

Changes to your insurance in super

Asgard Employee Super Account

August 2020

What's in this booklet?

This booklet provides details about changes that may affect members of Asgard Employee Super Account (AESA) who have insurance in super, or who are considering applying for insurance in super.

The Trustee of AESA appointed AIA Australia Limited (**AIA**) ABN 79 004 837 861, AFSL 230043 as its new group life insurer, effective 1 July 2020.

If you have insurance in your super immediately before 1 October 2020, then from that date the terms and conditions applicable to your cover will change. Insurance premium rates will remain unchanged.¹

¹ Subject to the current rate guarantee and other terms governing pricing.

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What's changing?

AIA is an award-winning global insurer with over 47 years' experience in Australia, that shares our philosophy of supporting the health and wellbeing of our members.

As part of the appointment of AIA as the new group life insurer for AESA, we've taken the opportunity to make some changes to our insurance arrangements including:

- Changes to the Total and Permanent Disability (**TPD**) and Total Disability definitions.

Refer to the Summary of changes to terms and conditions section and the TPD and Disability Definitions sections of this booklet for details of the changes.

- Changes to the following terms and conditions:
 - Offsets on Salary Continuance Insurance (**SCI**) Benefits,
 - Premium Refunds,
 - When SCI Benefits cease if you are employed as a Contractor, and
 - When cover ceases for Non-Australian residents.

Refer to the Summary of changes to terms and conditions section and the General Definitions sections of this booklet for details of the changes.

Each of the above changes will take effect on and from 1 October 2020.

Further, from 1 July 2020, a member who exercises (or exercised) a continuation option is granted cover under an Individual Policy issued by AIA, rather than one issued by the previous insurer.

Do all the changes apply to me?

The changes only apply to members who have insurance in AESA, or who are considering applying for insurance in AESA.

The changes that apply to you depend on the type of insurance you have. You can find details of your insurance cover on:

- documents sent to you when your insurance started (or starts), or
- your Annual Super Statement.

You can also view details of your insurance cover by logging into your account via Investor online at asgard.com.au.

Alternatively you may:

- Call our Customer Relations team on 1800 998 185 from 8.30 am to 7.00 pm (Sydney time) Monday to Friday;
- Speak to your financial adviser, if you have one, for advice about your super or your insurance cover and needs, or
- Visit our dedicated website for additional information, which we will continue to update during this time of change. Visit asgard.com.au/insurancechanges.

What stays the same?

- If you do not have insurance in your AESA account on 1 October 2020, there will be no change to your existing arrangements.
- If you have insurance in your AESA account on 1 October 2020, your cover will continue, subject to the changes described in this booklet.
- Your insurance premium rates are not changing as a result of these changes to terms and conditions.
- Any current insurance claims are not affected. Please continue to contact your Case Manager.
- We continue to be here to provide support and help you make the most of your super. If you need help or would like to make a claim, please call us on 1800 998 185.

Summary of changes to terms and conditions

The table below provides a summary of the changes to terms and conditions that will occur on 1 October 2020.

The information in this table should be considered together with the further details provided elsewhere in this booklet.

Feature	Terms
Total and Permanent Disability (TPD) Definitions	<p>The TPD definition will change. The new definition will apply if you suffer an illness or injury which results in you having a 'date of disablement' falling on or after 1 October 2020.</p> <p>(Refer to the Total and Permanent Disability (TPD) Definitions, Current and New TPD Definitions and Transition Terms sections of this booklet for details)</p>
Salary Continuance Insurance (SCI) Total Disability Definition	<p>The SCI Total Disability definition will change. The new definition will apply if you suffer an illness or injury on or after 1 October 2020.</p> <p>(Refer to the Salary Continuance Insurance (SCI) Total Disability Definition and Current and New SCI TD Definitions sections of this booklet for details)</p>
SCI Benefit Offsets	<p>Currently, certain amounts you receive for loss of income may be offset against your SCI Benefit payments. This means the amount paid by AIA is reduced.</p> <p>The terms and conditions of your insurance cover will change to clarify the process that will be followed to calculate and apply this offset.</p> <p>If you receive a lump sum payment for loss of income that is allowed to be offset against your SCI Benefit payments, this lump sum will be converted to a monthly amount at the rate of one-sixtieth (1/60th) per month over a period of sixty (60) months for the purposes of calculating the amount to be offset.</p> <p>For example if you received a lump sum payment of \$120,000 for loss of income that is allowed to be offset against your SCI Benefit payments, the monthly offset would be deemed to be \$2,000 per month (\$120,000/60). If your monthly SCI sum insured was \$5,000 then your benefit payment would be reduced by \$2,000 per month, so that your monthly benefit payment would be \$3,000.</p> <p>Further, the kinds of lump sum payment for loss of income that are allowed to be offset against your SCI Benefit payments may be expanded.</p> <p>(Refer to Item 1 in the General Definitions section of this booklet for details)</p>
Premium Refunds	<p>On and from 1 October 2020, you may be entitled to receive a refund of your premiums in two scenarios which are not covered by the current terms and conditions of your insurance cover:</p> <ol style="list-style-type: none"> 1. SCI cover: AIA will refund any premiums paid, to a maximum period of 6 years, where no SCI benefit is payable because you have SCI cover in another superannuation fund, and have been paid under that SCI policy. 2. Death & TPD Cover: AIA will refund any premiums paid for the period you are determined to have been ineligible for cover under the terms and conditions of your insurance cover. <p>(Refer to Item 2 in the General Definitions section of this booklet for details)</p>
Termination of SCI Benefit Payments for Contractors	<p>Currently, your SCI Benefit payments will cease if you are a Contractor and your contract term expires before your maximum benefit period does.</p> <p>For claims occurring on or after 1 October 2020, your SCI benefit payments will continue where you meet the disability definition, even if you are a Contractor and your contract term expires before your maximum benefit period does.</p>

Summary of changes to terms and conditions

Feature	Terms
Visa holders/ non-Australian Residents	<p>Under the current terms and conditions of your insurance cover, all cover provided to non-Australian residents will cease immediately upon you departing Australia, except in the cases of trips of three (3) months or less.</p> <p>On and from 1 October 2020, cover will no longer cease in these circumstances.</p> <p>The other terms and conditions of your insurance cover regarding your Australian residency will not change, including the requirement that:</p> <ul style="list-style-type: none"> — AIA may require you to return to Australia at your expense in the event of a claim, and — SCI Benefit payments may be limited to a maximum period of 6 months whilst you remain overseas. <p>To support this change, the Medical Practitioner definition has also been updated:</p>
Medical Practitioner (definition updated)	<p>Medical practitioner</p> <p>Means a legally qualified and registered medical practitioner. It does not include your employer, you, an employee of your employer, a member of your immediate family, or your business partner.</p> <p>AIA may accept a similarly qualified person who is registered and practising as a medical practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. AIA may seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.</p>
Gainful employment (new definition)	<p>The terms and conditions of your insurance cover currently refer to a concept of 'Gainful Employment' which, in some circumstances, will be relevant for the purpose of determining whether you meet the TPD definition and/or satisfy the At Work test.</p> <p>Although the concept of 'Gainful Employment' is used, it is not currently defined in the terms and conditions applicable to your insurance cover. To provide greater clarity, on and from 1 October 2020 it will mean that you are employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.</p>
Date of lodgement (new definition)	<p>The terms and conditions of your insurance cover currently refer to a 'Date of Lodgement' which, in some circumstances, will be relevant for the purpose of determining whether you meet the TPD definition.</p> <p>Although the concept of a 'Date of Lodgement' is used, it is not currently defined in the terms and conditions applicable to your insurance cover. To provide greater clarity, on and from 1 October 2020 it will mean the date you have lodged a TPD claim and provided all mandatory documentation required by AIA in relation to your claim in order for assessment to commence.</p>

The table below provides a summary of the changes to terms and conditions that occurred on 1 July 2020.

Feature	Terms
Continuation Option	<p>With effect on and from 1 July 2020, a member who exercises (or exercised) a continuation option is granted cover under an Individual Policy issued by AIA, rather than one issued by the previous insurer.</p> <p>A member who wishes to exercise a continuation option will have to meet the eligibility criteria under the Individual Policy issued by AIA, including being capable of or actively working and performing your full and normal duties on the date you cease to be a member of AESA.</p> <p>(Refer to Item 3 in the General Definitions section of this booklet for details)</p>

Total and Permanent Disability (TPD) Definitions

The table below provides a very brief summary of the new TPD Definition².

If these are your circumstances then this part of the new TPD definition will apply and this means...
<p>Aged less than 67; and</p> <ul style="list-style-type: none"> – working on a permanent, casual or contract basis (or on employer approved leave); or – unemployed for less than 2 years; or – self-employed and completed paid work in the previous 2 years. 	<p>Part A (unlikely ever again to engage in a reasonably suited occupation) – the main question in this case is whether you are unlikely ever again to engage in any occupation for which you are reasonably suited by education, training or experience. This is just a summary of the main requirement under Part A and other conditions must also be satisfied.</p> <p><small>Importantly, for some members, the availability of this definition will depend on satisfying an ‘at work’ test (see below).</small></p>	<p>The circumstances in which Part A will be the applicable test are expected to be broader than those in which the existing, corresponding ‘any occupation’ test would apply.</p>
<p>Aged 67 and over; or</p> <ul style="list-style-type: none"> – unemployed for 2 years or more; or – self-employed and not completed paid work for 2 years or more. 	<p>Part B (unable to do basic everyday activities) – the main question in this case is whether you are unable to perform 2 basic everyday activities relating to mobility, seeing, lifting, communicating and manual dexterity continuously for 3 months. This is just a summary of the main requirement under Part B and other conditions must also be satisfied.</p>	<p>Part B will assess your ability to perform activities such as communicating and lifting, rather than your ability to perform activities such as dressing and feeding yourself. It is aimed at measuring your capacity to perform activities required for work, rather than those required for daily living.</p>
<p>Aged less than 67; and</p> <ul style="list-style-type: none"> – performing unpaid full-time Domestic Duties; or – never been in gainful employment. 	<p>Part C (unable to complete domestic duties) – the main question in this case is whether you are unlikely ever again to engage in unpaid domestic duties or in any occupation for which you are reasonably suited by education, training or experience. This is just a summary of the main requirement under Part C and other conditions must also be satisfied.</p>	<p>If these are your circumstances, the previously applicable test may have focused on your capacity to perform activities required for work, or for daily living, rather than your ability to engage in unpaid domestic duties.</p> <p>If you had TPD cover immediately before 1 July 2014, the previously applicable test may have been a ‘home duties’ test.</p>

Full details of the current and the new definitions are set out in the next section, headed ‘Current and New TPD Definitions’, and then details of the transition terms are set out in the following section headed ‘Transition Terms’.

² Correct as at 30 July 2020 but subject to adjustment before the applicable group life policy amendments are settled and implemented. The terms of your cover are governed by the applicable group life policy (not this booklet).

Current and New TPD Definitions

Current Definitions		New Definitions ³
<p>The below definition is applicable to existing Insured Members with TPD cover greater than nil under the Policy immediately prior to 1 July 2014:</p> <p>Own Occupation Definition (Comprehensive only)</p> <p>Means where the Total and Permanent Disablement – Own Occupation Definition applies to Insured Members approved by the Company for an additional premium, the Total and Permanent Disablement definition (below) is the same except Part D is replaced with:</p> <p>Part D</p> <p>The Insured Member:</p> <ul style="list-style-type: none"> (i) has been absent as a result of Sickness or Injury from employment for three (3) consecutive months; and (ii) in the Company's opinion, after consideration of all relevant evidence, the Insured Member is disabled to such an extent as to render them unlikely to ever again engage in their own occupation. <p>In addition, if the Insured Member has been unemployed for six (6) months or more or is on Approved Leave in excess of the twenty four (24) months (or, where an extension of cover beyond twenty four (24) months was approved by the Company, on Approved Leave for more than the period approved by the Company), then Parts A, B, C or E of the Total and Permanent Disablement definition would apply. If the Insured Member returns to paid employment with the same Participating Employer for more than fifteen (15) hours per week (averaged over thirteen (13) weeks immediately prior to the Date of Disablement or such shorter periods if employed for less than thirteen (13) weeks immediately prior to the Date of Disablement) the Total and Permanent</p>	<p>The below definition is applicable to existing Members with nil TPD cover under the Policy immediately prior to 1 July 2014 who are subsequently accepted for TPD cover under the Policy on or after 1 July 2014, and new Members who join the Plan on or after 1 July 2014:</p> <p>Part A</p> <p>The Insured Member has suffered the permanent loss of:</p> <ul style="list-style-type: none"> (i) the use of two limbs (where 'limb' is defined as the whole hand below the wrist or the whole foot below the ankle); or (ii) the sight in both eyes; or (iii) the use of one limb and sight in one eye; <p>and</p> <p>in the opinion of the Insurer, after consideration of medical and other evidence satisfactory to it, the Insured Member is unlikely ever to be able to follow their usual occupation and any other occupation for which they are reasonably suited by education, training or experience.</p> <p>Part B</p> <p>Solely because of Injury or Sickness, the Insured Member:</p> <ul style="list-style-type: none"> (i) has suffered at least twenty five percent (25%) impairment of Whole Person Function; and (ii) is not engaged in any occupation; and (iii) is disabled to such an extent that, in the opinion of the Insurer, after consideration of medical and other evidence satisfactory to it, the Insured Member is unlikely ever to be able to follow their usual occupation and any occupation for which they are reasonably suited by education, training or experience. 	<p>Part A – unlikely ever again to engage in a reasonably suited occupation</p> <p>The Insured Member will be considered Totally and Permanently Disabled if:</p> <ul style="list-style-type: none"> a) solely as a result of injury or sickness, the Insured Member is continuously not working in any occupation for a period of three (3) consecutive months after the Date of Disablement; and b) the Insured Member is under the care of, and following the advice and treatment of, a Medical Practitioner and has undergone all reasonable and usual treatment, including rehabilitation for the injury or sickness; and c) at the end of the three (3) month period or the Date of Lodgement whichever is the later, solely as a result of the same injury or sickness, the Insured Member is, in the Insurer's opinion, unlikely ever again to engage in any occupation for which they are reasonably suited by education, training or experience. <p>Part B – unable to do basic everyday Activities</p> <p>The Insured Member will be considered Totally and Permanently Disabled if:</p> <ul style="list-style-type: none"> a) solely as a result of injury or sickness, the Insured Member is continuously unable for a period of three (3) consecutive months after the Date of Disablement to perform at least 2 out of the 5 Activities listed below as certified by a Medical Practitioner and in the Insurer's opinion on the basis of the medical evidence, the Insured Member is permanently unable to perform the same Activities without assistance from another adult (even if they are using Aids and Adaptations); and

³ Correct as at 30 July 2020 but subject to adjustment before the applicable group life policy amendments are settled and implemented. The terms of your cover are governed by the applicable group life policy (not this booklet).

Current Definitions		New Definitions ³
<p>Disablement – Own Occupation Definition will continue to apply.</p> <p>The above Total and Permanent Disablement – Own Occupation Definition will not be available to Members with nil TPD cover under the Policy immediately prior to 1 July 2014 and who are subsequently accepted for TPD cover under the Policy on or after 1 July 2014, and new Members who join the Plan on or after 1 July 2014.</p> <p>Part A</p> <p>The Insured Member has suffered the permanent loss of:</p> <ul style="list-style-type: none"> (i) the use of two limbs (where ‘limb’ is defined as the whole hand below the wrist or the whole foot below the ankle); or (ii) the sight in both eyes; or (iii) the use of one limb and sight in one eye. <p>Part B</p> <p>Solely because of Injury or Sickness, the Insured Member:</p> <ul style="list-style-type: none"> (i) has suffered at least twenty five percent (25%) impairment of Whole Person Function; and (ii) is not engaged in any occupation; and (iii) is disabled to such an extent as to render the Insured Member unlikely to ever be engaged in any occupation for which they are reasonably suited by education, training or experience. <p>Part C</p> <p>The Insured Member is unable to perform at least two (2) of the following Activities of Daily Living:</p> <ul style="list-style-type: none"> (i) Dressing – the ability to put on and take off clothing without assistance; or (ii) Bathing – the ability to wash or shower without assistance; or (iii) Toileting – the ability to use the toilet, including getting on and off, without assistance; or 	<p>Part C</p> <p>The Insured Member is unable to perform at least two (2) of the following Activities of Daily Living:</p> <ul style="list-style-type: none"> (i) Dressing – the ability to put on and take off clothing without assistance; or (ii) Bathing – the ability to wash or shower without assistance; or (iii) Toileting – the ability to use the toilet, including getting on and off, without assistance; or (iv) Mobility – the ability to get in and out of bed or a chair without assistance; or (v) Feeding – the ability to get food from a plate into the mouth without assistance; <p>where ‘assistance’ means the assistance of another person, and</p> <p>in the opinion of the Insurer, after consideration of medical and other evidence satisfactory to it, the Insured Member is unlikely ever to be able to follow their usual occupation and any other occupation for which they are reasonably suited by education, training or experience.</p> <p>Part D</p> <p>The Insured Member:</p> <ul style="list-style-type: none"> (i) has been absent from employment as a result of Injury or Sickness for three (3) consecutive months; and (ii) in the opinion of the Insurer, after consideration of medical and other evidence satisfactory to it, the Insured Member is unlikely ever to be able to follow their usual occupation and any other occupation for which they are reasonably suited by their education, training or experience. <p>Part E</p> <p>The Insured Member has suffered Cognitive Loss and in the opinion of the Insurer, after consideration of medical and other evidence satisfactory to it, the Insured Member</p>	<p>b) (solely as a result of the same injury or sickness, the Insured Member is, in the Insurer’s opinion, unlikely ever again to engage in any occupation for which they are reasonably suited by education, training or experience.</p> <p>Activities means:</p> <p>Mobility: To:</p> <ul style="list-style-type: none"> – bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or – walk more than two hundred (200) metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina; <p>Seeing: To read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and the Insured Member’s vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;</p> <p>Lifting: To lift (from bench height) and carry a five (5) kg weight a distance of ten (10) metres and place the item back down at bench height;</p> <p>Communicating: To speak with sufficient clarity such that the Insured Member can hold a conversation with another person in a quiet room in their first language. This involves understanding a simple message and relaying that message to another person; and</p> <p>Manual dexterity: To use:</p> <ul style="list-style-type: none"> – at least one hand to pick up or manipulate small objects precisely with the Insured Member’s hand or fingers (such as picking up a coin from desk height, using cutlery, tying shoelaces or fastening buttons); or – a pen, pencil or keyboard to write a short note that can be understood by another person in the Insured Member’s first language

Current Definitions		New Definitions ³
<p>(iv) Mobility – the ability to get in and out of bed or a chair without assistance; or</p> <p>(v) Feeding – the ability to get food from a plate into the mouth without assistance.</p> <p>where ‘assistance’ means the assistance of another person.</p>	<p>is unlikely ever to be able to follow their usual occupation and any other occupation for which they are reasonably suited by education, training or experience.</p>	<p>If the Insured Member was unable to perform one or more of the above Activities when their cover commenced, that activity will not be taken into consideration by the Insurer as part of the TPD assessment.</p>
<p>Part D</p> <p>The Insured Member:</p> <p>(i) has been absent from employment as a result of Injury or Sickness for three (3) consecutive months; and</p> <p>(ii) in the opinion of the Insurer, after consideration of all relevant evidence, the Insured Member is disabled to such an extent to render them unlikely to ever be engaged in any occupation for which they are reasonably suited by their education, training or experience.</p>	<p>Part F (Comprehensive only)</p> <p>The Insured Member:</p> <p>(i) as a result of Injury or Sickness, is under the care of a Medical Practitioner; and</p> <p>(ii) is unable to perform those domestic duties; and</p> <p>(iii) is unable to leave their home unaided; and</p> <p>(iv) has not engaged in any gainful employment for a period of three (3) consecutive months after the occurrence of the Injury or Sickness; and</p> <p>(v) at the end of the period of three (3) months after the occurrence of the Injury or Sickness, and in the Insurer’s opinion, and after consideration of all relevant evidence, is disabled to such an extent that they are unlikely to perform those domestic duties or engage in any gainful occupation; and</p>	<p>Aids and Adaptations means equipment or fixtures which assist an Insured Member to carry out the Activities.</p> <p>Part C – unable to complete Domestic Duties</p> <p>The Insured Member will be considered Totally and Permanently disabled if:</p> <p>a) solely as a result of injury or sickness, the Insured Member is unable to perform all Domestic Duties for a period of three (3) consecutive months after their Date of Disablement; and</p> <p>b) the Insured Member is under the care of, and following the advice and treatment of, a Medical Practitioner and has undergone all reasonable and usual treatment, including rehabilitation for the injury or sickness; and</p> <p>c) solely as a result of the same injury or sickness the Insured Member is, in the Insurer’s opinion, unlikely ever again to engage in unpaid full-time Domestic Duties or in any occupation for which they are reasonably suited by education, training or experience.</p>
<p>Part E</p> <p>The Insured Member has suffered Cognitive Loss.</p>	<p>in the opinion of the Insurer, after consideration of medical and other evidence satisfactory to it, the Insured Member is unlikely ever to be able to follow their usual occupation and any other occupation for which they are reasonably suited by education, training or experience.</p>	<p>Domestic Duties means the household duties normally performed by the Insured Member who remains at home completing unpaid full-time domestic duties. It does not include a person working in a regular occupation including part-time and/or paid voluntary work that provides an income or a person studying or at home due to unemployment.</p>
<p>Part F (Comprehensive only)</p> <p>The Insured Member</p> <p>(i) as a result of Injury or Sickness, is under the care of a Medical Practitioner; and</p> <p>(ii) is unable to perform those domestic duties; and</p> <p>(iii) is unable to leave their home unaided; and</p> <p>(iv) has not engaged in any gainful employment for a period of three (3) consecutive months after the occurrence of the Injury or Sickness; and</p> <p>at the end of the period of three (3) months after the occurrence of the Injury or Sickness, and in the Insurer’s opinion, and after consideration of all relevant evidence, is disabled to such an extent that they are unlikely to perform those domestic duties or engage in any gainful occupation.</p>		<p>Domestic duties specifically includes:</p> <ul style="list-style-type: none"> — cooking and preparing meals – meaning to prepare meals using kitchen appliances;

Current Definitions	New Definitions ³
	<ul style="list-style-type: none"> — cleaning the home – meaning to carry out the basic internal household chores using domestic equipment such as a vacuum and mop; — washing clothes – meaning to do the household's laundry to a basic standard; — shopping for groceries – meaning to leave the home to purchase general household grocery items; and — (if applicable) caring for: <ul style="list-style-type: none"> – children – meaning to care for and supervise dependent children under 16 years of age or in full-time secondary education; or – a disabled person of the household. <p>If the Insured Member is able to perform any one of these tasks, they will be considered able to carry out all Domestic Duties.</p> <p>In this definition, Date of Disablement means:</p> <ul style="list-style-type: none"> a) For Part A, the earlier of: <ul style="list-style-type: none"> (i) the date as at which the Insured Member was first certified by a Medical Practitioner as unfit for work, or as incapacitated, due to sickness or injury ('certification effective date'), provided the Insured Member consulted that Medical Practitioner on or within 7 days after the certification effective date; (ii) the date the Insured Member first consulted a Medical Practitioner for the claimed condition, if the Insured Member had already been off work, or incapacitated, due to sickness or injury for more than 7 days. b) For Part B, the date the Insured Member was first certified by a Medical Practitioner as unable to perform at least 2 out of the 5 'Activities' specified in that Part without assistance from another

Current Definitions	New Definitions ³
	adult (with Aids and Adaptations) due to sickness or injury.
	c) For Part C, the date the Insured Member was first certified by a Medical Practitioner as unable to perform all of the 'Domestic Duties' specified in that Part.

Transition Terms

The transition terms that will apply, in moving from the current TPD Definitions to the new TPD Definitions, are shown below. They depend on matters including an 'At Work' definition, which is also shown below.

Feature	Terms ⁴
Transition Terms	<p>The new TPD definitions will apply to you if your 'Date of Disablement' (see the new TPD definition for the meaning of this) occurs on or after 1 October 2020. This is subject to the transitional arrangement below.</p> <p>If you had TPD cover on 30 September 2020 and, on that day, you would have not been entitled to be assessed primarily against an 'any occupation' TPD definition under your existing cover, but rather only against some other kind of TPD definition (whether turning on activities of daily living, loss of limbs, loss of cognition, home duties, or any other alternative criterion), and if you were not At Work for 30 consecutive days immediately prior to 1 October 2020, then subject to the terms of your cover where the date of disablement is on or after 1 October 2020:</p> <ul style="list-style-type: none"> – Part A of the TPD definition will apply to a TPD claim (in accordance with its terms), except that, in this case, the cover will be restricted to Limited Cover until you are At Work for 30 consecutive days at any time after 1 October 2020; and – Part B or Part C (as applicable) of the TPD definition will apply to any TPD claim that is not assessable under Part A (including because cover is not Limited Cover). <p>Limited Cover: means you are only covered for claims arising from a sickness which first becomes apparent, or an injury which first occurs on or after 1 October 2020 and is not related to a sickness or injury that occurred before 1 October 2020.</p>
At Work (new definition)	<p>Means in the opinion of the Insurer, you are:</p> <ol style="list-style-type: none"> engaged in your normal duties without limitation or restriction due to sickness or injury and are working normal hours on the applicable date; not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least thirty (30) hours per week) even though your actual employment may be on a full-time, part-time, contract or casual basis; and not in receipt of and/or entitled to claim income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits. <p>You will also be considered to be At Work if on the applicable date, you are on Employer approved leave for reasons other than sickness or injury, and but for the leave, you would be able to meet the At Work definition.</p> <p>If you are not Gainfully Employed for reasons other than sickness or injury, At Work means, in the opinion of the Insurer, you are not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least thirty (30) hours per week) even though you are not then working on a full-time basis and not receiving (or entitled to receive) income support benefits (for sickness or injury) from any source.</p> <p>Note: For the purpose of assessing your 'full and normal duties' under the applicable element of this At Work definition, if there has been a change to your full and normal duties due to sickness or injury within the 12 months prior to 1 October 2020, with the result that your job description changed or your duties and/or hours were reduced in that period, the Insurer will assess normal duties as the role you were performing for the employer before such sickness or injury occurred. This condition only applies for the purpose of the TPD transition.</p>

⁴ Correct as at 30 July 2020 but subject to adjustment before the applicable group life policy amendments are settled and implemented. The terms of your cover are governed by the applicable group life policy (not this booklet).

Salary Continuance Insurance (SCI)

Total Disability Definition

The table below provides a summary of the changes to the SCI Total Disability Definition and what this means for members.⁵ This is then followed by a table showing the current and new definitions.

Change	What this means for members
An 'important duty', which is currently not defined, will be defined as involving twenty percent (20%) or more of your overall occupational tasks.	There will be greater certainty about what does and does not count as an important duty.
<p>The criteria used in Part B (Activities of Daily Living) of the current Disability definition will change to those specified in Part B (Any Occupation) of the new TPD definition.</p> <p>Part B of the Disability Definition will still apply if you are:</p> <ul style="list-style-type: none">— working less than fifteen (15) hours per week over the three (3) months immediately prior to disablement; or— working in a Special Risk Occupation; or— on Employer Approved Leave for more than twenty four (24) months.	<p>If you suffer an Injury or Sickness after 1 October 2020 you will have a claim assessed against your ability to perform any occupation for which you are suited by education training or experience, rather than your ability to dress or feed yourself.</p> <p>The new criteria in Part B are aimed at measuring your capacity to work, rather than to perform the activities of daily living.</p>

⁵ Correct as at 30 July 2020 but subject to adjustment before the applicable group life policy amendments are settled and implemented. The terms of your cover are governed by the applicable group life policy (not this booklet).

Current and New SCI Total Disability Definitions

Current Definitions		New Definitions ⁶
Where at the date of disablement, the Insured Member is:		No Change to whether Part A or Part B of the Total Disablement Definition applies.
<ul style="list-style-type: none">– working for fifteen (15) hours or more per week, over the three (3) months immediately prior to disablement (other than where the Insured Member is are working in a Special Risk occupation); or– on Approved Leave for up to twenty four (24) months (or, where an extension of cover beyond twenty four (24) months was approved by the Insurer, on Approved Leave for up to such period as approved by the Insurer).	Part A of the definition will apply	Part A Means disablement resulting from Sickness or Injury as a result of which the Insured Member is: <ul style="list-style-type: none">(i) unable to perform at least one important duty of the Insured Member's usual occupation necessary to produce Income;(ii) under the regular care, in attendance or following the advice of a Medical Practitioner in relation to the Sickness or Injury; and(iii) not engaged in any work whether paid or unpaid.
<ul style="list-style-type: none">– working less than fifteen (15) hours per week over the three (3) months immediately prior to disablement; or– working in a Special Risk Occupation; or– on Employer Approved Leave for more than twenty four (24) months (or where an extension beyond twenty four (24) months was approved by the Insurer, on Approved Leave for more than the period approved by the Insurer).	Part B of the definition will apply	An important duty is defined as involving twenty percent (20%) or more of their overall occupational tasks. In addition, the Sickness or Injury must have caused the Insured Member to temporarily cease to be Gainfully Employed or to temporarily cease receiving gain or reward under a continuing arrangement to be Gainfully Employed.
The below definition only applies to existing Insured Members with SCI cover greater than nil under the Policy immediately prior to 1 July 2014:	The below definition is applicable to existing Members with nil SCI cover under the Policy immediately prior to 1 July 2014 who are subsequently accepted for SCI cover under the Policy on or after 1 July 2014, and new Members who join the Plan on or after 1 July 2014:	
Part A Means disablement resulting from Sickness or Injury which occurs while the Policy is in force and as a result of which the Insured Member is: <ul style="list-style-type: none">(i) unable to perform at least one important duty of his or her usual occupation necessary to produce Income;(ii) under the regular care, in attendance or following the advice of a Medical Practitioner in relation to the Sickness or Injury; and(iii) not engaged in any occupation, whether paid or unpaid.	Part A Means disablement resulting from Sickness or Injury which occurs while the Policy is in force and as a result of which the Insured Member is: <ul style="list-style-type: none">(i) unable to perform at least one important duty of his or her usual occupation necessary to produce Income;(ii) under the regular care, in attendance or following the advice of a Medical Practitioner in relation to the Sickness or Injury; and(iii) not engaged in any occupation, whether paid or unpaid. In addition, the Sickness or Injury must have caused the Insured Member to temporarily cease to be Gainfully Employed or to temporarily cease receiving gain or reward under a continuing arrangement to be Gainfully Employed.	Part B Means disablement resulting from Sickness or Injury, as a result of which the Insured Member is: <ul style="list-style-type: none">(i) unable to perform any occupation for which they are reasonably suited by education, training or experience; and(ii) under the regular care, in attendance or following the advice of a Medical Practitioner in relation to the Sickness or Injury; and(iii) not engaged in any work whether paid or unpaid. In addition, the Sickness or Injury must have caused the Insured Member to temporarily cease to be Gainfully Employed or to temporarily cease receiving gain or reward under a continuing arrangement to be Gainfully Employed.
Part B Means disablement resulting solely from Sickness or Injury which occurs while the Policy is in force and as a result of which the Insured Member: <ul style="list-style-type: none">(i) remains under the regular care and attendance or is following the advice of a Medical Practitioner in relation to that Sickness or Injury; and		

⁶ Correct as at 30 July 2020 but subject to adjustment before the applicable group life policy amendments are settled and implemented. The terms of your cover are governed by the applicable group life policy (not this booklet).

Current Definitions	New Definitions ⁶
<p>(ii) is not engaged in any occupation, whether paid or unpaid; and</p> <p>(iii) is continuously and totally unable to perform at least two (2) of the following activities of daily living as certified by a Medical Practitioner:</p> <p>Bathing: The ability to wash oneself either in the bath or shower or by sponge bath, without the assistance of another person.</p> <p>Dressing: The ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person.</p> <p>Eating: The ability to feed oneself once food has been prepared and made available, without the assistance of another person.</p> <p>Toileting: The ability to get to and from and on and off the toilet, without the assistance of another person, and ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate.</p> <p>Transferring: The ability to move in and out of a chair, without the assistance of another person.</p>	<p>Part B: Means disablement resulting solely from Sickness or Injury which occurs while the Policy is in force and as a result of which the Insured Member:</p> <p>(i) remains under the regular care and attendance or is following the advice of a Medical Practitioner in relation to that Sickness or Injury; and</p> <p>(ii) is not engaged in any occupation, whether paid or unpaid; and</p> <p>(iii) is continuously and totally unable to perform at least two (2) of the following activities of daily living as certified by a Medical Practitioner:</p> <p>Bathing: The ability to wash oneself either in the bath or shower or by sponge bath, without the assistance of another person.</p> <p>Dressing: The ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the assistance of another person.</p> <p>Eating: The ability to feed oneself once food has been prepared and made available, without the assistance of another person.</p> <p>Toileting: The ability to get to and from and on and off the toilet, without the assistance of another person, and ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate.</p> <p>Transferring: The ability to move in and out of a chair, without the assistance of another person.</p> <p>In addition, the Sickness or Injury must have caused the Insured Member to temporarily cease to be Gainfully Employed or to temporarily cease receiving gain or reward under a continuing arrangement to be Gainfully Employed.</p>

General Definitions

Feature	Current Terms	New Terms ⁷
1. SCI Benefit Offsets	<p>If, due to their disability, the Insured Member is entitled to any other income which exceeds ten percent (10%) of their Pre-Disability Income, the Insurer will reduce the benefit payable by the amount they have received.</p> <p>Such disability income may include:</p> <ul style="list-style-type: none"> (i) any sick leave entitlements; (ii) any payments resulting from workers' compensation or motor accident claim or any claim the Insured Member makes under any state or federal legislation in relation to the Sickness or Injury; (iii) benefits received from any other insurance that provides income payments due to Sickness or Injury (other than a lump sum or part of a lump sum paid as compensation for pain and suffering or the loss of use of a part of a body, or a lump sum TPD benefit received under an insurance policy). This applies only if it was not disclosed to the Insurer when the Insured Member applied for this cover or when the Insured Member last applied for an increase in cover. <p>Any payment in the form of a lump sum or that is exchanged for a lump sum will be treated as having a monthly equivalent of 1/60th of the lump sum over a period of sixty (60) months.</p> <p>The reduction in the amount of a Monthly Benefit will only be made to the extent that:</p> <ul style="list-style-type: none"> A) the Monthly Benefit, when combined with any other payment or monthly benefit received by the Insured Member while disabled, exceeds the greater of either seventy five percent (75%) of the Insured Member's Pre-Disability Income or the Monthly Benefit; or B) a Partial Disability Benefit, when combined with the Insured Member's monthly Income and any other payment, exceeds one hundred percent (100%) of the Insured Member's Pre-Disability Income. <p>If an Insured Member's Monthly Benefit is reduced because of a benefit offset, a part of the premium paid to the Insurer in the last twelve (12) months will be refunded in proportion to the reduction of the Monthly Benefit.</p>	<p>If, due to their Disability, the Insured Member is entitled to any other income which exceeds 10% of their Pre-Disability Income, the Insurer will reduce the benefit payable by the amount they have received.</p> <p>Such disability income may include:</p> <ul style="list-style-type: none"> (i) any sick leave entitlements; (ii) any payments resulting from workers' compensation or motor accident claim or any claim they make under any state or federal legislation in relation to the Sickness or Injury; (iii) Statute, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments received for work injury damages), whether paid as a lump sum or not; (iv) benefits received from any other insurance that provides income payments due to Sickness or Injury (other than a lump sum or part of a lump sum paid as compensation for pain and suffering or the loss of use of a part of a body, or a lump sum TPD benefit received under an insurance policy). This applies only if it was not disclosed to the Insurer when the Insured Member applied for this cover or when the Insured Member last applied for an increase in cover. <p>In the case of a benefit offset paid or payable as a lump sum (including by way of settlement or commutation):</p> <ul style="list-style-type: none"> a) the Insured Member must provide the Insurer, as soon as reasonably practicable, a breakdown of the lump sum including the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss, the amount claimed in respect of each head of damage or loss (to the extent applicable) and any other information the Insurer reasonably requires in relation to the lump sum; b) the Insurer will only reduce what it pays by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by the Insurer, at its discretion;

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Feature	Current Terms	New Terms ⁷
1. SCI Benefit Offsets (continued)		<p>c) the portion identified in (b) above will be converted to a monthly amount at the rate of one-sixtieth (1/60th) per month over a period of sixty (60) months for the purposes of calculating the amount to be offset; and</p> <p>d) where the Insured Member does not provide sufficient particulars to reasonably allow the Insurer to make a determination of the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, the Insurer will convert the entirety of the lump sum to a monthly amount at a rate of one-sixtieth (1/60th) over a period of sixty (60) months for the purposes of calculating the amount to be offset.</p> <p>The reduction in the amount of a Monthly Benefit will only be made to the extent that:</p> <p>A) the Monthly Benefit, when combined with any other payment or monthly benefit received by the Insured Member while disabled, exceeds the greater of either seventy five percent (75%) of their Pre-Disability Income or the Monthly Benefit; or</p> <p>B) a Partial Disability Benefit, when combined with the Insured Member's monthly Income and any other payment, exceeds one hundred percent (100%) of their Pre-Disability Income.</p> <p>If the Insured Member's Monthly Benefit is reduced because of a benefit offset, a part of the premium paid to the Insurer in the last twelve (12) months will be refunded in proportion to the reduction of the Monthly Benefit.</p>
2. Premium Refunds	No equivalent terms.	<p>SCI cover</p> <p>If at time of claim, the Insured Member's benefit is offset to the extent that no benefit is to be paid to the Insured Member because they have been paid under another income protection policy, the Insurer will refund any premiums paid for the duration of the overlap of covers, up to a maximum period of 6 years.</p> <p>The refund will only apply where the benefit offsets are another income protection policy automatically held within superannuation and will not apply where the benefits offset are received from an individual income protection policy.</p> <p>Death, TPD and SCI</p> <p>In the event that:</p> <p>a) the Insured Member had premiums deducted from their account and those premiums have been paid to the Insurer; and</p>

Feature	Current Terms	New Terms ⁷
2. Premium Refunds (continued)		<p>b) it is later determined that the Insured Member did not meet the eligibility conditions under the terms and conditions of their insurance cover,</p> <p>the Insurer will refund the Insured Member any premiums paid relevant to the period they are determined to have been ineligible for cover under the policy or to allow cover for them as mutually agreed between the trustee of AESA and the Insurer.</p> <p>Refunds will not be provided if you have a condition that is not covered due to limited cover or a pre-existing condition exclusion or limitation, because you may still be eligible for cover for any new conditions.</p>
3. Continuation Options	<p>Death and TPD (before 1 July 2020)</p> <p>Where an Insured Member ceases to be a Member of the Plan, the Insured Member may elect to continue their existing Death only and Death and TPD cover under a BT Protection Plans policy, subject to the following:</p> <ul style="list-style-type: none"> a) the Insured Member is under age sixty five (65) years; b) the Insured Member has not joined the armed forces; c) the Insured Member has not retired; d) the Insured Member has not lodged, received or is eligible to receive a TPD or Terminal Illness benefit; e) the Insured Member submits an application for a BT Protection Plans policy within sixty (60) days of ceasing cover under the Plan, and is subject to acceptance by the Insurer; f) any underwriting terms (including restrictions and loadings) continuing to apply to the Insured Member's Death only or Death and TPD cover under a BT Protection Plans policy; g) if the Insured Member's cover was New Events Cover, any conditions attaching to New Events Cover will continue to apply to the Insured Member until such time as those conditions expire according to their terms; h) the Insured Member updating the Insurer on their smoking status. Where the smoker status has not been provided, the Insured Member will be rated as a smoker until the Insurer is advised otherwise; i) the same occupation class will continue to apply. If there is a change in occupation 	<p>Death and TPD (on and from 1 July 2020)</p> <p>Where an Insured Member ceases to be a Member of the Plan, the Insured Member may elect to continue their existing Death only and Death and TPD cover under an individual policy with the Insurer, subject to the following:</p> <ul style="list-style-type: none"> a) the Insured Member is under age sixty five (65) years for death only or under age 60 for Death & TPD cover; b) the Insured Member must satisfy the eligibility criteria and terms under the Insurer's individual policy; c) for TPD cover, the Insured Member being employed in an occupation acceptable to the Insurer, for at least 15 hours per week, at the time cover is to commence under the individual policy; d) the Insurer must receive a satisfactory Australian citizen or Permanent Residency declaration; e) the Insured Member has not joined the armed forces; f) the Insured Member has not retired; g) the Insured Member has not lodged, received or is eligible to receive a TPD or Terminal Illness benefit under the policy, or any other benefits under any life insurance policy; h) the Insured Member submits an application for an individual policy with the insurer within sixty (60) days of ceasing cover under the Plan and the application is accepted by the Insurer; i) any underwriting terms (including restrictions, exclusions and premium loadings) continuing to apply to the Insured Member's Death only

Feature	Current Terms	New Terms ⁷
3. Continuation Options (continued)	<p>class, the Insured Member must notify the Insurer of this change; and</p> <p>j) the Amount Insured applied for under the BT Protection Plans policy being equal to or less than the Amount Insured in the Plan.</p> <p>Cover under the BT Protection Plans policy will continue subject to the remittance of premiums for the Insured Member.</p> <p>SCI Continuation Option (before 1 July 2020)</p> <p>Where an Insured Member ceases to be a Member of the Plan and their existing cover is subject to a Benefit Period of To Age sixty five (65), the Insured Member may elect to continue their existing cover under a BT Protection Plans policy, subject to the following:</p> <p>a) the Insured Member is under age sixty five (65) years;</p> <p>b) the Insured Member has not joined the armed forces;</p> <p>c) the Insured Member has not retired;</p> <p>d) the Insured Member has not lodged, received or is eligible to receive a SCI, TPD or Terminal Illness benefit;</p> <p>e) the Insured Member submits an application for a BT Protection Plans policy within sixty (60) days of ceasing cover under the Plan;</p> <p>f) any underwriting terms (including restrictions and loadings) continuing to apply to the Insured Member's SCI cover under a BT Protection Plans policy;</p> <p>g) any benefits attached to the Insured Member's cover, as a result of being inside a superannuation policy, continuing to apply to the Insured Member in the BT Protection Plans policy. Any other benefits attached to SCI cover as a result of being outside a superannuation policy are not available to the Insured Member;</p> <p>h) if the Insured Member's cover was New Events Cover, any conditions attaching to New Events Cover will continue to apply to the Insured Member until such time as those conditions expire according to their terms;</p> <p>i) the Insured Member updating the Insurer on their smoking status. Where the smoker status has not been provided, the Insured Member will be rated as a smoker until the Insurer is advised otherwise;</p> <p>j) the same occupation class will continue to apply. If there is a change in occupation class, the Insured Member must notify the Insurer of this change;</p>	<p>or Death and TPD cover under an individual policy with the Insurer;</p> <p>j) if the Insured Member's cover was New Events Cover, any conditions attaching to New Events Cover will continue to apply to the Insured Member until such time as those conditions expire according to their terms;</p> <p>k) the Insured Member updating the Insurer on their smoking status. Where the smoker status has not been provided, the Insured Member will be rated as a smoker until the Insurer is advised otherwise;</p> <p>l) the same occupation class will continue to apply. If there is a change in occupation class, the Insured Member must notify the Insurer of this change; and</p> <p>m) the Amount Insured applied for under the individual policy being equal to or less than the Amount Insured in the Plan; and</p> <p>n) the Insured Member was At Work performing their full duties on the date of ceasing to be a member of the Plan.</p> <p>Cover under the Insurer's individual policy will continue subject to the remittance of premiums for the Insured Member.</p> <p>SCI Continuation Option (on and from 1 July 2020)</p> <p>Where an Insured Member ceases to be a Member of the Plan and their existing cover is subject to a Benefit Period of To Age sixty five (65), the Insured Member may elect to continue their existing cover under an individual policy with the Insurer, subject to the following:</p> <p>a) the Insured Member is under age sixty (60) years;</p> <p>b) the Insured Member has not joined the armed forces;</p> <p>c) the Insured Member has not retired;</p> <p>d) the Insured Member must satisfy the eligibility criteria and terms under the Insurer's individual policy</p> <p>e) the Insurer must receive a satisfactory Australian citizen or Permanent Residency declaration</p> <p>f) the Insured Member being employed in an occupation acceptable to the Insurer, for at least 15 hours per week, at the time cover is to commence under the individual insurance policy;</p> <p>g) the Insured Member has not lodged, received or is eligible to receive a SCI, TPD or Terminal Illness benefit under this policy, or under any other life insurance policy;</p>

Feature	Current Terms	New Terms ⁷
3. Continuation Options (continued)	<p>k) the Amount Insured applied for under the BT Protection Plans policy being equal to or less than the Amount Insured in the Plan;</p> <p>l) the Insured Member's Waiting Period and Benefit Period remaining unaltered in the BT Protection Plans policy.</p> <p>Cover under the BT Protection Plans policy will continue subject to the remittance of premiums for the Insured Member.</p>	<p>h) the Insured Member submits an application for an individual policy with the Insurer within sixty (60) days of ceasing cover under the Plan and the application is accepted by the insurer;</p> <p>i) any underwriting terms (including restrictions, exclusions and loadings) continuing to apply to the Insured Member's SCI cover under the Insurer's individual policy;</p> <p>j) any benefits attached to the Insured Member's cover, as a result of being inside a superannuation policy, continuing to apply to the Insured Member in the individual policy. Any other benefits attached to SCI cover as a result of being outside a superannuation policy are not available to the Insured Member;</p> <p>k) if the Insured Member's cover was New Events Cover, any conditions attaching to New Events Cover will continue to apply to the Insured Member until such time as those conditions expire according to their terms;</p> <p>l) the Insured Member updating the Insurer on their smoking status. Where the smoker status has not been provided, the Insured Member will be rated as a smoker until the Insurer is advised otherwise;</p> <p>m) the same occupation class will continue to apply. If there is a change in occupation class, the Insured Member must notify the Insurer of this change;</p> <p>n) the Amount Insured applied for under the individual policy being equal to or less than the Amount Insured in the Plan;</p> <p>o) the Insured Member's Waiting Period and Benefit Period remaining unaltered in the individual policy. Where the equivalent waiting period is not available, then the next higher waiting period will be applied. Where the equivalent benefit period is not available then the next shortest benefit period will apply; and</p> <p>p) the Insured Member was At Work performing their full duties on the date of ceasing to be a member of the Plan.</p> <p>If the Insurer accepts the Insured Member's Continuation Option application form, the individual income protection policy issued by it will have the following features:</p> <p>q) the policy will be annually renewable and on an indemnity basis;</p>

Feature	Current Terms	New Terms ⁷
3. Continuation Options (continued)		<p>r) the sum insured will be the lesser of 75% of the Insured Member's new monthly Income and the Amount Insured which applied immediately prior to ceasing to be a Member of the Plan (or such lower insured monthly disability benefit as requested by the Insured Member).</p> <p>Cover under the individual policy will continue subject to the remittance of premiums for the Insured Member.</p>

For more information

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Important Information

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