Trustee is responsible for the contents of this Guide.

The ANZ Smart Choice Super PDS comprises the following documents:

- ANZ Smart Choice Super for employers and their employees Product Disclosure Statement dated 1 December 2025;
- ANZ Smart Choice Super for employers and their employees Additional Information Guide (AIG);
- ANZ Smart Choice Super for employers and their employees Fees Guide;
- ANZ Smart Choice Super Buy-Sell Spread Guide; and
- This Guide.

The information in this document forms part of the ANZ Smart Choice Super PDS dated 1 December 2025.

The purpose of this Guide is to give you more information and/or specific terms and conditions referred to in the PDS. You should consider all that information before making a decision about ANZ Smart Choice Super.

If you invest in ANZ Smart Choice Super, you can access a copy of the PDS, the AIG and any matter that is applied, adopted or incorporated in the PDS from our website at www.anz.com.au/smartchoicesuper > Downloads – important documents.

To the extent that you are provided with cover as set out in this Guide, these terms and conditions will prevail over those set out in the ANZ Smart Choice Super for employers and their employees Insurance Guide dated 1 December 2025. This Guide, the link to which was included in your Welcome Pack or Insurance Activation Letter (as applicable), contains all the information about the insurance applicable to your Employer Plan.

You may also request a copy of all information (including this Guide) at no extra charge by contacting Customer Services on 13 12 87. A Target Market Determination for the product is available at www.anz.com.au/support/rates-fees-terms/target-market-determinations/

Trustee contact details

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Website: www.anz.com.au/smartchoicesuper

INSURANCE IN ANZ SMART CHOICE SUPER

This Guide has been prepared to provide general information about the insurance your **Employer** has arranged with the **Trustee** on behalf of its employees who are members of your **Employer Plan**. It explains the terms and conditions of the insurance policy (**Policy**) the Trustee has entered into with the Insurer for those members of your Employer Plan who are insured.

This Guide summarises the insurance arrangements for your Employer Plan and is specific to this Employer Plan. If you are not part of this Employer Plan then please contact Customer Services to obtain the relevant and appropriate insurance guide for your arrangement.

Each Policy, Policy Schedule and endorsements to the Policy form the complete terms and conditions between the Insurer and the Trustee. This Guide sets out the main terms of the Policy covering your Employer Plan within ANZ Smart Choice Super. This Guide is not a legally binding contract of insurance with the Insurer.

Insurance cover is subject to eligibility, acceptance and other terms and conditions of the Policy. In the event of any inconsistency between the terms and conditions of the Policy and this Guide, the Policy terms and conditions will prevail. The Trustee may change the Insurer and/or terms (including insurance fee rates) of the insurance cover at any time with appropriate notice.

Details of the type of insurance cover and the value of cover in place for you will be shown on your Welcome Pack or Insurance Activation Letter (as applicable) and subsequent Annual Statements each year.

To view, manage and consolidate your super, simply log on to www.anz.com.au/smartchoiceaccess or the ANZ App*, or call Customer Services on 13 12 87.

Any material alteration to the terms and conditions outlined in this Guide will be advised in writing.

*Not available on ANZ Plus App.

When reading this Guide, some expressions (shown capitalised, and bold when first used) have a special meaning. The meaning is either explained in context, or in the Appendix or Definitions sections in this Guide.

WHAT TYPE OF COVER IS AVAILABLE?

Your Employer can select:

- **Death only Cover;**
- **Death and Total and Permanent Disablement (TPD) Cover;** and/or
- **Income Protection (IP) Cover.**

for your Employer Plan.

Your Employer may also choose an amount of **Default Cover** to apply to your Employer Plan.

The type of cover, and the amount of Default Cover, your Employer has selected for your Employer Plan is set out in the Appendix.

The particular benefits arranged for you will be specified in the Welcome Pack sent to you or Insurance Activation Letter (as applicable). Benefits described in this Guide that are not listed in your Welcome Pack may not be available to you.

You may also be eligible to apply for additional cover or cover that differs from the Default Cover applicable to your Employer Plan. This is **Voluntary Cover**.

Please refer to the 'What is Default Cover?' and 'What is Voluntary Cover?' sections of this Guide for further details.

Generally, if you are a member who is eligible for insurance, you will be covered 24 hours a day, 365 days a year, worldwide. The Appendix will specify whether there are any restrictions on cover while you are overseas.

WHEN ARE YOU ELIGIBLE FOR COVER?

To be eligible for the insurance cover established for your Employer Plan, you will generally be required to meet pre-determined eligibility criteria. These criteria, which are set out in the Policy, may include the following items:

- your age;
- occupation;
- employment status;
- hours of work.

The Trustee and the Insurer will assess eligibility to the extent possible based on the details provided by your Employer. To avoid being charged insurance fees for cover you are ineligible for, please ensure that you notify us if you are aware of any reason why you may not be eligible or contact us if you would like to discuss whether you are eligible for Default cover.

If the Trustee and/or the Insurer are told or otherwise become aware that they have accepted insurance fees for cover for which the member is ineligible, the relevant insurance fees will be refunded and no insurance cover will apply for any period during which the member was ineligible. You can elect to cancel, opt-out of or reduce your Default cover at any time by contacting Customer Services on 13 12 87.

For the specific eligibility criteria that applies to your Employer Plan, refer to the Appendix.

WHAT IS DEFAULT COVER?

Your Employer may have chosen Default Cover for your Employer Plan.

Default Cover is cover that is provided to eligible members, without the member needing to provide any evidence of health. Default Cover is called 'Automatic Acceptance Cover' in the insurance policy (Policy).

At the time your account is created, your Employer is required to give us the details necessary to:

- determine your eligibility for insurance cover;
- calculate the sum insured that you are entitled to; and
- determine the insurance fee rates and any loadings that are applicable to you.

If your Employer does not provide this information, or until this information is provided, we cannot establish insurance cover in your ANZ Smart Choice Super account. If the information is not provided to us within 180 days of you commencing employment with your Employer, you may no longer be eligible for Default cover. In this instance, you may need to apply to the Insurer for cover, and it will be at the discretion of the Insurer as to whether this cover is provided to you and the terms applicable to that cover.

To ensure your details have been set up correctly by your Employer, check the details found in your Welcome Pack, or Insurance Activation Letter (as applicable) including gender, occupational category (if applicable), date of birth, types of insurance and sum insured. If you believe that any of this information is incorrect, you must advise both us and your Employer immediately.

You can also view the sum insured, type of insurance and your insurance fees online. Simply register for ANZ Smart Choice Super online access at www.anz.com.au/smartchoiceaccess or the ANZ App by calling Customer Services on 13 12 87.

If you are eligible, the level of Default Cover you receive will be determined by the **Benefit Design** for your Employer Plan and specifically the membership category applicable to you. This Plan's Benefit Design is set out in the Appendix. To find out the membership category applicable to you, call Customer Services on 13 12 87. If you believe that you are in an incorrect membership category, please contact both us and your Employer immediately as your eligibility for a future benefit or claim may be affected if you are not in the appropriate membership category.

Default Cover will be provided up to a maximum amount, called the **Automatic Acceptance Limit (AAL)**. The Insurer may have the right to vary or remove the AAL. Refer to the Appendix for further details about the AAL.

Depending on the Benefit Design for your Employer Plan, your **Sum Insured** may also increase or decrease. Any increase in the Sum Insured will be limited to that allowed under the AAL.

Note: If the Benefit Design uses your **Salary** to calculate a benefit, your Employer must notify us of all salary changes as they occur. If we are not notified of a change in salary, and no additional **Insurance fee** has been paid, in the event of a claim the Insurer may pay a lower benefit based on the salary previously advised, or the salary at the last review date.

If you are not eligible to obtain Default Cover, or you have Default Cover, but want a greater amount of cover (including an amount above the AAL), you must apply to the Insurer by submitting an application for Voluntary Cover. For further information see 'What is Voluntary Cover?'

WHAT IS VOLUNTARY COVER?

This is usually a fixed amount of Death or Death and TPD and/or Income Protection cover provided subject to underwriting by the Insurer. Depending on the Benefit Design your Employer has chosen, if you are not eligible for Default Cover, you may be able to apply for:

- Death only Cover;
- Death and TPD Cover; and/or
- IP Cover.

The Appendix sets out the types of cover you can apply for and any eligibility criteria you must meet to be able to apply for cover. You cannot apply for TPD Cover without Death Cover.

You can also apply to increase your existing Sum Insured, up to the **Maximum Benefit Level**. The Appendix sets out the Maximum Benefit Level that applies to your Employer Plan. A different Maximum Benefit Level may apply to the different types of cover available.

You can apply to increase the Sum Insured of your Death Cover only or TPD Cover only, or the Sum Insured for both your Death and TPD Cover. However, you cannot apply to increase the Sum Insured of your TPD Cover above that of your Death Cover.

All applications for Voluntary Cover will be subject to the Insurer's acceptance, following the provision of medical evidence as required by the Insurer. The Insurer reserves the right to offer modified acceptance terms or decline applications for Voluntary Cover for any reason.

To apply for Voluntary Cover, please contact Customer Services on 13 12 87. You may be contacted by us for additional evidence or further information.

While your application is being considered by the Insurer, you may be eligible for **Interim Cover** (if applicable). Refer to the Appendix for more information.

WHEN DOES COVER COMMENCE?

The commencement date of your cover depends on whether it is Default Cover or Voluntary Cover.

DEFAULT COVER

The commencement date of Default Cover is determined by the terms and conditions applicable to your Employer Plan. In some cases this will also be determined by the category established for you by your Employer. Refer to the Appendix for more information.

VOLUNTARY COVER

Cover commences on the date the Insurer approves your application provided there are sufficient funds in your account to pay for the Insurance fees. We will send a letter to you confirming your cover and the date that your cover commenced.

COVER ACCEPTANCE

Where the Insurer approves your cover or any change in cover on altered terms, your acceptance of these will be required.

REDUCING, OPTING-OUT OF OR CANCELLING YOUR COVER

You can reduce the amount of your cover, opt-out of or cancel your cover, at any time by contacting Customer Services on 13 12 87. You cannot reduce your Death **Sum Insured** to an amount below your TPD Sum Insured.

If you reduce, opt-out of or cancel your cover (including Default Cover), your cover may not be increased or reinstated if you wish to do so at a later time. You must apply for any increase in cover.

If you cancel your cover within the first 30 days of its commencement, in some circumstances, some or all of the premiums in respect of any cancelled cover may be refunded to your superannuation account. For more information, call Customer Services.

COVER FOR LOW-BALANCE ACCOUNTS AND FOR MEMBERS UNDER THE AGE OF 25 YEARS

Under the Putting Members' Interests First (PMIF) legislation, unless covered by an exception, default insurance cover cannot be automatically provided to:

- members under 25 years old; or
- members who have a superannuation balance of less than \$6,000 (regardless of their age).

You may still opt-in to add insurance cover to your super account or to retain your existing insurance coverage. You will receive notification explaining the changes and how you can retain your insurance cover.

Please note that an exception may apply if:

- you are an emergency services worker, or work in a 'dangerous occupation' (subject to the Trustee making an exclusion election), or
- your Employer fully meets the cost of your insurance cover.

WHAT ARE THE BENEFITS?

DEATH BENEFIT AND TERMINAL ILLNESS BENEFIT

Subject to any restrictions that apply to your cover, your lump sum **Death Benefit** will be paid if you die while your Death Cover is in place and current.

The amount of your Death Benefit will be your Sum Insured for Death Cover on the date of death plus your superannuation account balance.

You can claim a lump sum Terminal Illness Benefit if you become **Terminally Ill** while your Death Cover is in place and current. Refer to the 'Type of cover available' section of the Appendix to confirm whether a Terminal Illness Benefit is available with the Employer Plan.

Note: If you have insurance within your super, it is important to understand the terms and conditions as you may not be able to claim a Terminal Illness benefit until your life expectancy is limited to 12 months. If you withdraw your super balance when your life expectancy is 24 months, you may wish to consider maintaining some money in your super account to keep the account open and to ensure a sufficient balance to pay any insurance fees.

Withdrawing your full balance could result in the loss of valuable insurance cover.

You must meet the Insurer's claim requirements and satisfy the Insurer on medical and other evidence that you meet the definition of Terminal Illness before the insured benefit will be paid.

Other restrictions may also apply to your Employer Plan. Refer to the Appendix for more information.

TOTAL AND PERMANENT DISABLEMENT (TPD) BENEFIT

You can claim a lump sum TPD Benefit if you become Totally and Permanently Disabled while your TPD Cover is in place and current. The Appendix sets out the definition of **Total and Permanent Disablement** applicable to your Employer Plan and in some cases to your particular category.

You must meet the Insurer's claim requirements and satisfy the Insurer on medical and other evidence that you meet the definition of Total and Permanent Disablement before the insured benefit will be paid.

Other restrictions may also apply to your Employer Plan. Refer to the Appendix for more information.

AMOUNT OF DEATH BENEFIT AND TPD BENEFIT

The Sum Insured for each type of cover you have cannot exceed the Maximum Benefit Level for that type of cover, as set out in the Appendix.

Generally, payment of a Terminal Illness Benefit will reduce the Sum Insured of your Death Cover. If your **Sum Insured** for Terminal Illness Cover and Death Cover are the same amount, your Death Cover will cease. Refer to the Appendix for more information.

Payment of a TPD Benefit will also reduce the Sum Insured of your Death Cover. If your Sum Insured for TPD Cover and Death Cover are the same amount, your Death Cover will cease.

The Sum Insured for your TPD Cover cannot exceed the Sum Insured for your Death Cover.

INCOME PROTECTION (IP) BENEFIT

IP Cover is designed to provide you with a monthly amount while you are Totally Disabled or Partially Disabled, to assist you to meet your day-to-day living expenses during your recovery period, giving you time to focus on your health and recovery.

You can claim the monthly Total Disability Benefit if you are Totally Disabled for longer than the **Waiting Period**, while your IP Cover is in place and current.

You can claim the monthly Partial Disability Benefit if you become Partially Disabled while your IP Cover is in place and current. If your Employer has selected IP Cover for your Employer Plan, the Appendix sets out the definition of Total Disability and/or Partial Disability that applies to your Employer Plan.

You must meet the Insurer's claim requirements and satisfy the Insurer on medical and other evidence that you meet the definition of Total Disability or Partial Disability before the insured benefit is paid. The Insurer may also have ongoing claim requirements.

If your Employer has selected IP Cover to apply to your Employer Plan, the Appendix will set out:

- how the monthly amount of your Total Disability Benefit and Partial Disability Benefit will be calculated;
- the period of time during which the Insurer will pay a Total Disability Benefit or Partial Disability Benefit. This is known as the Benefit Payment Period;
- the Waiting Period – the monthly benefit starts to accrue from the day after the end of the Waiting Period; and
- any other terms that apply.

WHEN WE WON'T PAY BENEFITS

The Insurer won't pay benefits in certain circumstances. These circumstances are set out in the Appendix.

It is important that you be aware of when a benefit will not be paid.

WHO IS A BENEFIT PAID TO?

As the insurance Policy is issued to the Trustee and cover is offered to you under the Policy as a member of ANZ Smart Choice Super, the Insurer will pay any Benefits to the Trustee. Once we receive the proceeds from the Insurer these will be held in the superannuation environment, in the ANZ Smart Choice Cash investment option. If you would like to switch this amount to another investment option you can do so online. Simply register for ANZ Smart Choice Super online access at www.anz.com.au/smartchoiceaccess or by calling Customer Services. Upon meeting a condition of release, you will receive the benefit amount in accordance with the Fund's Trust Deed, adjusted positively or negatively, for investment earnings. We do not guarantee the payment of an insured benefit or the performance of the Insurer.

Any claims made on the Policy must be made through the Trustee as the Policy owner. Before the Trustee can pay any insurance Benefit to you or your beneficiary(ies), the claim must be accepted by the Insurer and approved by the Trustee.

The Trustee may only release a Benefit (including any Terminal Illness, TPD or Income Protection Benefit paid to the Trustee by the Insurer) where you have met a 'condition of release' under superannuation law. If the Trustee cannot release your Benefit, any proceeds will be credited to your super account and paid when you meet a condition of release.

The Trustee will pay any Death Benefit (comprising your account balance and any sum insured amounts for cover in place and current) at the claim date, to the beneficiary(ies) you have nominated in your non-lapsing nomination, unless there is no nomination or your nomination is defective or has been cancelled. See 'Nominating a Beneficiary' in the AIG for information about nominating beneficiaries and non-lapsing nominations and how the Trustee determines a claim if there is no nomination on your account.

If the Insurer rejects, reduces or defers a claim, the Trustee may reduce the Benefit payable to take into account the Insurer's refusal, reduction or deferral. However, after the Trustee has reviewed all relevant medical reports and documents that the Insurer relied upon to make its decision, if the Trustee is of the view that the claim has a reasonable prospect of success, the Trustee will do everything that is reasonable to pursue the matter on your behalf.

WHAT ARE THE COSTS OF INSURANCE?

INSURANCE FEES

The Insurance fees applicable to your Employer Plan are set out in the Appendix. The Insurance fee that applies to you may depend on a variety of factors, including but not limited to:

- the type and level of cover;
- your age;
- your salary;
- any relevant rating factors applicable to your Employer Plan; and/or
- your health and pastimes.

PAYMENT OF INSURANCE FEES

Insurance fees are calculated daily and deducted monthly in advance from your account balance.

If you do not have sufficient funds in your account to cover the Insurance fee, you will be advised in writing. You will be given prior notice to contribute the required funds to your account before your cover may be cancelled.

Your Employer may agree to pay your Insurance fees on your behalf, by way of an Employer additional contribution to reimburse for the Insurance fees deducted from your account. Your Employer may also cancel such an arrangement at any time. Under these conditions, including if you leave your Employer, you may be liable to pay the Insurance fee, including any unpaid fees owing. If your Employer agrees to pay Insurance fees for your Default Cover, and you wish to cancel or opt out of such cover, you should co-ordinate this with your Employer.

For IP Cover, should you wish to change your waiting period or benefit period to a basis other than that provided as the plan's default benefit design, your Employer will no longer meet the cost of cover on your behalf. From then, the Insurance fees for Voluntary cover will apply.

If your Employer terminates its Employer Plan in ANZ Smart Choice Super, your insurance cover – any default and voluntary amounts, will cease and your account will no longer be linked to your Employer. This is to avoid you having duplicate default cover established and incurring multiple Insurance fees. You will receive notification prior to this occurring.

The actual Insurance fee payable for your cover will be advised in the Welcome Pack provided upon joining ANZ Smart Choice Super or Insurance Activation Letter (as applicable), and then for each subsequent year in the Annual Statement issued as at 30 June.

If your Employer pays your Insurance fees, and you wish to cancel your insurance, you will need to make this request through your Employer.

Further details on your Insurance fees are detailed in the Appendix.

INSURANCE FEE WAIVER

In some cases the Insurer will waive the payment of Insurance fees for IP Cover (where applicable) for you which fall due while you are receiving a benefit.

If this applies to your Employer Plan, further information will be provided in the Appendix, under 'Waiver of premium (Insurance fees)'.

TAXES AND EXPENSES

Insurance fees are inclusive of any applicable:

- administration fees the Insurer charges;
- Federal, State or Territory taxes, or other government charges; and
- expenses incurred in administering any function required by a Federal, State or Territory Government under any legislation in relation to the Policy.

Benefit payments under Income Protection cover are generally considered to be income replacement, and are treated as assessable income. Therefore, the applicable Pay As You Go (PAYG) tax will be deducted before any payment is made to you.

Any applicable stamp duty and taxes are included in the Insurance fees.

The Insurer may vary or otherwise adjust any amounts (including but not limited to Insurance fees, charges and benefits), under the insurance policies in the manner and to the extent the Insurer determines to be appropriate to take account of the tax.

WHEN DOES YOUR COVER CEASE?

Your cover will end on the earliest date you meet any of the criteria specified in the 'When does cover cease?' section of the Appendix of this Guide.

It is very important that you be aware of the dates your cover will end, as depending on the event, you may not receive prior notification of your cover ceasing from either the Trustee or the Insurer.

COVER CEASES AFTER INACTIVITY

Death, TPD and Income Protection cover (if applicable) will cease if we have not received a contribution or rollover into your account for a period of 16 consecutive months and you have not notified us in writing that you want the cover to continue, unless an employer-sponsor contribution or Australian Defence Forces exception applies.

We will write to you during this period of inactivity about your options to keep your cover. You will also be able to request in writing that the Trustee reinstates your cover, within 60 days of the insurance cover ceasing. Your insurance cover will be reinstated with any pre-existing condition exclusions, loadings or restrictions backdated to cessation, and any insurance fees since it ceased will be collected.

CONTINUATION OF COVER

If your Employer notifies us that you have left employment with them, your account will no longer be linked to your Employer's Plan and your Default and Voluntary cover will be converted to a fixed amount of Choose Your Own cover within ANZ Smart Choice Super. The cover will be provided by Zurich Australia Limited, the insurer for Choose Your Own cover within ANZ Smart Choice Super under a separate policy. The cover amount will be equal to the amount of cover held on the date that you have left employment with your Employer.

Where your cover is converted to a fixed amount of Choose Your Own cover, your Insurance fees will be based on the rates for Choose Your Own cover (rather than the Employer Plan's tailored arrangement) and will be effective from the date we process your conversion to Choose Your Own cover or an earlier date. The Choose Your Own terms and conditions will be applicable from the date you left employment with your Employer.

For more information on Choose Your Own cover, please refer to the Standard Employer Plans Insurance Guide which can be found at www.anz.com.au/smartchoicesuper > Downloads – important documents or by calling Customer Services.

What happens if the Employer terminates the Employer Plan?

At a future date, the Employer Plan in ANZ Smart Choice Super may be terminated. This may occur for various reasons including, but not limited to, a decision by the Employer to establish a new or replacement default superannuation plan, or the cessation of the Employer's business.

Once the Trustee receives an official written request from your Employer to terminate the Employer Plan in ANZ Smart Choice Super, you will receive a letter from the Trustee advising you of this and the implications for your insurance cover. If your insurance cover will cease or change, we will provide you with notification.

What is the effect of conversion to Choose Your Own cover?

The rates applicable to Choose Your Own cover are generally higher than rates that apply to tailored employer plans. This means the cost of your cover will generally increase in the event that your Employer notifies us that you have left employment with them.

The rates applicable to Choose Your Own cover are based on your age, gender, type of cover, your occupational category and amount of cover. Any special acceptance terms which apply to your cover including conditions, restrictions, exclusions, limitations and loadings will continue to apply to your converted Choose Your Own cover.

You can apply to change your occupational category which will impact on the cost of your cover. Where your occupational category is known this will be retained even after you are no longer linked to your Employer. If your occupational category is not known and you or your Employer do not tell us otherwise, your insurance fee will be calculated in line with premiums for the 'Light Blue collar' occupational category.

This will determine the loadings that are applied to your Insurance fees. You can contact us at any time to advise us of the occupational category that is applicable to you.

Any change to your Insurance fee loadings will be applied from the next business day after the Acceptance Date.

Choose Your Own rates are included in the ANZ Smart Choice Super for employers and their employees Insurance Guide for Standard Employer Plans, which you can find on our website at www.anz.com.au/smartchoicesuper > Downloads – important documents or by calling Customer Services.

HOW TO MAKE A CLAIM

In the event of a claim, the process has been made as easy as possible.

For more information about making a claim:

- contact Customer Services on 13 12 87
- email Customer Services at smartchoice@insigniafinancial.com.au
- visit the ANZ website at www.anz.com.au/superclaims

The Insurer requires you, your Employer or us to notify them in writing of any claim within the time limit specified in the Policy. Please refer to the Appendix for further details.

If the Insurer does not receive notice in writing within the required time, the Insurer may reduce or refuse to pay the benefit to the extent its assessment of the claim is prejudiced.

The Insurer will generally send us or your Employer claim forms as soon as reasonably possible after receiving notice of a claim. The sending of claim forms does not constitute an admission of liability in respect of any claim lodged.

Claim forms must be completed as soon as it is reasonably practicable for you to do so.

The Insurer generally asks for medical information and evidence to enable the claim to be assessed. If a claim is lodged, you may be required to be interviewed and attend medical and vocational assessments and rehabilitation and the Insurer may obtain information by surveillance. You, your Employer and we are also required to provide the Insurer with all information required in order to determine your eligibility for benefits. If you are residing or travelling overseas, in the event of a claim the Insurer may require you to return to Australia for medical treatment and assessment. The Insurer will not pay any costs relating to your return to Australia.

Once we receive the proceeds from the Insurer these will be held in the superannuation environment, in the ANZ Smart Choice Cash investment option. If you would like to switch this amount to another investment option you can do so online. Simply register for ANZ Smart Choice Super online access at www.anz.com.au/smartchoicesuper or by calling Customer Services. Upon meeting a condition of release, you will receive the benefit amount in accordance with the Fund's Trust Deed, adjusted positively or negatively, for investment earnings.

DUTY TO TAKE REASONABLE CARE

THE DUTY TO TAKE REASONABLE CARE

When you apply for any insurance cover, you should take reasonable care not to make any misrepresentations. Failure to do so may significantly impact your ability to claim on any cover granted. For example, the Insurer may be able to cancel the cover and treat it as if it never existed, or vary the amount of the cover, premium payable, expiry date, or other terms of the cover. A misrepresentation can be a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. If you apply for insurance cover, you have a duty to tell the Insurer about anything that they may ask, which may affect its decision to insure you and on what terms.

Full details about your duty to take reasonable care not to make misrepresentation are set out in the paperwork that is provided as part of the application process.

INSURANCE RISKS

As your Employer has included insurance as part of its superannuation arrangements, under ANZ Smart Choice Super, there are a number of insurance risks you should be aware of:

- if the Insurance fees are not paid to the Insurer within the time limits under the Policy, the Insurer may cancel or terminate the insurance cover by written notice to the Trustee without notice to you;
- if you are transferred to another super fund or the Australian Taxation Office (ATO) as lost or unclaimed monies, your cover will cease (see the AIG for more details);
- the amount or type of insurance cover selected by your Employer may not be sufficient to provide adequate insurance cover in the event of **Injury or Illness**;
- your Insurance fee or benefit may be adjusted if your age is mis-stated;
- if your benefit is calculated using your salary while you are in the Employer Plan, we are reliant upon your Employer's notification of any salary changes. Where we are not notified of a change in salary and no additional Insurance fee is paid, in the event of a claim, the Insurer may pay a lower benefit based on the salary that was previously advised or salary at the last review date;
- if you make a misrepresentation in breach of your duty to take reasonable care not to make a misrepresentation, the Insurer may avoid the contract within 3 years of entering into it. If you make a fraudulent misrepresentation, the Insurer may avoid the contract at any time. Refer to the 'Duty to Take Reasonable Care' section within this Guide for more details;
- you may not be paid a benefit because an exclusion or restriction applies, based on your personal circumstances;
- if you have been paid a TPD benefit and have residual Death cover remaining you may wish to consider maintaining some money in your super account to keep the account active and to ensure there is sufficient balance to pay any insurance fees;
- insurance fees may increase over time;
- the Trustee relies on information provided by your Employer about you at the time that you are admitted into ANZ Smart Choice Super, including the appropriate category of membership, as well as changes in your information over the course of your membership, for example changes in salary. Some of the information your Employer provides may determine your benefits according to your eligibility. Where any information is found to be inaccurate, the Trustee will not be responsible for the inaccuracy or any reliance on it. Inaccurate information may result in eligibility being denied or benefits being declined.

You should check your insurance cover with your Employer to ensure your insurance accurately reflects your current employment details.

APPENDIX

This Appendix forms part of the Guide dated 1 May 2026 for the Aristocrat Technologies Australia Pty Limited Superannuation Plan.

Type of cover available	<p>Death cover (including Terminal Illness)</p> <p>Death cover (including Terminal Illness) and Total and Permanent Disablement (TPD) cover</p> <p>Income Protection cover</p>
Membership category descriptions	<p>Death and TPD – is available to the following membership categories:</p> <p>Category 03: An Employee who is nominated as a permanent employee</p> <p>Category 04: An Employee who is nominated as a casual employee.</p> <p>Income Protection – is available to the following membership categories:</p> <p>Category 03: An Employee who is nominated as a permanent employee</p>
What is the Maximum Benefit Level?	<p>For Death cover, unlimited (\$3,000,000 for Terminal Illness Benefit).</p> <p>For TPD cover, \$5,000,000</p> <p>For Income Protection, the amount calculated by the Insurer which is the lesser of:</p> <ul style="list-style-type: none"> • 75% of your Pre-Disability Monthly Income; • the amount of cover the Insurer has agreed to provide in respect of the Insured Person; and • \$30,000 per month.
Benefit Expiry Age	<p>Death cover: 70 years old</p> <p>TPD cover: 65 years old</p> <p>Income Protection cover: 65 years old</p>
Entry age	<p>Minimum entry age: 16 next birthday</p> <p>Maximum entry age: 65 next birthday</p>
When does cover commence?	<p>For Default Cover:</p> <p>the date a member becomes an Eligible Person and meets the eligibility conditions for Default cover.</p> <p>For Voluntary Cover:</p> <p>the date the Insurer advises the Eligible Person they have been Underwritten and accepted for Insurance Cover.</p> <p>For Takeover Cover:</p> <p>the takeover date if the Insurer has agreed to provide cover under Takeover Terms.</p> <p>For Transferred Cover:</p> <p>Transferred Cover will commence from the date the Insurer advises in writing of their acceptance and the conditions of their acceptance.</p>

Default Cover (Benefit Design)

What Default cover is available?

Death (including Terminal Illness) & TPD cover (subject to eligibility):

Category 03

Death cover: 15% x Salary x Years of Future Service to age 70. Years of Future Service is calculated as the complete years and days to age 70.

Total and Permanent Disablement cover: 15% x Salary x Years of Future Service to age 65. Years of Future Service is calculated as the complete years and days to age 65.

Salary means base pre-tax salary derived from their occupation with the Employer.

Salary is determined immediately prior to the **Date of Disablement**.

Income Protection cover

Category 03: 75% of Pre-Disability Monthly Income subject to:

- a 90 day Waiting Period; and
- a 2 year Benefit Period.

Casuals

Category 04

Sum insured by age:

Age Next Birthday (Age NB)*	Death cover (Insured Amount)	TPD cover (Insured Amount)
16–20	\$80,000	\$180,000
21–25	\$100,000	\$200,000
26–30	\$120,000	\$220,000
31–35	\$200,000	\$300,000
36–40	\$300,000	\$300,000
41–45	\$300,000	\$300,000
46–50	\$195,000	\$195,000
51–55	\$150,000	\$150,000
56	\$100,000	\$100,000
57	\$100,000	\$90,000
58	\$100,000	\$80,000
59	\$100,000	\$70,000
60	\$80,000	\$60,000
61	\$60,000	\$50,000
62	\$40,000	\$40,000
63	\$40,000	\$30,000
64	\$40,000	\$20,000
65	\$40,000	\$20,000
66–70**	\$35,000	NIL

Eligibility for Default Cover

To be eligible for Default Cover the following conditions must be satisfied:

- An Eligible Person must:
 - join the Aristocrat Technologies Pty Ltd Superannuation Plan within 180 days of commencement of employment with the Employer;
 - and either:
 - be aged 25 or older and have had their account balance reach \$6,000; or
 - have made an Election to obtain cover prior to meeting the above criteria (opt-In Election);
- not already have been provided with automatic insurance cover under this Policy, regardless of whether it is still in force, or has been cancelled or changed;
- an employer contribution must have been received by the fund on behalf of the person within 180 days of commencement of employment;
- be either:
 - a. an Australian Resident (for Interim Accident Cover, the Australia Resident must also reside in Australia); or
 - b. A holder of a Visa who is residing in Australia;
- be aged between the minimum entry age and the maximum entry age
- not have received, nor be eligible to receive a total & permanent disability benefit, terminal illness benefit, a benefit for permanent incapacity or a benefit for a terminal medical condition from the insurer or any other superannuation fund or insurer.

<p>Eligibility for Default Cover (continued)</p>	<p>Where the above conditions are met, Default cover for an Eligible Person will commence from:</p> <ul style="list-style-type: none"> • the Policy Commencement Date where the Eligible Person was entitled to be covered for Automatic Acceptance Insurance Cover at that date; or • the earliest of the date: <ul style="list-style-type: none"> – the Eligible Person was age 25 or older and had an account balance that reached \$6,000 ; or – the Policy Owner received an opt-in election from the member. <p>Note there are circumstances where the Default Cover you obtain through automatic acceptance will be subject to Limited Cover conditions. Refer to the ‘What is Limited Cover?’ and ‘When will Limited Cover Conditions apply?’ sections of the Appendix on when Limited Cover conditions would apply.</p> <p>For members under 25 years old or with an account balance less than \$6,000, cover starts:</p> <ul style="list-style-type: none"> • when you provide an opt-in election, if we receive it within 90 days of you joining your Employer you will receive Limited Cover until you are At Work for 1 day after which full cover will commence; or • when you provide an opt-in election, if we receive it after 90 days of you joining your Employer you will receive Limited Cover until you are At Work for 30 days after the expiry of 12 months from the date cover commenced.
<p>Automatic Acceptance Limit</p>	<p>Death and TPD cover: \$1,500,000 Income Protection Cover: \$17,500 per month</p>
<p>Underwriting</p>	<p>Where Automatic Acceptance does not apply to an Eligible Person, the Insurer may, after considering all information they have requested and received in relation to the Eligible Person, in their absolute discretion, either:</p> <ol style="list-style-type: none"> a. accept the Eligible Person for such cover under the Policy; or b. offer to accept the Eligible Person for such cover under the Policy subject to whatever special terms, conditions, restrictions, exclusions or premium loading as the Insurer considers appropriate; or c. refuse to provide such cover for the Eligible Person under the Policy absolutely. <p>Other than cover that commences through Automatic Acceptance, cover only comes into force in respect of an Eligible Person on the date the Insurer notifies the Trustee that they accept them for the cover.</p> <p>The underwriting/decision notes will be retained on the member record.</p>
<p>Cover subject to special terms</p>	<p>If the Insurer offers to accept an application subject to any special terms, conditions, restrictions, exclusions, limitations or premium loadings then the Eligible Person or Insured person will be required to confirm they accept the Insurer’s offer within 21 days of the date the Insurer notifies the Trustee.</p> <p>Where the Insurer is notified within 21 days that the Eligible Person or Insured Person has accepted the offer, the variation to Insured cover will commence from the date the Insurer received the member’s acceptance.</p> <p>Where the Insurer is not notified within 21 days that the Eligible Person or Insured Person has accepted the Insurer’s offer, the offer will lapse and the variation to Insured Cover will be deemed to have not commenced. Any subsequent request received after the 21 day period has expired will be subject to underwriting.</p>

Voluntary Cover	
What types of Voluntary Cover can members apply for?	<ul style="list-style-type: none"> • Death only Cover • Death and TPD cover <p>Additional voluntary cover will be a fixed sum insured.</p>
When does an increase in Voluntary Cover commence?	Subject to the requirements set out in the Underwriting section of this Appendix, Voluntary Cover will commence from the date advised in writing.
Is Interim Cover available for Death and TPD Cover applications?	<p>Yes.</p> <p>When Interim Cover begins</p> <p>Interim Cover will commence on receipt by the Insurer of a fully completed request for insurance form and declaration of health in the form that the Insurer prescribes.</p> <p>Benefit for Interim Cover</p> <p>If an Insured Member or an Eligible Person dies or suffers TPD as a result of an Accident while Interim Cover is in force in respect of that Insured Member or Eligible Person, the Insurer will, subject to the terms of this Policy, pay the interim benefit provided:</p> <ul style="list-style-type: none"> (a) The Interim Cover has not ceased; and (b) Death or TPD arises solely due to an Accident; and (c) subject to the Maximum Benefit Limits covered under the Policy.
Is Interim Cover available?	<p>When will Interim Cover end?</p> <p>Interim Cover will expire on the earliest of the following:</p> <ul style="list-style-type: none"> • the date on which the insurer gives notice that the request for insurance under the Policy is accepted or declined; • the date the Insured Member cancels or withdraws the request for insurance; • where special terms are offered, the 22nd day after the acceptance or rejection of the special terms; • the date the Insured Member ceases to be an Eligible Person or no longer satisfies the Eligibility Terms; • 90 days after the commencement of the Interim Cover; • the day the Insurer cancels Interim Cover as permitted or required under law; • the date the member attains the Benefit Expiry Age; • the date the Policy is terminated.
Death Cover	
Death Cover	If a Member dies, the Insurer will pay to the Trustee the Sum Insured for that Member (subject to the terms of the Policy).
Is a Terminal Illness Benefit provided?	<p>Yes.</p> <p>Where the Insurer is satisfied that an Insured Member has been diagnosed with a Terminal Illness, the Insurer will pay a Terminal Illness Benefit equal to the amount of Death Cover, subject to:</p> <ul style="list-style-type: none"> a. the date of diagnosis of the Terminal Illness being on or after the date their cover commenced under the Policy. No Terminal Illness Benefit will be considered where the date of diagnosis is prior to this date. b. the Insured Member supplying, at their own expense, supporting medical evidence from two Medical Practitioners, (at least one of whom is a specialist Medical Practitioner). <p>From the date a Terminal Illness claim has been lodged, a member will no longer be eligible for any TPD Cover, any increase in cover or any reinstatement of cover that would otherwise occur under the provisions of the Policy.</p> <p>If the Policy has terminated, a member will no longer be eligible for a Terminal Illness Benefit from that date unless the date of diagnosis of Terminal Illness was prior to the date the Policy terminated.</p>

TPD Cover													
TPD Benefit	A TPD Benefit will be paid while your cover is in place and current if you become Totally and Permanently Disabled subject to the terms of the Policy.												
What is the definition of TPD?	<p>TPD means the Insured Member:</p> <ul style="list-style-type: none"> (i) has been absent from their Occupation solely through Injury or Illness for a period of three consecutive months; and (ii) has, with respect to that Injury or Illness: <ul style="list-style-type: none"> (A) undertaken all reasonable treatment (which may include rehabilitation, drug or alcohol programs or detoxification); and (B) attended for that treatment at intervals and frequencies as recommended by a Medical Practitioner, and (iii) is incapacitated to such an extent that, in the Insurer's opinion, based on Medical and Other Relevant Evidence, the Insured Member was, as at the end of the initial period of three consecutive months absence from their Occupation, unlikely to ever engage in or work in any occupation on a full-time or part-time basis, for which the Insured Member is reasonably suited by education, training or experience. 												
What does Date of Disablement mean?	the first day of the three consecutive month period the Insured Member is unable to work in his or her most recent Occupation solely through Injury or Illness.												
TPD Tapering on Voluntary Cover	<p>Voluntary TPD Cover will automatically reduce from the annual review date following a member's 61st birthday (age next birthday 62).</p> <p>The below table shows the percentage the Insured Member's voluntary TPD Cover will reduce</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Percentage of reduction in the TPD cover amount</th> </tr> </thead> <tbody> <tr> <td>61</td> <td>20%</td> </tr> <tr> <td>62</td> <td>40%</td> </tr> <tr> <td>63</td> <td>60%</td> </tr> <tr> <td>64</td> <td>80%</td> </tr> <tr> <td>65</td> <td>100%</td> </tr> </tbody> </table>	Age	Percentage of reduction in the TPD cover amount	61	20%	62	40%	63	60%	64	80%	65	100%
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62	40%												
63	60%												
64	80%												
65	100%												
Income Protection Cover													
Total Disability Benefit	<p>If an Insured Member becomes Totally Disabled , the Insurer will pay a Total Disability Benefit monthly in arrears once they have received satisfactory proof of the Insured Members entitlement to such a Benefit.</p> <p>The Total Disability Benefit is payable for so long as the Insurer determines that the Insured Person remains Totally Disabled. The maximum period in respect of which a Total Disability Benefit is payable for the same or related Illness or Injury is the Benefit Period.</p> <p>The amount of the Total Disability Benefit per month is 75% of your Pre-Disability Monthly Income.</p> <p>Where a Total Disability Benefit is payable for a part of a month, We will pay 1/30th of the benefit for each day a Total Disability Benefit is payable.</p>												
What is the definition of Total Disability?	<p>Means that solely as a result of Illness or Injury the Insured Member is continuously:</p> <ul style="list-style-type: none"> (a) not capable of performing one or more Important Duties of their usual occupation which in the Insurer's opinion, is/are necessary to produce a Salary; (b) are not working, whether paid or unpaid; and (c) are under the regular treatment, and following the advice, of a Medical Practitioner. 												
What is the Definition of Partial Disability?	<p>Means that immediately following a period of at least 7 days out of 12 consecutive days of Total Disability and as a direct result of Illness or Injury which caused the Total Disability, the Insured Member has returned to work in his or her Own Occupation or another occupation and is:</p> <ul style="list-style-type: none"> (a) under the regular care of a Medical Practitioner, and following that Medical Practitioner's advice; and (b) either: <ul style="list-style-type: none"> (i) capable of performing all of the duties of their usual occupation necessary to produce Salary, but are not working to their full capacity and their capacity to earn a Monthly Income is less than their Pre-Disability Monthly Income; or (ii) incapable of performing one or more Important Duties of their usual Occupation necessary to produce Monthly Income but have returned to work in another Occupation or their usual Occupation and have Monthly Income less than their Pre-Disability Monthly Income. 												

Partial Disability Benefit	<p>If an Insured Member becomes Partially Disabled while this Policy is in force in respect of that Insured Member, we will, subject to the terms of this Policy (including the Policy Schedule), pay a Partial Disability Benefit.</p> <p>(a) The Partial Disability Benefit will accrue at the end of the Waiting Period and is payable monthly in arrears or as otherwise agreed by us.</p> <p>(b) The Partial Disability Benefit will be calculated according to the Benefit Formula:</p> $\frac{A-B}{A} \times C$ <p>Where:</p> <p>A: is the Insured Member's Pre-Disability Monthly Income, or Restricted Monthly Income, immediately prior to Total Disability commencing. Restricted Monthly Income is used in this calculation where the Insured Member's Monthly Benefit has been restricted to the Automatic Acceptance Level, Forward Underwriting Limit or Maximum Monthly Benefit.</p> <p>B: is the greater of:</p> <ul style="list-style-type: none"> (i) Actual Monthly Income earned by the Insured Member during the month in which he or she is Partially Disabled; or (ii) the potential Actual Monthly Income which in the Insurer's opinion the Insured Member is capable of earning from their occupation(s) if they were working to the extent of the capacity for the month that the Partial Disability Benefit is payable. <p>The Insurer will calculate the Actual Monthly Income the Insured Member is capable of earning based on medical evidence, which will include the opinion of the Insured Member's Medical Practitioner and all other relevant information.</p> <p>C: is the Insured Member's Monthly Benefit calculated as at the Date of Claim.</p>
When benefit payment ends	<p>Total or Partial Disability Benefit payments will end on the earliest of one of the following events:</p> <ul style="list-style-type: none"> • the Insured Member is no longer Totally Disabled or Partially Disabled; • 30 days after the Insured Member's Visa expires or is cancelled; • the day the Insured Member is earning, or is in the Insurer's opinion capable of earning, a Monthly Income equal to or greater than their pre-Disability Monthly income; • Imprisonment on the date on which a Benefit would be payable. The Insurer may recommence a Benefit payment for the remaining Benefit Period after the Imprisonment has ended, subject to receiving satisfactory evidence and provided the person has not met any Cessation of Cover terms; • the Insured Member dies, subject to payment of the bereavement benefit; • the maximum Benefit Period expires; • the Insured Member attains the Benefit Expiry Age; • the Insured Member is no longer under the regular and continuous care of a Medical Practitioner; and • the Insured Member fails to provide all requested information and other evidence reasonably required to assess the Insured Member's claim.
Death whilst on claim	<p>If an Insured Member dies while either Total Disability Benefits or Partial Disability Benefits are being paid, then the Insurer will pay a lump sum amount equivalent of three (3) times the Insured Member's Total Disability Monthly Benefit as at the date of the Insured Member's death.</p>
Benefit Period	<p>2 years</p>
Waiting Period	<p>90 days</p>
Recurrent Disability	<p>If a Total Disability or Partial Disability claim recurs within six (6) months of the Insured Member returning to work for at least the same number of hours per week the Insured Member worked immediately prior to their Total Disability, the Insurer will treat the claim as a continuation of the original claim.</p> <p>There is no new Waiting Period so the Insured Member can claim as soon as the disability recurs.</p> <p>The cause of Total or Partial Disability must be the same or related Illness or Injury.</p> <p>The maximum Benefit Period will apply to the original Total or Partial Disability including continuation of that disability.</p>
Concurrent injuries and/or illnesses	<p>If an Insured Person has more than one illness or injury causing their Total Disability or Partial Disability, even if they are related, only one Total Disability Benefit or Partial Disability Benefit will be payable during any overlapping periods of Total Disability and/or Partial Disability.</p>

Rehabilitation Expense Benefit	<p>Where the Insurer is paying a Total Disability Benefit or Partial Disability Benefit in respect of an Insured Member, then, in addition to any other Benefits under this Policy, and where permitted by law, the Insurer may pay for some or all of the expenses which are:</p> <ul style="list-style-type: none"> • incurred to directly assist the Insured Member to return to work or increase capacity for work; • approved in advance by the Insurer; and • approved by the Insured Member's Medical Practitioner; <p>such as the cost of a formal rehabilitation course or the cost of special equipment such as a motorised wheelchair to help the Insured Member return to work.</p>
Reduction of the IP Benefit payable	<p>The monthly benefit for Total Disability or Partial Disability will reduce by any income or amounts paid or payable in respect of the relevant month to the Insured Person, including settlement or commutation amounts, in respect of any of the following:</p> <ul style="list-style-type: none"> • any payment from the Insured Member's employer including wages, salary, sick leave, annual leave accrued after the Date of Claim, commission, bonuses, overtime and allowances (but not including annual leave accrued before the Date of Claim, long service leave and redundancy entitlements) provided that the payment was not included in the calculation of the Partial Disability Benefit. • any payment under any other income protection, salary continuance or similar insurance policy providing cover for loss of earnings or earning capacity due to disability (but not including any lump sum total and permanent disablement benefit payment or payments under any credit or loan protection policies) • any payment under any workers' compensation, statutory motor accident or any statutory accident compensation scheme or similar State, Federal or Territory legislation compensation scheme relating to loss of earnings or earning capacity, (but not including payments in respect of medical treatment, rehabilitation, permanent impairment or permanent loss of use of a body part, or past or future economic loss arising from any personal injury claim); and <p>Example of a Benefit reduction to your Income Protection Benefit calculation</p> <p>Jesse is currently not working due to an Injury and has an accepted Income Protection claim for which she is in receipt of a Total Disability benefit of \$5,000 per month.</p> <p>Jesse's Injury was sustained at work so concurrently to her Income Protection claim, she is also in receipt of Workers' Compensation benefit payments for which she receives \$3,000 per month.</p> <p>Based on this example, Jesse's Total Disability Benefit will be calculated as follows:</p> $\$5,000 - \$3,000 = \$2,000 \text{ per month.}$ <p>Any income from other sources which is in the form of a lump sum or is commuted for a lump sum, will be treated as a monthly equivalent of 1/60th of the lump sum over a period of 60 months, to calculate the reduction in Monthly Benefits under this Policy.</p>
Waiver of premium (Insurance fees)	<p>If an Insured Member makes a claim for Total Disability Benefits or Partial Disability Benefits that is accepted, the Insurer will waive any Premiums deducted after the Insured Member's Date of Claim in respect of an Insured Member's Total Disability Benefit or Partial Disability Benefit being paid.</p>
When the Insurer won't pay	
Benefit Exclusions	<p>Benefits are not payable (this includes Death, Terminal Illness, TPD and Income Protection), if the event giving rise to the claim is caused directly or indirectly from war involving Australia, New Zealand or the Insured Member's country of residence;</p> <p>Additionally, in respect of a TPD or Income Protection Benefit, no benefit will be payable if the Insured Member is imprisoned on the Date of Claim or the first date the member satisfies the TPD definition (as applicable);</p> <p>For Voluntary Cover (including approved Life Event cover), no benefit is payable if death, TPD, Total Disability, Partial Disability or Terminal Illness arises (directly or indirectly) from any intentional self-inflicted Injury or Illness, suicide or attempted suicide within the first thirteen (13) months of the commencing, increasing or reinstating of cover; regardless of whether the person is sane or insane.</p> <p>If an Insured Member becomes Totally Disabled or Partially Disabled as a direct or indirect result of an Uncomplicated Pregnancy, childbirth, or miscarriage, no benefits will be payable under the Policy for the 90-day period following the end of the pregnancy. However, if the Insured Member's Total Disability or Partial Disability continues beyond this 90-day period, Benefits will be paid starting from the later of the end of the 90-day period or the expiry of the Waiting Period.</p>

Insurance fees

Insurance fees (premium) payable Means the money paid to the Insurer or owed to the Insurer for the insurance they provide under the Policy. See the Insurance Fee Schedule on pages 29 to 32.

When does cover cease?

When does cover cease? Insurance Cover under the Policy will cease for an Insured Person immediately on the earliest of:

- the date they reach the Benefit Expiry Age;
- subject to the terms set out in the 'Continuation of Cover' section of this Appendix, when they cease to be employed by their Employer;
- the date they ceased to be a Contractor with a written contract of services to the Employer for a minimum of 15 hours each week for a continuous 6 month period;
- the date of their death;
- the date they do not meet the conditions for continuation of Insurance Cover during unpaid leave;
- the date they no longer meet the conditions for continuation of Insurance Cover while overseas;
- the date before they commence active service in the armed forces of any country, not including normal activities as a reservist with the Australian Defence Force, but including operational deployment on active service with the Australian Defence Force;
- in respect of any Interim Cover provided, the date any Interim Cover ceases for them;
- the date they change to a new Membership Category which offers a lower level of Insurance Cover than their previous Membership Category, for the amount in excess of their new Insurance Cover;
- the date the Insurer is advised that the Insured Person no longer wishes to be an Insured Person under the Policy;
- the date the Insurer is advised that the Insured Person wishes to have their Insurance Cover reduced, in respect of the amount reduced;
- the policy termination date;
- the date the relevant Employer Plan terminates;
- the date they no longer meet the Eligibility Criteria;
- when their account balance reduces to \$0, or is insufficient to pay the premium (Insurance fees), and the premium (Insurance fees) remains unpaid for two months. Where the Insured Person had previously paid a premium, cover will be cancelled two months after the date the person first went into arrears. For avoidance of doubt, where the Eligible Person has never paid a premium, cover will be deemed not to have commenced;
- if we have not received a contribution or rollover into your account for a period of 16 consecutive months and you have not notified us that you want the cover to continue, unless an employer-sponsor contribution exception applies;
- the day your PMIF exception is no longer applicable.
- the date a Terminal Illness Benefit becomes payable;
- the date a TPD Benefit becomes payable.

Reinstatement of cover Cover for an Insured Person that has ceased is only reinstated if the Insurer agrees to reinstate the cover in writing. Reinstated cover is subject to any terms, conditions or restrictions the Insurer considers appropriate at the time of the reinstatement.

What happens when an employee leaves their Employer?

Choose Your Own Cover If your Employer notifies us that you have left employment with them, your Default and Voluntary cover will be converted to a fixed amount of Choose Your Own cover within ANZ Smart Choice Super. The cover will be provided by Zurich Australia Limited, the insurer for Choose Your Own cover within ANZ Smart Choice Super. The cover amount will be equal to the amount of cover held on the date that you have left your Employer.

General

Life Events Cover (Not applicable to Income Protection Cover)

An Insured Person may apply for Life Events Cover which will enable them to increase their Insurance Cover.

Life Events Cover is available to an Insured Person in any of the following circumstances:

1. becoming married or divorced
2. having a child or legally adopting a child
3. being granted a loan from a financial institution for the Insured Member's first ever purchase of a principal place of residence
4. being granted an increased loan from a financial institution to renovate the Insured Member's principal place of residence
5. completing their first undergraduate degree at an Australian Government recognised university
6. becoming a carer for the first time
7. having a dependent child who starts secondary school for the first time
8. suffering the death of a spouse
9. suffering the death of a De Facto Spouse
10. commencing a De Facto Relationship
11. ending a De Facto Relationship

The Insured Person can only increase their cover once in any 12 month period, and can apply for a maximum of three (3) applications for a Life Event Cover increase while a member of the plan.

An insured Person can increase their cover provided:

- They are aged between 15 and 59 years of age at the date the Insurer receives a completed application for Life Events Cover;
- the Insured Person has not previously had an application for Insurance Cover declined;
- the Life Events Cover application being accepted by the Insurer in writing;
- the payment of the applicable additional premiums;
- during the first 6 months after the Insurer has accepted the application, Limited Cover only will apply to the Life Events Cover provided as a result of the application;
- an application for Life Events Cover can only be made by an Insured Person once in any 12 month period;
- the Insured Person is already covered for the Benefits for which the Life Events Cover relates; and
- the Insurer receives a Life Events Cover application completed by the Insured Person to the Insurer's satisfaction together with satisfactory / certified evidence of the occurrence of the relevant event, within 90 days of the relevant circumstance and prior to their Death, Terminal Illness or Date of Disablement.
- the maximum amount of Life Events Cover which can be applied for by an Insured Person is the lesser of 25% of their Insurance Cover and \$200,000 provided this does not cause the total of any existing Insurance Cover and any Life Events Cover applied for to exceed the Maximum Benefit Limit.

The Insurer will not pay the increased cover if Death, Terminal Illness or TPD is caused directly or indirectly by a self-inflicted act or injury of the Insured Person that occurred within the first 13 months from the date the Insurer agrees to any increase in cover.

Cover will commence on the date that the Insurer notifies the Trustee in writing that the Insurer has agreed to accept cover.

What is Limited Cover and when will Limited Cover Conditions apply?

Limited Cover means the Insured Member is covered only for claims arising from:

- (i) an Illness which first became apparent; or
- (ii) an Injury which first occurred;

on or after the date the Insured Member first became eligible for cover.

If the Insured Member is not At Work on the date cover commences (due to a member reaching the criteria of being 25 and having more than \$6,000 in their account), Standard Cover will commence as Limited Cover until the Insured Person has been At Work for one day.

If the Eligible Person received Insurance Cover because they made a PMIF Election, and that election was received by the Fund:

- (i) **within 90 days** of joining the Employer, Standard Cover will commence as Limited Cover and will continue until the member has been At Work for 1 day;
- (ii) **more than 90 days** of joining the Employer, Standard Cover will commence as Limited Cover and Limited Cover will end on the earlier of:
 - (a) the date that the Insured Member has been At Work for 30 consecutive days after the expiry of 12 months from the date cover commenced; or
 - (b) on acceptance of an Insured Member's Application to remove Limited Cover.

Transferred Cover

An Eligible Member and Insured Member may apply to transfer Existing Insurance Cover by making a Transfer of Cover request in the form of an agreed Application to the Insurer.

Transfer of cover requests must be based on an Eligible Person or Insured Member meeting all of the following requirements to be eligible for Transfer of Cover:

- (i) Satisfactory completion of the Application provided to the Insurer;
- (ii) the Eligible Person or Insured Member is not restricted by Injury or illness from carrying out all of their normal work duties and are working their normal hours on the date immediately preceding the Application submission to the Policy Owner or the Insurer;
- (iii) provide current evidence (within the last 6 months) of the Existing Insurance Cover currently in force;
- (iv) if accepted, is provided as Voluntary Cover and will be in addition to any existing Cover; and
- (v) the terms and conditions of the Policy will apply, including the terms and conditions contained in our acceptance as notified to the Insured Member.

If the Insurer accepts the Application, the following conditions will apply together with other conditions as notified to the Insured Member:

- cover is provided conditional upon the Insured Member cancelling their Existing Insurance Cover or the portion of Existing Insurance Cover equal to the Transferred Cover,
- in the event that the Insured Member fails to cancel the relevant Existing Insurance Cover, any Benefit that would otherwise have become payable on occurrence of a claim will be reduced by the corresponding amount that has not been cancelled;
- the same premium loadings and exclusions, if any, that applied to the Existing Insurance Cover will apply to the Transferred Cover, unless the Insurer agrees otherwise in writing;
- the level of Cover held by the Insured Member will become fixed as Voluntary Cover on and from the date that the Transferred Cover is accepted by the Insurer;

The maximum amount of cover that an Eligible Person or Insured Member can apply to transfer is

- i For Death and Death and TPD Cover: \$2,000,000;
- ii. For Income Protection: \$15,000 per month

The total Sum Insured immediately following the issue of the Transferred Cover, cannot exceed the maximum amounts set out in the Maximum Benefit Limit stated in the Appendix.

Premiums for Transferred Cover will be payable from the date cover commences and are not refundable if the cover under the Previous Policy is not cancelled.

Takeover cover

The Insurer's practice is to adhere to FSC Group Insurance Takeover Terms under FSC Guidance Note No. 11.

Cover during Employer approved leave	<p>Subject to the terms of the 'When does Cover cease?' section of this Appendix, cover will continue in respect of an Insured Person on Parental Leave or Employer Approved Leave provided that:</p> <ul style="list-style-type: none"> • the Employer has approved the period of leave in writing prior to the period of leave; • the Insured Member remains employed by the Employer and remains a member of the Plan; • Premiums continue to be paid in respect of the Insured Member; • the Insured Member does not join the armed forces of any country (not including the Australian Army Reserve). <p>Cover may be extended beyond 2 years on such terms as the Insurer may permit. Any request to extend cover should be made at least 60 days prior to the expiry of the 2 year period and will only be confirmed following written approval by the Insurer.</p> <p>Additionally for Income Protection Cover, if an Insured Member suffers a Total Disability while on such leave, the Benefit will become payable from the later of:</p> <ul style="list-style-type: none"> • the end of the Waiting Period; or • the nominated date of return to work of the Insured Member.
Overseas Cover	<p>Subject to the terms of the 'When does Cover cease' section of this Appendix, Insurance Cover will continue for an Insured Member provided that;</p> <ul style="list-style-type: none"> • they continue to be employed by their Employer, or associated Employer, and the Insurer continues to receive the premium in respect of them; and • Underwriting is required for any Insurance Cover above the AAL.
Assessment of Claim Overseas	<p>Where an Insured Member submits a claim whilst he or she is overseas, the insurer may require the Insured Member to return to Australia at his or her own expense for assessment of their claim (including being assessed by one or more Medical Practitioners) before the Insurer is able progress the assessment of the claim any further.</p>
Claims	
Notice of claim	<p>Initial notice of claim must be given to the Insurer as soon as possible after the incident that has caused the claim. This process ensures the Insurer can efficiently and effectively manage all claims. The Insurer will only consider a claim where the delay in notification does not prejudice their ability to assess the claim.</p>
Proof of claim	<p>The Insurer is not able to complete the assessment of a claim for the Insured Person until they have received the requirements the Insurer reasonably considers necessary to properly assess the claim.</p> <p>Assessment of any claim is conditional on the Insured Person or their representative agreeing to provide any requested information to the Insurer about the claim in the timeframe the Insurer communicates, if required, agreeing to be interviewed by the Insurer or someone the Insurer appoints. The Insured Person must attend any medical examinations or other assessments which the Insurer may require at their discretion.</p> <p>The Insurer will not pay for any costs incurred in obtaining any evidence, including for travel or accommodation, unless the cost was approved by the insurer prior to it being incurred.</p>

DEFINITIONS

Accident	means an event where bodily injury is caused directly and solely by external and visible means, independently of all other causes.
Actual Monthly Income	means 1/12th of the Insured Member's income derived from their occupation(s), during the month in which he or she is Partially Disabled.
Annual Renewal Date	means each anniversary of the Commencement Date of this Policy. This date is set out in the Policy Schedule.
At Work	means the person is actively performing, or is capable of actively performing, all of the duties of their usual Occupation with the Employer for at least 30 hours per week, free from any limitation due to Illness or Injury.
Australian Resident	means an Australian citizen, or a New Zealand citizen or an 'Australian permanent resident' within the meaning of the Migration Act 1958 (Cth) and Migration Regulations 1994 (Cth).
Automatic Acceptance Limit (AAL)	means the maximum amount of Insurance Cover based on the Insurance Formula, provided without Underwriting. The AAL is stated in the Appendix.
Benefit	means the Death, Income Protection, Terminal Illness, TPD and interim Accident benefit described in the Policy and the Policy Schedule.
Benefit Expiry Age	means the maximum age to which a Benefit will be provided as set out in the Policy Schedule
Casual Employment	means being engaged in employment of a temporary nature where continuity of employment is not guaranteed by the Employer, regardless of hours worked or the period of employment and are not in receipt of leave, sick leave, superannuation and other entitlements normally associated with Permanent Employment.
Date Of Disablement	means the first day of the three consecutive month period the Insured Member is unable to work in his or her most recent Occupation solely through Injury or Illness.
Eligibility Conditions	mean the conditions stated in the Policy which need to be met in order for Insurance Cover to be provided.
Eligibility Criteria	means the criteria for a Membership Category stated in the Policy Schedule.
Eligible Person	in addition to other Eligibility Conditions, in order to be provided cover, a person must be: <ul style="list-style-type: none"> • Aged 15 or older and less than age 70; • be a Member of the Fund; and • be employed by the Employer.
Employee	means a person who is Gainfully Employed by the Employer.
Employer	means the entity stated in the Policy Schedule employing Eligible Persons under the Policy.
Employer's Default Superannuation Fund	means the superannuation fund recognised as such for the purposes of the Superannuation Guarantee (Administration) Act 1992 or successor statutes.
Forward Underwriting Limit	means the maximum level, advised after Underwriting, to which Insurance Cover for an Eligible Person can increase, based on the Insurance Formula, without further Underwriting.
Gainfully Employed	means working for reward in an Occupation (which can include a contract for services) without restriction due to illness and injury.
Illness	means a sickness, disease or disorder.
Injury	means bodily injuries that is caused by an unforeseen, external and visible event independently of any other cause.
Insurance Cover	means the Benefits provided under the terms and conditions of the Policy.
Insurance Formula	means the calculation method for Insurance Cover elected by the Employer or Policy Owner and agreed by the Insurer as stated in the Policy Schedule or Employer Plan Schedule.
Insured Member	means any Eligible Person for whom Insurance Cover has been provided by the Insurer.
Limited Cover	means the Insured Member is covered only for claims arising from: <ul style="list-style-type: none"> (i) an Illness which first became apparent; or (ii) an Injury which first occurred; on or after the date the Insured Member first became eligible for cover.

Medical Practitioner	means, unless the Insurer agrees otherwise: (a) if the claimed condition is a psychological condition, a person who is legally qualified and registered as a practising psychiatrist by the relevant medical registration boards; (b) otherwise for all other conditions, a medical practitioner(s) legally qualified and registered to practise in Australia with specialisation in the relevant medical condition(s), but shall not include: (i) chiropractors, physiotherapists, psychologists or alternative health providers; (ii) the Insured Member; (iii) the Insured Member's spouse or De Facto Spouse, parent, child, sibling or close family relative; (iv) the Insured Member's business partner, associate, employer or employee; or (v) a fellow shareholder or unit holder of the Insured Member in a company or trust that is not a publicly listed company or trust.
Member	means a person admitted by the Trustee as a member of the Fund under the Fund's governing rules.
Membership Category	means the common group set out in the Policy Schedule to which Insured Persons belong because of their Occupation and/or employment status. Membership categories are described in the Appendix.
Occupation	means the employment or activity in which the Insured Member is Employed.
Permanent Employee Employment	means being employed in permanent employment where the person is entitled to conditions and benefits such as annual leave, sick leave and superannuation normally associated with permanent employment.
Policy Commencement Date	means the date of commencement of cover under this Policy, as stated in the Policy Schedule.
Policy Owner	means the Trustee, One Path Custodians Limited
Policy Schedule	means the document issued by the Insurer to the Policy Owner, stating specific details relating to the Policy, including any Special Conditions.
Pre-Disability Monthly Income	means 1/12th of the Eligible Person's or Insured Member's 'Salary'
Premium Rates	means the cost of the Insurance Cover stated in the Policy Schedule and used to calculate the premiums for Insurance Cover.
Salary	Total employment cost (base salary) as advised by the Employer.
Special Conditions	means variations to the Policy stated in the Policy Schedule.
Uncomplicated Pregnancy	means conditions commonly associated with pregnancy and includes morning sickness, backache, varicose veins, ankle swelling, bladder problems, post-natal depression, multiple pregnancy, threatened miscarriage, participation in an IVF or similar program.

INSURANCE FEE SCHEDULE

HOW TO CALCULATE YOUR ANNUAL INSURANCE FEE (PREMIUM)

The premium you pay for Death only or Death and TPD cover is dependent upon your age (as at 1 July, or on the effective date of any change to your level of insurance cover), gender, type of cover, and amount of cover. The following formula shows how to calculate an annual premium using the premium rates based on your Age Next Birthday (ANB) from the table below.

$$(ANB \text{ premium rate} \times \text{sum insured}) \div \$1,000 = \text{annual premium}$$

The cost of your insurance cover may differ to the premium rates shown in the table below as the rates that will apply to you may be affected by medical or other loadings applied by the Insurer and are indicative only. The premium rates shown are inclusive of any applicable taxes that may be charged.

For example:

John has \$300,000 of Default Death and TPD cover. At 30 June, John is 38 years old. His next Birthday is on 1 May, at which time he will be 39.

As John's Age Next Birthday is 39, the applicable Insurance fees for his cover will be:

Death: \$0.25

TPD: \$0.29

As his level of cover is \$300,000, the annual Insurance fee that he will pay is:

$$[\$300,000 \times (0.25 + 0.29)] \div \$1,000 = \$162$$

INSURANCE FEE TABLE FOR (CATEGORY 03, CATEGORY 04) DEFAULT AND VOLUNTARY DEATH ONLY AND DEATH AND TPD COVER PER \$1,000 OF SUM INSURED

ANB	Male Death	Male TPD	Female Death	Female TPD
16	0.12	0.05	0.06	0.02
17	0.16	0.05	0.06	0.02
18	0.19	0.05	0.07	0.02
19	0.21	0.05	0.08	0.02
20	0.23	0.05	0.09	0.02
21	0.24	0.05	0.09	0.02
22	0.25	0.05	0.09	0.02
23	0.25	0.05	0.09	0.02
24	0.26	0.05	0.08	0.03
25	0.25	0.06	0.08	0.03
26	0.23	0.07	0.08	0.04
27	0.23	0.08	0.09	0.05
28	0.22	0.08	0.09	0.06
29	0.22	0.09	0.10	0.08
30	0.22	0.10	0.10	0.09
31	0.22	0.11	0.11	0.11
32	0.22	0.12	0.11	0.13
33	0.21	0.14	0.11	0.15
34	0.22	0.16	0.12	0.17
35	0.22	0.18	0.13	0.19
36	0.23	0.20	0.15	0.22
37	0.23	0.23	0.17	0.24
38	0.24	0.26	0.18	0.27
39	0.25	0.29	0.20	0.30
40	0.27	0.32	0.21	0.34
41	0.29	0.35	0.23	0.38
42	0.33	0.38	0.25	0.43
43	0.37	0.41	0.29	0.48
44	0.41	0.45	0.32	0.53

ANB	Male Death	Male TPD	Female Death	Female TPD
45	0.45	0.48	0.37	0.60
46	0.51	0.52	0.42	0.69
47	0.57	0.56	0.48	0.78
48	0.64	0.63	0.54	0.87
49	0.71	0.71	0.60	0.98
50	0.80	0.82	0.66	1.09
51	0.87	0.95	0.73	1.21
52	0.96	1.10	0.80	1.34
53	1.05	1.27	0.88	1.48
54	1.15	1.45	0.98	1.63
55	1.26	1.64	1.08	1.79
56	1.37	1.88	1.20	1.95
57	1.50	2.13	1.33	2.12
58	1.63	2.40	1.47	2.28
59	1.76	2.70	1.63	2.43
60	1.87	3.02	1.82	2.59
61	2.13	3.36	2.02	2.73
62	2.42	3.73	2.26	2.87
63	2.75	4.16	2.52	3.01
64	3.11	4.66	2.81	3.19
65	3.53	5.27	3.14	3.43
66	3.99		3.51	
67	4.40		3.92	
68	4.84		4.37	
69	5.33		4.87	
70	5.86		5.43	

HOW TO CALCULATE YOUR ANNUAL INSURANCE FEE (PREMIUM)

The Insurance fee (premium) you pay for Income Protection cover is dependent upon your age (as at 1 July, or on the effective date of any change to your level of insurance cover), gender, Monthly Income*, Waiting Period and the Benefit Period.

The following formula shows how to calculate an annual premium using the relevant premium rates from the table below.

$$\text{Premium rate} \times (75\% \times \text{Annual Income}) \div 100$$

The cost of your insurance cover may differ to the premium rates shown in the table below as the rates that will apply to you may be affected by medical or other loadings applied by the Insurer and are indicative only. The premium rates shown are inclusive of any applicable taxes that may be charged.

For example:

John's annual Salary is \$100,000. John is 38 years old. On his next birthday he will be 39.

The benefit design for the Employer Plan is a 90 day Waiting Period and a 2 year Benefit Period. As John's Age Next Birthday is 39, the applicable Insurance fee for his cover will be:

$$\text{ANB premium rate} = 0.07$$

$$0.07 \times (75\% \times \$100,000) \div 100 = \$52.50$$

The annual Insurance fee that he will pay is: \$52.50.

* Refer to definition of 'Monthly Income' in the definitions section for information on what constitutes your Monthly Income.

INSURANCE FEE TABLE FOR (CATEGORY 03) INCOME PROTECTION 90 DAY WAITING PERIOD/2 YEAR BENEFIT PERIOD PER \$100 OF ANNUAL BENEFIT

ANB	Male Total	Female Total
16	0.05	0.07
17	0.05	0.07
18	0.05	0.07
19	0.05	0.07
20	0.05	0.07
21	0.05	0.07
22	0.05	0.07
23	0.05	0.07
24	0.05	0.07
25	0.05	0.08
26	0.05	0.09
27	0.05	0.09
28	0.05	0.10
29	0.05	0.10
30	0.05	0.10
31	0.05	0.11
32	0.05	0.11
33	0.05	0.12
34	0.05	0.12
35	0.05	0.13
36	0.06	0.14
37	0.06	0.15
38	0.07	0.16
39	0.07	0.17
40	0.08	0.18
41	0.08	0.20
42	0.09	0.22
43	0.10	0.24
44	0.11	0.26
45	0.12	0.28
46	0.14	0.31
47	0.15	0.33
48	0.17	0.37


ANB	Male Total	Female Total
49	0.19	0.40
50	0.22	0.43
51	0.25	0.46
52	0.28	0.50
53	0.32	0.54
54	0.36	0.58
55	0.42	0.62
56	0.48	0.66
57	0.55	0.71
58	0.64	0.75
59	0.74	0.79
60	0.86	0.83
61	1.01	0.86
62	1.17	0.88
63	0.88	0.57
64	0.49	0.26
65	0.10	0.04

Customer Services:

 13 12 87 weekdays between 8.30am and 6.30 pm (AEST/AEDT)

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 Chat to us online at hub.anzsmartchoice.com.au, weekdays between 8:30am and 6:30pm (AEST/AEDT)