



DIVERSA
INSURANCE

Diversa Group Life Pool

ARSN 149 439 841

General Memberships

This Product Disclosure Statement describes the features and benefits of the Diversa Group Life Pool. It will help you decide whether this product will meet your needs and might also help you compare our product with others you are considering.

The information in this Product Disclosure Statement is general information only and does not take into account your personal objectives, financial situation or particular needs. You should obtain financial advice tailored to your personal circumstances before making a decision.

If you have any queries or would like further information, including obtaining a copy of this Product Disclosure Statement, you can contact us at:

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Product Disclosure Statement
Issue Number 4
Dated 1 November 2023
Issued by Diversa Insurance Limited
ABN 77 107 165 962
AFSL No. 273321

Important Notes

General memberships are a distinct class of membership within the Diversa Group Life Pool – a managed investment scheme that is registered with the Australian Securities and Investments Commission (ASIC). In this Product Disclosure Statement (PDS) 'Diversa Group Life Pool' or 'Pool' means Diversa Group Life Pool General memberships.

References in this PDS to 'we', 'us', 'our', 'Diversa Insurance' or 'Diversa' are to Diversa Insurance Limited as:

- responsible entity (RE) of the Pool;
- the issuer of this PDS and interests in the Pool.

Where certain words have a specific meaning as defined in the Policy, those words will have the same meaning in this PDS.

An application for insurance as described in this PDS must be made on the application form provided. Your application is subject to acceptance by the Insurer, who may accept or decline it or accept it subject to conditions.

Who is the Issuer?

The issuer of this product is Diversa Insurance Limited ABN 77 107 165 962, AFSL 273321 (Diversa).

About Diversa Insurance

Diversa Insurance Limited is a specialist financial services business that has been the RE and Issuer of the Pool since 2011. Diversa's management has over 100 years' collective experience across trusteeship, fund administration, accounting, insurance and compliance roles within the financial services industry.

Who is the Insurer?

The Insurer for the Pool is AIA Australia Limited ABN 79 004 837 861, AFSL 230043 (AIA Australia).

About AIA Australia

AIA Australia is a Life and Health Insurer, with over 50 years' experience in Life Insurance, with more than 5.7 million Australian customers. Their vision is to make Australia one of the healthiest and best protected nations in the world.

AIA Australia is dedicated to helping Australians protect what they value most by offering market-leading products and services that match each stage of their health and wellbeing journey. They work closely with their partners to deliver real and relevant insurance products – providing true value to their customers, partners, and society.

AIA Australia is a privately owned company. Their ultimate parent company is AIA Group Limited, a Hong Kong incorporated company. AIA Group Limited, was publicly listed on the Hong Kong Stock Exchange in October 2010.

AIA Australia is licensed and regulated by the Australian Prudential Regulation Authority (APRA).

Who is the Custodian?

The custodian for the Pool is The Trust Company (Australia) Limited AFSL No. 235145 (Trust Co). The role of the custodian is to hold the assets of the Pool in safe keeping. Pool assets are held separately by Trust Co from the assets of Diversa.

About Trust Co

Trust Co is a specialist custodian and a wholly owned subsidiary of Perpetual Limited, a publicly listed company. Established in 1885, Perpetual Limited is one of Australia's oldest and largest trustee organisations.

Consent

AIA Australia and Trust Co have given their consent to the inclusion of the statements above in the form and context in which they are named and appear. Neither AIA Australia nor Trust Co, take any responsibility for the issue of this PDS or for any statements contained in this PDS other than the statements above.

Definitions

'Diversa' means Diversa Insurance Limited.

'Insurer' means the life insurance company that has issued the Policy to Diversa and as Diversa may appoint from time to time.

'Insured Person' means a person who is insured under the Policy by virtue of being a Member of the Pool or a member of a superannuation fund, the trustee of which participates in this Pool, or an employee of an employer that participates in this Pool or a member of an association that participates in this Pool or any other person whom Diversa decides shall become an Insured Person under the Policy and Insured Persons has a corresponding meaning.

'Member' means all participating employers, participating individuals, participating trustees and any other person who becomes a participant in the Pool (including industry or professional associations).

'Policy' means the group life policy issued by the Insurer to Diversa that provides for the insured benefits of the Pool.

'Policy Terms' means the terms and conditions of the Policy as in force and amended from time to time.

'Pool' means the Diversa Group Life Pool.

'premium', 'premiums' means the amount of money that is payable in respect of the Insured Person to obtain the benefit of the insurance via the Pool.

'Sum Insured' refers to the amount that an Insured Person is insured for via the Pool.

'you', 'your' means the Insured Person and if the context requires, where cover is affected by an employer, that employer, or if cover is affected by the trustee of a superannuation fund, that trustee, or if cover is affected by an association, that association.

'we', 'us', 'our', 'RE', 'Diversa' or 'Diversa Insurance' means Diversa Insurance Limited the responsible entity of the Pool.

Other important notes

The insurance contract ('Policy') issued by the Insurer to us contains the full terms, conditions, exclusions and limitations of the insurance issued by the Insurer to us. In the event of any inconsistency between the Policy and this PDS, the Policy will prevail.

Neither you nor the Insured Persons have any rights of ownership, participation or rights to amend vary or cancel the Policy. In addition, no Insured Person has any right to claim under the Policy. We as responsible entity of the Pool are the policy holder and only we may make any claims under the Policy.

If you are an Insured Person gaining the benefit of insurance via the Pool and have not become a Member in your own right, certain provisions of the Pool's constitution are not relevant to you. For example you cannot attend Member meetings.

We recommend you seek financial advice before making a decision to obtain insurance via the Pool. If you don't have a financial adviser, we can put you in contact with someone who can help.

We may update this PDS (including terms and features of the Pool) with changes that are not materially adverse without issuing a supplementary PDS. The PDS and updated information will be available on our website and you can obtain a paper copy free of charge from us on request. If we become aware of changes that are materially adverse, we will either issue a supplementary PDS or replace this one. If any new or increased fees or charges are to be introduced, we will give you at least 30 days' prior written notice.

Contact us or visit our website at www.diversainsurance.com.au for up-to-date information about the Pool. You can obtain a copy of the most recent target market determination for this product from our website, to help you decide if this product is right for you.

This PDS can only be used by people receiving it (including electronically) in Australia.

All amounts in this PDS are in Australian dollars and all times quoted are Sydney time. A business day is a working day for Diversa in Sydney. We do not guarantee the payment of any benefit or Sum Insured or the return of any money.

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Diversa Group Life Pool General Membership at a glance

General

Product Description	The Pool pays a lump sum benefit on the death, Terminal Illness or Total & Permanent Disablement (TPD) of an Insured Person (depending on the cover selected).
Benefits	<ul style="list-style-type: none"> • Death cover – a lump sum payment on the death of the Insured Person. • Terminal Illness – a lump sum payment on the diagnosis of the Insured Person with a Terminal Illness. This payment is an advanced payment of the death benefit. • Total & Permanent Disablement – a lump sum payment upon the Total & Permanent Disablement of the Insured Person.
Eligible Entry Ages	You must be aged between 15 and 69 to be eligible for cover.
Expiry Age	<ul style="list-style-type: none"> • Death cover ceases when you turn 75 years old if you joined as an Individual member or age 70 if you joined as part of a superannuation fund or employer group. • TPD cover decreases by 10% of the cover held at age 60 each year from your 61st birthday and ceases when you turn 70 years old.
Membership Types	There are 3 types of Pool memberships available: <ul style="list-style-type: none"> • Individuals; • Self-managed super funds (SMSFs); • Employer sponsors, Industry and Professional associations.
Automatic Cover	<ul style="list-style-type: none"> • Up to \$300,000 death and TPD cover is provided automatically (Default Cover) to individual members joining the Pool. Refer to Table 1 – “Life Stages” Default Cover on page 11 for details. • Automatic cover is also available for employer sponsored groups and industry/professional association by arrangement with us.
Underwritten Cover	You can increase your cover by providing medical and personal information (by being underwritten by the Insurer).
Maximum Cover	<ul style="list-style-type: none"> • Death cover – Unlimited. • Terminal Illness – \$3,000,000. • Total & Permanent Disablement – \$3,000,000. Your TPD cover can't exceed your death cover.
Transfer of Cover	Individuals and SMSF members can elect to transfer other existing insurance cover to the Pool if they are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy. Refer to pages 7 and 8 for details.
How Premiums are calculated	Premiums are calculated based on a number of factors including: <ul style="list-style-type: none"> • Whether cover is provided on an individual basis or as part of a group; • Current age, occupation, gender, smoking status, premium payment frequency; • Personal pastimes and state of health; • Level and type of cover.
Exclusions / Limitations	Automatic cover for individuals (not part of a group) is Limited Cover for 2 years. There are also situations where benefits will be restricted or will not be paid. Refer to page 15 for details of General Exclusions.

Superannuation Funds

Membership Eligibility	Self-managed super funds.
Automatic Cover	Take advantage of our individual Default Cover of up to \$300,000 death and TPD.
Transfer of Cover	Individuals and SMSF members can elect to transfer other existing insurance cover to the Pool if they are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy. Refer to pages 7 and 8 for details.

Employer Groups and Industry and Professional Associations

Membership Eligibility	<ul style="list-style-type: none"> • Small, medium and large employers. • Industry and Professional Associations.
Automatic Cover for Groups	Two automatic insurance options are available: <ul style="list-style-type: none"> • For employers and associations and their members with less than 10 people, take advantage of our individual Default Cover of up to \$300,000 death and TPD; or • Group Cover, tailored (at corporate group premium rates) for employer groups and associations of 10 or more people.
Group takeover terms	Terms can be negotiated for the takeover of existing group insurance arrangements for employers and industry or professional associations.

Diversa Group Life Pool

Section 1 – General Information

This Product Disclosure Statement contains important information about the Diversa Group Life Pool and it will help you to:

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

Important Notice

The Group Life Pool is not an investment or a savings plan. The purpose of this product is to provide a benefit in the event of death, terminal illness or total and permanent disability, if selected. If you terminate your membership of this Pool at any time, you will not get anything back apart from any pro-rata refund of annual premiums paid.

About Group Life Insurance

Insurance is a very important part of your financial planning as it helps provide you and your family financial security should you become permanently disabled, terminally ill or pass away.

Group Life Insurance protects you 24 hours a day, anywhere in the world. It provides significant benefits for employers and associations by allowing them to tailor insurance cover to meet the particular needs of their employee/association group.

The nature of group insurance cover means that premium rates are generally cheaper than individual retail insurance premium rates, and so obtaining cover via a group insurance facility can prove very cost effective.

About the Diversa Group Life Pool

The Diversa Group Life Pool operates as a registered managed investment scheme. It is registered with the Australian Securities & Investments Commission (ASIC) and its operation is governed by the Corporations Act.

Originally established in 1993, the Pool is a trust structure that provides insured benefits to Members under a Policy issued to Diversa as responsible entity of the Pool by the Insurer.

The Diversa Group Life Pool is not an investment or a savings plan. The value of a Member's interest in the Pool is limited to the amount paid (if any) by the Insurer following a claim.

The Pool provides a range of insurance options designed to help you make sure you have the right level of cover for your personal circumstances or those of your employees or members.

Obtaining life insurance through the Pool has a number of benefits including for:

Individual members

- Cover is automatically provided to all individual members with no underwriting (refer to "Eligibility and Restrictions" at page 15);
- Default Cover at a level designed to suit your life stages;
- Top-up your cover at key times in your life with no underwriting;

- The ability to increase your cover above the Default Cover level by being underwritten; and
- Competitive premium rates.

SMSF members

- Cover can be automatically provided with no underwriting on the same basis as our individuals cover with:
 - "Life stages" Default Cover; and
 - Life events top-up cover.
- Your fund members can consolidate (transfer) their other insurance into your fund, without medical underwriting, where they have selected it under 'choice of fund' super arrangements;
- Insured Persons can continue their cover in the Pool if they leave your fund; and
- Competitive premium rates.

Employer group (and Industry/Professional Association) members

- Ensuring you remain an employer of choice by providing a competitive package of insurance benefits for your employees;
- Providing additional membership benefits for your association;
- Cover can be automatically provided with no underwriting:
 - On the same basis as our individuals cover – with
 - "Life stages" Default Cover; and
 - Life Events top-up cover; or
 - Under a more tailored arrangement for your employer depending on its circumstances.
- Competitive corporate Premium rates and automatic acceptance insurance levels are available for Members with 10 or more Insured Persons;
- Continuation of insurance cover in the Pool for Insured Persons if they leave the employer/association Member; and
- Takeover terms for existing externally insured groups.

Membership of the Pool

There are three types of membership of the Pool:

- Individual;
- Superannuation trustee (SMSFs); and
- Employer (including industry/Professional Associations).

Membership of the Pool costs \$1, which is included as part of the first premium paid by a Member when they join.

Upon acceptance of your application for membership and payment of the premium, you agree to be bound by the terms of the constitution (trust deed) and Policy of the Pool. Contact us if you would like to view a copy of the constitution.

An individual can join as a Member in their own right or jointly with another person. Superannuation fund trustee Members may either be corporate trustees or individuals in the case of an SMSF. Employer Members may be corporate entities, partnerships, associations or individuals as the case may be.

Members are responsible for ensuring that all premiums are paid when they are due, otherwise insurance cover and membership will cease.

Only a Member can make a claim for payment of a benefit directly from the Pool. If an Insured Person is not a Pool Member, (e.g. an employee of an employer Member), they can only make a claim via the Pool Member (i.e. their employer or association).

Neither Members nor the Insured Persons have any rights of ownership, participation or rights to amend vary or cancel the Policy.

Individual Membership and Cover

How does it work?

Default Cover

All individual Members who are less than 64 years old when they join the Pool are automatically insured (subject to the conditions referred to below) in the event of their death, terminal illness and total and permanent disablement. This cover is known as "Default Cover" and is not subject to any health checks or doctor evaluations. You will not be entitled to Default Cover if you are entitled to, applying for or have ever been paid a TPD or terminal illness benefit – see "Eligibility and Restrictions" on page 15 for detailed information about Default Cover.

The amount of Default Cover varies depending upon your current age – see "What is Default Cover?" on page 11.

Conditions apply to this Default Cover. Most importantly, Default Cover is provided on a Limited Cover basis for 24 months from the date cover commences. The Limited Cover restriction will be removed after 24 months provided you are At Work. Example 1 below provides an example of how Default Cover works.

Example 1 – Limited Cover

Eddie turns 39 on his next birthday and receives \$300,000 death and TPD cover as Default Cover. His cover is Limited Cover.

Eddie had a condition that had already been diagnosed at the date that his Default Cover commenced. He is not covered for the first 24 months if he were to die, become terminally ill or Totally & Permanently Disabled as a result of that condition.

After 24 months, as long as Eddie is 'At Work' his cover will convert from Limited Cover to full cover.

You can cancel your Default Cover at any time by notifying us in writing but if you do, you will not be eligible for Default Cover again and will need to be underwritten for your insurance cover.

Life Events Option

As you go through life, needs change. Often this will be caused by different events happening. That's why the Pool offers people the ability to increase their Default Cover insurance, without health evidence, when they experience certain 'Life Events'. See the information under "Life Events Increase Option" on page 11 for details.

Underwritten cover

If you prefer, you can choose to be underwritten for additional insurance, in which case you can select the level and type of cover you need. See "Underwritten Insurance Cover" on page 11 for more details.

Transfer cover

You can elect to transfer other existing insurance cover to the Pool if you are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy.

The transfer of other existing cover is subject to meeting the following criteria. You must:

- (a) Be transferring other life insurance cover from either:
 - i. an Australian group insurance policy held with another superannuation fund, or
 - ii. from an Australian retail insurance policy that was underwritten in the past 5 years, and
- (b) Be aged less than 65 on the date you applied for the transfer; and
- (c) Not be working in an Excluded Occupation or performing any duties of an Excluded Occupation; and
- (d) Cancel the other existing insurance cover on the date of cover commencing in the Pool, and not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option under the other policy; and
- (e) Provide evidence to the Insurer's satisfaction of the other insurance cover you hold. The evidence must be dated within the previous 60 days. If the cover was underwritten, it must show when the cover was accepted and that no restrictions apply;
- (f) Not transfer cover that is subject to any restrictions in regards to medical or other conditions, such as an exclusions, premium loading or pre-existing condition exclusion; and

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- (g) Satisfactorily complete the Insurer's Transfer of Cover Application Form. This form must be received by us within 31 days of being signed and dated

Where all of the above requirements are met, the insured cover will be:

- i. For the same benefit type as the other life insurance cover if it is available under the Policy; and
- ii. For the same amount as the other life insurance cover subject to:
 - The total insured cover not exceeding \$1,500,000 after transfer (i.e. insured cover prior plus the transferred cover), and
 - The total insured cover for TPD after the transfer not exceeding the total insured cover for death after the transfer, and
 - The transferred cover being an additional fixed amount of insurance cover.

The Insured Cover will commence on the date the Insurer accepts the Transfer of Cover Application Form. The transfer of cover will not be considered to have occurred and a new Transfer of Cover Application Form required if the Premium is not paid within 60 days of the date the Insurer accepts the Transfer of Cover Application Form.

Where any of the above requirements are not met, the transfer of other insurance cover will be deemed to have been unsuccessful and any Premium paid in relation to it will be refunded.

Note, no claim will be considered if you retain or reinstate any form of your transferred cover.

SMSF Trustee Membership and Cover

How does it work?

The Pool offers SMSF trustees an ability to provide their fund members with insured benefits. Our arrangements are flexible to meet the needs of your membership.

Contact us on (02) 9924 6599 for further details.

Membership Types

Pool is only available to SMSF trustees.

Underwritten cover

The Pool allows you to offer insurance cover for your SMSF members on an individually underwritten basis. They can select the level and type of cover they need. See "Underwritten Insurance Cover" on page 11 or contact us for more details.

Auto acceptance using Default Cover

We allow your SMSF to offer the same automatic insurance benefits as our Default Cover. All SMSF members must be covered by Default Cover for the SMSF to be eligible and we must be the sole insurance provider to the fund.

See Key Policy Definitions on page 26 and When Your Cover Starts and Ceases on page 14 for further details.

Life Events Option

We can also offer your SMSF members, who are covered under an automatic insurance arrangement with us, access to our Life Events Option. See the information under "Life Events Increase Option" on page 11 for details.

Transfer cover

An SMSF member can elect to transfer other existing insurance cover to the Pool if they are insured for the same type and amount of cover under an Australian group insurance policy or Australian personal retail policy.

The transfer of other existing cover is subject to meeting the following criteria. You must:

- (a) Be transferring other life insurance cover from either:
 - i. an Australian group insurance policy held with another superannuation fund, or
 - ii. from an Australian retail insurance policy that was underwritten in the past 5 years, and
- (b) Be aged less than 65 on the date you applied for the transfer; and
- (c) Not be working in an Excluded Occupation or performing any duties of an Excluded Occupation; and
- (d) Cancel the other existing insurance cover on the date of cover commencing in the Pool, and not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option under the other policy; and
- (e) Provide evidence to the Insurer's satisfaction of the other insurance cover you hold. The evidence must be dated within the previous 60 days. If the cover was underwritten, it must show when cover was accepted and that no restrictions apply;
- (f) Not transfer cover that is subject to any restrictions in regards to medical or other conditions, such as an exclusions, premium loading or pre-existing condition exclusion; and
- (g) Satisfactorily complete the Insurer's Transfer of Cover Application Form. This form must be received by us within 31 days of being signed and dated

Where all of the above requirements are met, the insured cover will be:

- i. For the same benefit type as the other life insurance cover if it is available under the Policy; and
- ii. For the same amount as the other life insurance cover subject to:
 - The total insured cover not exceeding \$1,500,000 after transfer (i.e. insured cover prior plus the transferred cover), and

- The total insured cover for TPD after the transfer not exceeding the total insured cover for death after the transfer, and
- The transferred cover being an additional fixed amount of insurance cover.

The Insured Cover will commence on the date the Insurer accepts the Transfer of Cover Application Form. The transfer of cover will not be considered to have occurred and a new Transfer of Cover Application Form required if the Premium is not paid within 60 days of the date the Insurer accepts the Transfer of Cover Application Form.

Where any of the above requirements are not met, the transfer of other insurance cover will be deemed to have been unsuccessful and any Premium paid in relation to it will be refunded.

Note, no claim will be considered if you retain or reinstate any form of your transferred cover.

Premium rates

Premium rates for your SMSF members will vary depending on age, occupation, gender, smoking status, pastimes, amongst other factors. Refer to 'What is the cost of Your Insurance?' under Additional Explanation of Fees and Costs in Section 3 below for further information.

Continuance of Cover

Continuance of cover is available for your SMSF members. This means that if a fund member leaves an SMSF Member, they can maintain their existing insured benefits. All they need to do is join the Pool as an individual Member and pay their new premium within 30 days of leaving the SMSF Member.

Your former SMSF member will:

- Retain their existing insurance cover (including TPD);
- Retain any Life Events Increase Option that was in place if they were covered under our standard Default Cover arrangement;
- Remain covered by Default Cover if they had been previously covered under our standard Default Cover arrangement;
- Pay future premiums at the individual premium rates.

If they don't take advantage of our continuance of cover option they will cease to be covered in the Pool from the date cover ceased in your fund.

Employer (and Industry/Professional Association) Membership and Cover

How does it work?

The Pool offers employers (as well as Industry and Professional Associations) the ability to provide their employees (or members) with insurance cover. Our arrangements are flexible and can be tailored to meet the needs of your organisation.

Our premium rates are very competitive and we can construct a benefit design for you that can help you distinguish yourself as an employer / association of choice.

Summary details of the key elements of our benefit design features are provided below. Contact us on (02) 9924 6599 for further details or to discuss how we may be able to tailor an insurance offering for your organisation.

Membership types

Different types of employers and associations can join the Pool including:

- Small and sole traders;
- Partnerships and trusts;
- Medium and large companies;
- Industry or Union groups and associations;
- Professional Associations or groups.

Auto acceptance options

We can offer automatic insurance cover for employees and association members under two different options:

1. **Default Cover** – we are able to provide your employees / members with the same automatic insurance benefits as our Default Cover.
2. **Group Cover** –we can provide employer and industry/professional groups with automatic insurance cover on a tailored basis.

Your group can have its own automatic insurance cover limits (AAL), benefit design and specific premium rates (corporate rates).

Certain conditions apply for a particular employer or association to be eligible to establish group cover including:

- Guidelines as to the level of cover and qualifying conditions are to be established;
- A group must consist of at least 10 people;
- At least 75% of eligible employees or association members must remain insured by our Pool at all times; and
- We must be the sole provider of that insurance for the group.

See Key Policy Definitions on page 26 and When Your Cover Starts and Ceases on page 14 for further details.

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While each group can be assessed and a tailored benefit design created, we also offer a minimum level of automatic insurance for groups without assessment. Please contact us on (02) 9924 6599 for further details.

Premium rates

Premium rates for your group will vary depending on the type of group or industry and occupation categories of the employees or association members to be covered.

We will provide you with a premium rate quote based on your particular needs.

Takeover terms

If a company/association currently has group insured benefits, we are able to offer take over terms where your existing externally insured cover is transferred into the Pool without the need for underwriting.

We will need to obtain information about the existing cover in order to determine if it is eligible to be transferred under takeover terms. Contact us for more details.

Continuance of Cover

Continuance of cover can be made available for your employees (or members) as a part of your insurance benefit design. This means that if your employee/member leaves your company/firm/association, they can maintain their existing insured benefits. All they need to do is join the Pool as an individual Member and pay their new premium within 30 days of leaving your company/firm/association.

Your former employee/member will:

- Retain their existing insurance cover (including TPD);
- Retain any Life Events Option that was in place if they were covered under our standard Default Cover arrangement;
- Remain covered by Default Cover if they had been previously covered under our standard Default Cover arrangement;
- Pay future premiums at the individual premium rates rather than the premium rates that apply to your group.

If they don't take advantage of our continuance of cover option they will cease to be covered in the Pool from the date they left the company/firm/association.

Section 2 - Insured Benefits Available

What is Default Cover?

The level of Default Cover for Death, Terminal Illness and TPD insurance is based on your age at your next birthday as shown in Table 1 below.

Table 1 – “Life Stages” Default Cover

Age Next Birthday	Death and TPD Default Cover
16 to 25	\$150,000
26 to 30	\$200,000
31 to 40	\$300,000
41 to 50	\$200,000
51 to 60	\$150,000
61	\$140,000
62	\$130,000
63	\$120,000
64	\$110,000
65	\$100,000
66	\$90,000
67	\$80,000
68	\$70,000
69	\$60,000
70	\$50,000

Notes

1. The level of insurance cover changes depending on age next birthday unless cover levels have been fixed. (See “Fixing Default Cover Insurance Levels” below).
2. If cover has been fixed then TPD cover reduces by 10% each year after you reach age 61. Otherwise TPD cover reduces as per Table 1.
3. Eligibility conditions and restrictions apply to Default Cover. Refer to “Eligibility and Restrictions – Default Cover” on page 16 for details.

Fixing Default Cover Insurance Levels

You can choose to fix the level of Default Cover that you have at any time. This means that your insured amount will remain the same but your premiums will change as your age changes. However, even if you do fix your cover, TPD cover will reduce from age 61 consistently each year, to be nil at age 70.

Once you have fixed your cover you cannot revert back to “Life Stages” Default Cover, however you can reduce your fixed cover level at any time by notifying us in writing.

For more information about fixing your Default Cover, please contact us on (02) 9924 6599.

Underwritten Insurance Cover

Availability

You can apply to be underwritten for insurance cover regardless of whether you are already insured under Default Cover or corporate AAL insurance arrangements. This means that you will need to provide the Insurer with additional information, including details about your health and pastimes. Subject to eligibility, you can apply for Death only or Death and TPD cover. There is:

- no limit to the amount of Death insurance you can apply for; and
- a maximum limit of \$3,000,000 for TPD cover.

Underwriting

The information you will need to provide will depend on a number of things including your age and the amount of cover for which you apply. The decision as to whether and on what basis you are accepted for underwritten insurance cover is solely up to the Insurer. We will let you know what information is needed for your application for insurance to be considered.

Costs

Premiums are calculated based on your age next birthday, gender, occupation category and smoking status. Discounts are available for paying premiums annually in advance. Refer to the section “Fees and Other Costs” on page 18 for further details.

For underwritten cover, you may be accepted at an increased premium rate due to your health or pastimes. The cost of any underwritten insurance is in addition to any Default Cover you may have.

Contact us on (02) 9924 6599 to obtain a premium quotation.

Life Events Increase Option

You can increase your cover without medical underwriting, on up to 3 separate occasions with the occurrence of particular life events. A Life Event occurs when an Insured Person:

- gets married; or
- gets divorced; or
- their Partner gives birth or adopts a child/children; or
- has a child commencing education at a private school; or
- purchases a home for their permanent residence with a mortgage on that residence of \$100,000 or more.

Each Life Event increase in cover is subject to a maximum increase.

The maximum increase available to you depends on whether you are covered under Default Cover or Group (automatic acceptance) arrangements, or if you have underwritten cover or have fixed your Default Cover insurance level (see below).

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Cover obtained under a Life Events increase is Limited Cover for the first 12 months, after which it becomes full cover.

Maximum Life Events Cover Increase – “Life Stages” Default Cover

The lesser of:

- Your current Default Cover; or
- \$200,000; or
- The amount of the mortgage (if applicable).

Maximum Life Events Cover Increase – Underwritten, Fixed Cover & Group (automatic acceptance) members.

The lesser of:

- 25% of your total insured cover amount; or
- \$200,000; or
- The amount of the mortgage (if applicable).

Eligibility conditions and restrictions apply to Life Events cover increases. Refer to Eligibility and Restrictions – Life Events Increases on page 17 for details.

Examples 2, 3 and 4 below show how Life Events cover increases can work in practice.

Example 2 – Default Cover With Life Events Increases

Kristine is 25 (age 26 next birthday) and is a member of an SMSF that insures its members via the Pool. She receives \$200,000 death and TPD cover as Default cover.

At 27 Kristine gets married and decides to increase her cover under the Life Events increase option. She is eligible for \$200,000 of additional cover, being the Default Cover amount available to her and the maximum under the Life Events increase option

Her total cover is now \$400,000 death and TPD.

When Kristine turns 30 (age 31 next birthday) her Default Cover level automatically increases to \$300,000 death and TPD. She still has the additional \$200,000 she obtained under her Life Events increase option.

Her total cover is now \$500,000 death and TPD.

Now 32, Kristine and her husband buy a house to live in and take out a mortgage of \$300,000. Kristine decides to increase her insurance again using her second Life Events increase option. She is eligible for \$200,000 of additional cover being the lesser of her:

- * current Default Cover amount of \$300,000;
- * the maximum of \$200,000; and
- * the amount of the mortgage.

Her total cover is now \$700,000 death and TPD.

Kristine has her first child at age 33 and again decides to increase her insurance using her third and final Life Events increase option. She is again eligible for \$200,000 of additional cover being the lesser of her current Default Cover amount of \$300,000 and the maximum of \$200,000.

Her total cover is now \$900,000 death and TPD.

She is no longer eligible to increase her cover automatically under a Life Events increase option.

Kristine can however fix her cover at this level. See “Fixing Default Cover Insurance Levels” above for details.

A summary of Kristine’s use of Default Cover and Life Events increase options is shown below.

Age Next Birthday	Life Event	Default Cover	Life Events Increase	Total Cover
26	None	\$200,000	0	\$200,000
27	Marriage	\$200,000	+\$200,000	\$400,000
30	None	\$300,000	0	\$500,000
32	Mortgage	\$300,000	+\$200,000	\$700,000
33	Child born	\$300,000	+\$200,000	\$900,000

Example 3 – Group Cover with Life Events Increases

Penny is a member of an employer group. Under her Group Cover arrangement she is covered for \$500,000 death and TPD.

Penny’s Partner has just given birth to a child and so she decides to increase her insurance using a Life Events increase option. Penny is eligible for \$125,000 of additional cover.

Her total cover becomes \$625,000 death and TPD.

Example 4 – Underwritten & Fixed Cover with Life Events Increases

Simon is a member of a self-managed super fund that provides insurance cover for its members via the Pool.

He is 49 and has Default Cover of \$200,000 death and TPD. Simon also has been underwritten for an additional \$800,000 and so his **total cover is \$1,000,000 death & TPD.**

Simon wanted to make sure that his cover did not drop below \$1,000,000 and so he chose to fix the Default Cover element at \$200,000.

When Simon’s eldest son begins high school at a private school, he decides to increase his cover using a Life Events increase option.

Simon is eligible for \$200,000 of additional cover, being the lesser of:

- * 25% of his current \$1,000,000 cover (made up of the \$200,000 he fixed and the \$800,000 he was underwritten for); and
- * \$200,000.

His total cover becomes \$1,200,000 death and TPD.

Death Benefit

Availability

All Insured Persons are covered so long as they:

- are eligible for Default Cover; or
- are part of an insured group and have met the eligibility criteria for that group; or
- have been underwritten for insurance; and
- are not in an Excluded Occupation; and
- pay premiums when they are due.

Refer to “Eligibility and Restrictions” on page 15 for further details.

When is it paid?

The Death benefit is paid if you die, following acceptance of the claim by the Insurer.

When does it cease?

Generally it ceases when you die, reach 75 years of age (70 if you are a member of a participating super fund or employer group) or cease paying the premium. See Table 2 under “When Your Cover Starts and Ceases” on page 14 for full details.

Total & Permanent Disablement Benefit

Availability

All Insured Persons are covered so long as they:

- are eligible for Default Cover; or
- are part of an insured group and have met the eligibility criteria for that group; or
- have been underwritten for insurance; and
- are not in an Excluded Occupation; and
- pay premiums when they are due.

Refer to “Eligibility and Restrictions” on page 15 for further details.

Own Occupation TPD definition

Insured Persons who have a professional or white collar occupation category may be eligible to apply for an Own Occupation TPD definition. Refer to “Key Policy Definitions” for more details.

Where an Own Occupation TPD definition is provided a 25% loading (increase) will be applied to the TPD element of your premium.

When is it paid?

The TPD benefit is paid if you become totally and permanently disabled, following acceptance of the claim by the Insurer. Refer

to the definition of Total & Permanent Disablement under “Key Policy Definitions” for more details.

Note that superannuation fund trustee Members will need to ensure that their member meets the requirements of total and permanent disablement under superannuation law before they make a benefit payment from their fund to their member.

When does it cease?

Generally it ceases when a TPD benefit is paid or becomes payable or you cease paying the premium. See Table 2 under “When Your Cover Starts and Ceases” on page 14 for full details. Note also that, the amount of TPD cover reduces from age 61 consistently each year, to be nil at age 70.

Terminal Illness Benefit

Availability

A Terminal Illness benefit equal to the Death benefit sum insured (subject to a maximum of \$3,000,000) is payable if you are diagnosed with a Terminal Illness. ‘Terminal Illness’ is defined in the “Key Policy Definitions” section on page 26.

To be eligible for a Terminal Illness benefit you must be diagnosed with the illness after your cover has commenced.

A Terminal Illness benefit is considered as an advance payment of a death benefit. From the date a Terminal Illness claim is lodged, an Insured Person is not eligible for any increase in cover (including Life Events options), without the Insurer’s prior approval.

Refer to “Eligibility and Restrictions” on page 15 for further details.

When is it paid?

The Terminal Illness benefit is paid if a specialist medical practitioner has certified your illness will lead to your death within 12 months of the date you were diagnosed with the Terminal Illness, following acceptance of the claim by our Insurer.

Please note that Insured Persons, who are covered by the Pool via a superannuation fund, will also need to satisfy the definition of “Terminal Medical Condition” under superannuation law. Refer to your superannuation fund directly for further information.

When does it cease?

Generally all your cover ceases once a Terminal Illness benefit has been paid. However, if the Terminal Illness benefit paid is less than your death benefit sum insured, provided you remain insured via the Pool and continue to pay premiums when they are due, the residual amount will be paid upon death. See Table 2 under “When Your Cover Starts and Ceases” on page 14 for full details.

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Interim Accident Cover

Availability

While you are being underwritten for insurance or are applying to increase your insurance, you will be provided with Interim Accident Cover. This cover starts when the Insurer receives your insurance application.

The maximum benefit payable is the lesser of the amount of the cover applied for and \$1,500,000.

When is it paid?

It is paid in the event of your Death by Accident or TPD by Accident depending on the type of cover you have applied for. Refer to the definitions of Death by Accident and TPD by Accident under "Key Policy Definitions" for more details.

When does it cease?

The Interim Accident Cover ceases when the Insurer notifies us of their decision, or your application for cover is either accepted, rejected or withdrawn, or 90 days from the date your application began, or an event described in Table 2 occurs, whichever is earlier.

When Your Cover Starts and Ceases

When cover starts

Individual Members – Default Cover

Your cover starts when you join the Pool, on the date we receive your first premium payment.

Superannuation Funds, Employers and Associations – Group Cover

For Insured Persons who are covered under Group Cover arrangements, cover commences on the date that has been agreed for that group under its particular eligibility criteria, provided that the Insured Person is not absent from work.

All Insured Persons – Underwritten Cover

Underwritten cover starts on the date that we receive your first (or increased) premium payment, following notice from our Insurer of the basis on which the Insured Person has been accepted for cover.

Refer to Eligibility and Restrictions on page 15 for further details on when cover starts.

When cover ceases

Cover will cease when any of the events described in Table 2 occurs.

Note that each employer group, association or superannuation fund will have its own eligibility criteria for cover. Generally however, cover for Insured Persons who are part of a group arrangement with a superannuation fund or an employer/association will cease when that Insured Person leaves the super fund or the employer/association.

Table 2 – When Cover Ceases

Cover ceases on the earliest of the following dates:	Death	TPD
A TPD benefit is paid or becomes payable	✓ ¹	✓
You die	✓	✓
You turn 70 years of age (75 for Individual members)	✓	N/A
You turn 70 years of age	N/A	✓
You cancel the cover in writing	✓	✓
You don't pay your premiums when they fall due	✓	✓
You cease to be a member of the Pool	✓	✓
A Terminal Illness benefit is paid	✓ ²	✓
You are covered under Group Cover arrangements and you leave your super fund or employer/association	✓ ³	✓
You commence service with the armed forces	✓	✓
You cease to be an Australian Resident ⁴	✓	✓
The Insured Person is the subject of a fraudulent claim under the Policy	✓	✓
The insurance Policy is terminated	✓	✓

Important Notes

- Where the amount of Death cover exceeds TPD cover, the additional Death cover continues until it ceases as per Table 2 above.
- However, if the Terminal Illness benefit paid is less than your death benefit sum insured, the residual amount will be paid upon death as long as premiums continue to be paid.
- If you were insured via the Pool under an employer, association or superannuation fund membership (Group Cover) and leave that employer/association or super fund for reasons other than as a result of a sickness or injury and you are under age 65, your cover can remain in place if you join the Pool as an individual Member.

Please note: The cost of your cover will change to the personal premium rate and you will need to make sure we have your current occupation and smoking status, so we can determine whether you are still eligible for any insurance and charge you the correct premiums.

- Cover may continue while you reside overseas in certain circumstances. See "Overseas Residence" under "Eligibility and Restrictions" on page 15 for further details.
- If, as a new individual Member, you cancel your membership of the Pool during the cooling-off period, your insurance cover will be cancelled from the date you joined the Pool.

Diversa Group Life Pool

Who We Pay

Who we pay

The recipient of a benefit will vary depending on who the Member of the Pool is. Table 3 below provides details of who we make benefit payments to in different situations.

Table 3 – Who We Pay

Pool Member	Who We Pay
Individual	Insured Member's legal personal representative.
Individuals – jointly	<ul style="list-style-type: none">Insured Member's legal personal representative; orSurviving joint-Member
Superannuation Trustee	Super fund trustee.
Employer	<ul style="list-style-type: none">Employer; orAnother appropriate person as determined by us.
Associations	<ul style="list-style-type: none">Association; orAnother appropriate person as determined by us.

Eligibility and Restrictions

Various restrictions and eligibility criteria apply to the insured benefits provided by the Pool. These are detailed below. Please contact us for clarification if you have any queries about your own particular situation.

General exclusions

Death, Terminal Illness or TPD insurance benefits will not be paid by the Pool for any claim arising from or caused wholly or partly, directly or indirectly, by any one or more of the following:

- the Insured Person actively participating in Militant Activities;
- war whether declared or not, military activity or insurrection;
- for TPD cover, intentional self-inflicted injury or illness or intended self-harm; and
- for death cover, the Insured Person committing suicide within 13 months of cover, or increased cover, commencing or recommencing.

General Eligibility and Restrictions – All Insured Persons

Residence

An Insured Person must be an Australian Resident to be eligible for cover under the Policy.

Minimum and Maximum Entry Age

The minimum age to be eligible for insurance cover is 15. The maximum age to be eligible for new cover is 63.

Maximum Insurable Ages

Insurance cover for death, TPD and Terminal Illness continues up to your 70th birthday provided premiums are paid when due. For Individual members death cover continues to age 75.

Maximum Benefits

For underwritten cover, the maximums are:

- Death cover – Unlimited;
- Terminal Illness – \$3,000,000
- Total & Permanent Disablement – \$3,000,000.

Worldwide Cover

Once it has come into force and while it remains in force, the cover provided by the Insurer for an Insured Person operates regardless of their geographical location, subject to Overseas Residence.

Overseas Residence

Cover may continue for an Insured Person working Overseas provided that:

- the Insured Person remains an Insured Person of the Pool throughout the period of overseas residence; and
- the period of overseas residence is no longer than five (5) years duration; and
- the Insured Person's country of residence is not listed on the Department of Foreign Affairs & Trade website (www.dfat.gov.au) under 'advised not to travel'; and
- Premiums for the Insured Person continue to be paid throughout the period of overseas residence; and
- The Insurer is provided with any other information about the Insured Person, relevant to their decision on whether to continue to cover the Insured Person whilst they are working overseas.

Where these requirements are not met, continuation of cover will be subject to approval of the Insurer which must be obtained prior to departure from Australia. If this cover is approved it may be subject to an additional premium.

The Insurer reserves the right to require an Insured Person to return to Australia at their own expense in the event that they submit a claim for Total and Permanent Disablement or Terminal Illness.

Terminal Illness Benefit

Where the Insurer is satisfied an Insured Person has been diagnosed with a Terminal Illness, a Terminal Illness benefit will be paid subject to the following:

- An Insured Person will be eligible for a Terminal Illness benefit where the date of diagnosis of the Terminal Illness is on or after the date their cover commenced. No Terminal Illness benefit will be paid where the date of diagnosis is prior to this date; and
- A Terminal Illness benefit will be the lesser of the Insured Person's agreed benefit or \$3,000,000. Provided they remain insured via the Pool and continue to pay premiums when they are due, the residual death benefit balance will be paid on the death of the Insured Person (calculated as the total cover as at the Insured Person's date of death, less any Terminal Illness benefit that has already been paid); and
- If a Terminal Illness benefit is paid, all cover will cease from that date. However, subject to clause (b) above, any residual

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death benefit balance will be payable on the death of the Insured Person.

Where a Terminal Illness benefit is paid it will be considered as an advance payment of the Insured Person's death benefit. From the date a Terminal Illness claim has been lodged, an Insured Person will no longer be eligible for any TPD cover or any cover increase or reinstatement that they may otherwise have been entitled to.

The Insured Person must supply, at their own expense, supporting medical evidence from their treating specialist. The Insurer will require this information in a form of their choosing and reserves the right to ask for any additional information that they feel is appropriate. Where they ask for additional information, the Insurer incurs the cost of obtaining this additional information.

Eligibility and Restrictions – Default Cover

Individual Members (including SMSFs)

Individuals (including SMSF members) will be eligible for Default Cover, provided that:

- They are aged 65 or under on the date they join the Pool (or their fund); and
- All cover is Limited Cover (see below) for 24 months from the date that they join the Pool /fund. Limited Cover will cease and full cover will be provided after 24 months provided the Insured Person was At Work (see below). If at this date, they are not At Work, they will retain Limited Cover until they are again At Work; and
- They are not applying for, entitled to, or have not been paid a TPD or terminal illness benefit from any superannuation fund or life insurance policy. If this provision is not satisfied, they are only eligible for death cover.

Where the above requirements have been met, Default Cover commences on the date the Pool received their application form and their premium was paid.

If an Insured Person would like to request a higher level of cover or obtain full cover they can do so by applying to the Pool. They will need to undergo underwriting and full cover will only commence from the date that the Insurer advises in writing.

If an Insured Person applies for full cover and is subsequently declined, Limited Cover will apply as per above.

Limited Cover means an Illness diagnosed, or an Injury that occurred, on or after the date the cover commenced for the Insured Person.

At Work means that a person has been actively performing all of the duties and hours of their usual occupation for 30 consecutive days.

Eligibility and Restrictions – Group Cover Arrangements

Employer and Association Members– Groups

Under Group Cover arrangements, Insured Persons are eligible for cover according to their Group Cover or sub-plan terms where:

- (a) They are less than 65 years of age or the cover ceasing age whichever is the earlier; and
- (b) there is an Automatic Acceptance Limit that applies to the eligible person; and
- (c) they satisfy the guidelines and conditions that have been established for their particular Group Cover; and
- (d) they are being covered within thirty (30) days of the date they were first eligible to obtain cover under Group Cover arrangements; and
- (e) at least 75% of the eligible persons of the group remain covered via the Pool at all times; and
- (f) cover will not begin if they were absent from work for any medical reason or, though attending their place of employment, were not medically fit to carry out all of the duties and work hours of their usual occupation.

Where a person was absent from work, the Insurer may allow the person to obtain cover and become an Insured Person provided:

- The Insurer is notified in writing that the person has been absent from their place of employment for a medical reason or, though present, is not medically fit to carry out all of the duties and work hours of their usual occupation; and
- The Insurer may require a certificate from the person's employer that the person is attending their place of employment and actively engaged in all of the duties and work hours of their usual occupation.

Employer Approved Leave

Cover will continue for an Insured Person covered under Group Cover arrangements, provided:

- (a) they continue to be employed by their employer and premiums continue to be paid in respect of them; and
- (b) the period of leave is no longer than two (2) years.

Cover may continue after 2 years on such terms as the Insurer may permit.

Where an Insured Person resumes employment with their employer, cover that was terminated during the period of leave, may be reinstated with the Insurer's prior written agreement.

Leave Due to Illness or Injury

Cover will continue for an Insured Person covered under Group Cover arrangements, who is on leave from work due to Injury or Illness provided:

- (a) the Insured Person remains employed by their employer throughout the period of leave; and
- (b) the Insured Person continues to be insured via the Pool throughout the period of leave; and
- (c) premiums continue to be paid in respect of them throughout the period of leave.

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Where an Insured Person resumes employment with their employer, cover that was terminated during the period of leave, may be reinstated with the Insurer's prior written agreement.

Eligibility and Restrictions – Life Events Increases

When a Life Event occurs, an Insured Person can increase their cover subject to the restrictions below. The Insured Person:

- 1) is an existing Insured Person with cover in force on the date that the Nominated Event occurred; and
- 2) is less than age 60 on the date that they apply for this increase in cover; and
- 3) has cover under the Policy that is not subject to any special conditions such as a premium loading (except a Premium frequency loading), restriction or exclusion; and
- 4) must not have previously been declined cover under the Policy; and
- 5) is not applying for, entitled to, or has not been paid a Total and Permanent Disablement benefit or Terminal Illness benefit from the Pool, any superannuation fund or life insurance policy; and
- 6) can only increase their cover once for any Life Event in any 12 month period and is eligible for a maximum of three (3) Life Event increases in total; and
- 7) must apply to the Pool within ninety (90) days of the Life Event occurring; and
- 8) must provide proof, to the Insurer's satisfaction, that the Life Event occurred; and

- 9) will only be eligible for an increase in cover to the extent that their total cover after the increase does not exceed the maximum under the Policy.

Where the Insured Person is currently insured for death cover, they will be eligible for increased death cover and where they are currently insured for death and Total and Permanent Disablement cover they will be eligible for increased death and Total and Permanent Disablement cover.

Cover obtained as a result of a Life Event increase is Limited Cover for 12 months from the date of the increase. After 12 months the increase in cover will become full cover.

Cover will commence from the date that the Insurer notifies us that they have agreed to accept cover or the date we otherwise agree with them that cover has been accepted.

Eligibility and Restrictions – Cover Subject to Special Terms

If the Insurer offers special term, conditions, restrictions, exclusions or premium loadings, cover will commence from the date that acceptance of the special terms is received, provided that this acceptance is within 28 days of the date of the offer.

From the date of the offer, additional interim Accident Cover will be provided for the lesser of 28 days or the date that the offer is accepted or rejected.

Contact us on (02) 9924 6599 for further details.

Section 3 - Fees and Other Costs

Consumer Advisory Warning

<p>DID YOU KNOW?</p> <p>Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns.</p> <p>For example, total annual fees and costs of 2% of your account balance rather than 1% could reduce your final return by up to 20% over a 30 year period (for example, reduce it from \$100 000 to \$80 000).</p> <p>You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs.</p> <p>You may be able to negotiate to pay lower contribution fees and management costs where applicable. Ask the fund or your financial adviser.</p> <p>TO FIND OUT MORE</p> <p>If you would like to find out more, or see the impact of the fees based on your own circumstances, the Australian Securities and Investment Commission (ASIC) website (www.moneySMART.gov.au) has a managed funds fee calculator to help you check out different fee options.</p>	<p>Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns.</p> <p>For example, total annual fees and costs of 2% of your account balance rather than 1% could reduce your final return by up to 20% over a 30 year period (for example, reduce it from \$100 000 to \$80 000).</p> <p>You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs.</p> <p>You may be able to negotiate to pay lower contribution fees and management costs where applicable. Ask the fund or your financial adviser.</p> <p>TO FIND OUT MORE</p> <p>If you would like to find out more, or see the impact of the fees based on your own circumstances, the Australian Securities and Investment Commission (ASIC) website (www.moneySMART.gov.au) has a managed funds fee calculator to help you check out different fee options.</p>
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The above consumer advisory warning is required to be provided under the *Corporations Act* as the Pool is a managed investment product. Be aware that it is not relevant for the Pool, as the Pool is not an investment and does not provide any investment return. The Pool provides insurance benefits only.

Fees and other costs

This document shows fees and other costs that you may be charged. These fees and costs may be deducted from your money or from the assets of the managed investment scheme as a whole.

Taxes are set out in another part of this document.

You should read all the information about fees and costs because it is important to understand their impact.

Diversa Group Life Pool			
Type of fee or cost	Amount		How and when paid
Fees when your money moves in or out of the product			
<i>Establishment fee</i> The fee to open your investment.	\$1		Included as a part of your first premium payment.
<i>Contribution fee</i> The fee on each amount contributed to your investment.	Not Applicable		Not Applicable
<i>Withdrawal fee</i> The fee on each amount you take out of your investment.	Not Applicable		Not Applicable
<i>Exit fee</i> The fee to close your investment.	Not Applicable		Not Applicable
Management costs			

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The fees and costs for managing your investment.	Up to 30% of premiums paid	Management costs are deducted from each premium payment you make.
Service fees		
<i>Switching fee</i> The fee for changing investment options.	Not Applicable	Not Applicable

1. See 'Additional Explanation of Fees and Costs for information about the cost of insurance cover and how premiums are calculated.
2. Your adviser (if you have one) may charge a service fee. (See 'Adviser Remuneration' under the heading 'Additional Explanation of Fees and Costs').

Example of annual fees and costs

This table gives an example of how the fees and costs for this product can affect your investment over a 1 year period. You should use this table to compare this product with other products offered by managed investment schemes.

EXAMPLE – cash in the Pool		BALANCE OF \$50,000 WITH CONTRIBUTIONS OF \$5,000 DURING YEAR
Contribution Fees	0%	For every additional \$5,000 you put in, you will be charged \$0.
PLUS Management Costs	Up to 30% of premiums paid	And , for every \$50,000 you have in the Pool you will be charged up to \$15,000 each year.
EQUALS Cost of Pool		If you had an investment of \$50,000 at the beginning of the year and you put in an additional \$5,000 during that year, you would be charged fees of: \$15,000* What it costs you will depend on the investment option you choose and the fees you negotiate.

* This disclosure is required under the Corporations Regulations to illustrate the affect contribution fees and management costs will have on an investment in a managed investment product. The example is of little relevance to the Pool as whilst it is a managed investment product, the Pool is not an investment and does not provide any investment return to you. The Pool provides insurance benefits only. The entire amount of your premium is applied against the costs of the Policy and running the Pool. You do not have an investment account balance.

Additional Explanation of Fees and Costs

The premiums you pay cover the costs of providing the Policy insurance and administering the Pool. Premiums include a component that is paid to the Insurer and a component that is retained by us in order to meet our costs and pay for the costs of running the Pool.

These costs include fees paid to us, the Custodian, the administrator (if any) and any other service providers to the Pool.

Other costs involved in administering the Pool may include the preparation and audit of financial statements, Compliance Committee costs, custody fees, promotion costs, legal and compliance fees and the preparation and printing of documents such as this PDS.

Diversa has the right, under the Constitution, to recover these costs directly from the Pool.

At present all of these costs are paid by Diversa from the fees paid to us as part of the management costs. They are not an additional cost to you.

Refer to 'Taxation' in the Important Information in Section 4 below for summary taxation information.

What is the cost of Your Insurance?

The premium you need to pay will depend on certain factors including your age, gender, smoking status, sum insured, medical history, occupation, premium payment frequency, the costs of running the Pool and whether or not cover is provided as part of an employer/association plan.

April 1st each year is the annual renewal date of the Policy. You will be given the opportunity to continue your cover from this date.

We will write to you a month before the annual renewal date and notify you of the new premium amount payable for the following policy year.

If you wish to join the Pool, contact us for a quote for the cost of cover given your particular circumstances or view our standard rates on our website at www.diversainsurance.com.au.

Taxation

General information about taxation can be found on page 22.

Premium Discounts and Loadings

We may offer discounts on your premium rates if you:

- are a non-smoker;
- pay premiums annually in advance; or
- are a member of an employer group, professional or industry association (corporate rates).

Loadings (or increases) may be applied to premium rates depending on your medical history and in some cases, your occupation.

Premiums paid other than annually in advance incur a loading of 2%.

Adviser Remuneration

Your adviser (if you have one) may choose to charge an Adviser Service Fee. ***This requires your specific authorisation.*** In this case, the Australian Financial Services Licensee whom your adviser represents may receive an Adviser Service Fee.

If they do, this will be in addition to your premium payment. It is not a charge of the Pool. The Adviser Service Fee will be incorporated into the premium illustration obtained by your adviser from us for cover via the Pool.

We will collect the authorised Adviser Service Fee together with your premium and remit it to your adviser in full on your behalf.

In order to specifically authorise the payment of any adviser remuneration, you will need to complete and sign the appropriate section of the application form.

Your adviser should provide a Financial Services Guide or a Statement of Advice to you that details their remuneration and other benefits.

Adviser remuneration will not be paid from the assets of Diversa or the Pool.

Differential Fees

We may negotiate a rebate or waive all or part of the premium with wholesale clients (as defined by the Corporations Act).

The payment and terms of rebates or waivers are negotiated with wholesale clients but are ultimately at our discretion, subject to the Corporations Act and ASIC policy.

We may also charge different premium rates for different categories of Members of the Diversa Group Life Pool.

Outbreak of War

The Insurer may increase premiums under the Policy at any time for any or all Insured Persons by giving us written notice in the event of any invasion or outbreak of war (whether declared or not) which involves Australia or an Insured Person's country of residence.

If the Insurer gives this notice and any premium increase is not paid, the Insurer will not be liable to pay a benefit in respect of an Insured Person where the event giving rise to a claim arose either directly or indirectly from the invasion or war.

This means that, in these circumstances, if you don't pay any additional premium required, you will not be entitled to claim any insured benefits from the Pool where the event giving rise to a claim arose either directly or indirectly from the invasion or war.

Payment Options

Premiums can be paid by:

- Cheque;
- Direct Debit: or
- Electronic Funds Transfer (EFT).

Cheques for premium payments are to be made to:

"Trust Company (Australia) Limited – Diversa Group Life Pool"

Contact us to establish direct debit arrangements or for details of EFT payments.

Non-payment of Premiums

To maintain your insurance cover you need to pay your premiums when they are due. Your cover in the Pool will be cancelled if you do not pay your premiums when they are due

Section 4 – Other Information

Important Information

This section contains other important information about the Pool and your insurance.

What are the significant risks?

The significant risks associated with membership of a Group Life Pool which you should consider include:

- the Pool is not a savings plan or an investment - it provides insurance benefits only. You will not get anything back apart from any pro-rata refund of annual premiums paid if your membership is cancelled or withdrawn from the Pool;
- if you apply for underwritten cover, or an increase in cover, you must disclose any pre-existing conditions with your request;
- if you do not comply with your duty to take reasonable care, the Insurer may not pay your claim, pay only part of your claim, or we may cancel your membership of the Pool;
- if you do not comply with the Pool terms and conditions (for example, premiums are not paid when due, or you have delayed in notifying us of a claim and our interests have been prejudiced by the delay), the Insurer may refuse to pay all or part of your claim;
- we have the right to increase premium rates for Members;
- we have the right to change the Insurer at any time;
- the Insurer may vary the terms and conditions of the Policy, so that they become less advantageous;
- the Insurer may terminate the Policy or withdraw from the insurance market and Diversa may not be able to find a suitable replacement insurer;
- Cover may not be adequate because:
 - the amount of cover you have is more or less than you need;
 - the type of cover you require does not match the cover provided by the Pool.

We recommend that you speak with an appropriately qualified adviser to assist you in determining which of the above risks are significant in your particular circumstances.

Continuity

Once you have been accepted for insurance under the Policy via the Pool, the Insurer will continue your insurance within the Pool regardless of any deterioration in your health as long as premiums are paid when they are due, subject to the usual eligibility and cessation conditions.

Taxation

Generally the proceeds of life insurance cover received by individuals is not assessable for income tax purposes and the premiums are not tax deductible. However, benefits may be taxable and premiums may be tax deductible where the insurance

premiums are paid by an employer and a tax deduction is claimed.

Generally, insurance premiums paid by the trustee of a superannuation fund are an allowable deduction to the fund. Payments of insurance-sourced benefits from a superannuation fund may be tax-free if paid to a dependant for tax purposes. However, payments made to non-dependants for tax purposes are subject to various rates of tax.

Goods and Services Tax (GST) does not currently apply to life insurance premiums but does apply to administration and adviser fees. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST or any other Government taxes and charges that may be introduced.

The Australian taxation system is complex and different Members have different circumstances. We recommend that you speak with your financial or tax adviser for further information about how tax may apply with respect to your personal circumstances.

Premium Experience Rebate

In the event that the claims experience of the Pool is favourable over any consecutive three year period, we may receive a premium experience rebate from the Insurer. The amount of any rebate will be paid by the Insurer and is determined according to the claims history and premium receipts on a basis agreed to by us and the Insurer.

We may choose to share some of this amount with advisers.

Any premium experience rebate received by us is paid by the Insurer and is not a cost of the Pool. Neither the Pool nor any Members are entitled to participate in any premium experience rebate that Diversa may receive.

How to Apply

To apply for membership of the Pool, please refer to the application checklist and complete the relevant application form contained in this PDS. Return your completed application to:

Diversa Insurance Limited
Diversa Group Life Pool
PO Box 3135
Willoughby North NSW 2068

If we are unable to provide you with cover for any reason upon receiving your application and the first premium due (for example, because your application form is incomplete), we will hold your premium in the Pool cash account on your behalf until it can be returned, without interest, to you.

Cooling-off Period

Pool Members have a 30 day cooling off period. The 30 day period commences from the date we confirm the cover has commenced.

During this time you may cancel the cover by writing to us. We will refund the premium you have paid less any relevant Government taxes or charges that we have been required to deduct.

You cannot exercise the right to cancel your cover if you have made a claim for a benefit under the Pool.

Diversa Group Life Pool

After the 30 day cooling-off period, your option to cancel the cover and receive a refund will be forfeited unless you are paying premiums annually in advance in which case you will receive a refund of the unused portion of your premium.

Your Duty to Take Reasonable Care

When you apply for life insurance cover via the Pool, you are treated as though you are applying for insurance cover under an individual consumer insurance contract. When you apply for cover under a consumer insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the cover is provided.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for insurance cover, the Insurer may conduct a process called underwriting. It's how they decide whether they can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes and current and past insurance. The information you give them in response to their questions is vital to their decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the Insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the Insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

Before the Insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

The Insurer may apply these remedies separately to each type of cover they consider could form a separate policy.

Guidance for answering the Insurer's questions

You are responsible for the information provided. When answering any questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.

- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, you must tell the Insurer about any changes that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions being asked. Please contact us and ask for help if you have difficulty understanding the process or answering any of the questions.

Documentation You Will Receive

Individual and SMSF Members will receive a confirmation containing information about their cover including premiums, loadings and details of any options you have selected.

We will also send you an annual renewal notice each year advising you of the amount of your insurance for the coming year and the new premium you need to pay to maintain this level of cover.

Employer, association and trustee applicants will be advised when cover has been accepted by the Insurer, the levels of cover and any conditions that may apply.

The Pool may be subject to certain regular reporting and disclosure obligations. Copies of documents lodged with ASIC in relation to the Pool may be obtained from, or inspected at, any ASIC office. You may obtain a copy of the following at our website or from us free of charge on request:

- the Pool's annual financial report most recently lodged with ASIC;
- any half-yearly financial reports lodged with ASIC by the Pool;
- any continuous disclosure notices given by the Pool; and
- any other material updates.

Insurance claims

Depending on the type of claim being made, you or your personal legal representative will need to provide a range of information to us and the Insurer. Contact us on (02) 9924 6599 or visit our website at www.diversainsurance.com.au for details.

You must cooperate with us in allowing us to obtain any evidence reasonably required by the Insurer or us to assess your claim and the Insurer shall be entitled to require the Insured Person to undergo any medical examinations conducted by a medical practitioner appointed by them as they deem necessary or to have a post mortem examination carried out.

Cancellations

You may cancel your insurance at any time by giving notice in writing to us. Unless you are paying premiums annually in advance, the cancellation will be effective from the next premium due date and there will be no refund of premiums.

If you are paying premiums annually in advance, on cancellation of cover, you will receive a pro-rata refund of your unused annual premium.

Your insurance cover may be cancelled at any time if a premium has not been paid within 30 days of its due date.

Nomination of Beneficiaries

The section titled "Who we Pay" on page 15, contains details of who we will make benefit payments to.

An Insured Person cannot nominate another person (beneficiary) to whom your benefit can be paid.

If you are a member of a superannuation fund, you should contact the fund for information on any procedures that the fund may have in relation to death benefit nominations for that fund.

Anti-Money Laundering/Counter-Terrorism Financing laws

The Government has anti-money laundering and counter-terrorism financing laws to reduce the risk of Australian businesses being misused for the purposes of money laundering or financing terrorism.

As a result of this legislation, Diversa, along with other financial services organisations, have a range of obligations (such as collecting personal information and verifying your identity, monitoring your transactions and reporting certain information to the Government regulator). We are not liable for any loss you may suffer as a result of our compliance with this legislation.

When you apply for Membership of the Pool you must complete the customer identification information and provide the required identification documents, unless you have previously done so.

If we do not receive this information, we will not be able to process your application to join the Pool.

Constitution

All registered managed investment schemes are governed by a constitution. The Pool's constitution (as amended) governs its operation and, together with this PDS, the Corporations Act and other laws, regulates the Pool and our legal relationship with Pool participants.

The Pool's constitution has been lodged with ASIC. We can amend the constitution as permitted by the Corporations Act. You may inspect the Fund's constitution at our offices on any business day free of charge or obtain a free copy of it by contacting us.

Our Liability

Subject to the Corporations Act, we're not liable to Members for any losses in any way relating to the Pool, except to the extent to which the loss is caused by fraud, negligence or breach of trust. Our liability is, subject to the Corporations Act, limited to our ability to be indemnified out of the assets of the Pool.

Environmental, Social and Ethical Factors and Labour Standards

We don't take into account labour standards or environmental or ethical considerations when selecting, retaining or realising investments for the Pool. This is because the Pool is not an investment or savings plan, it provides insurance benefits to Members.

Transfer of Member's Interest

You may request us to transfer your interest in the Pool to another party. We have absolute discretion to amend the Members' register to transfer your interest to another party.

Any such transfer is subject to our approval and the completion of all required documentation (with duty paid, if applicable). You will be responsible for any costs incurred.

Complaints Resolution

Diversa has an established complaints resolution process. If you have any complaints concerning your participation in the Pool or your insurance cover please call us on (02) 9924 6599.

We will work with you to resolve your concerns. You may also write to us.

Our address is:

Complaints Manager
Diversa Insurance Limited
Diversa Group Life Pool
PO Box 3135
Willoughby North NSW 2068

We are a member of, and participate in, the **Australian Financial Complaints Authority (AFCA)**, an independent complaints resolution organisation. If you feel your complaint has not been satisfactorily resolved you are entitled to make a complaint to AFCA at:

Australian Financial Complaints Authority Limited
GPO Box 3
Melbourne VIC, 3001
Telephone: 1800 931 678
Email: info@afca.org.au

Complaints and the Insurer

If you have any questions or concerns about the Insurer or their actions in relation to your insurance cover under the Policy, you can contact them directly on 1800 333 613 and they will promptly investigate your enquiry, referring it if necessary to their Internal Disputes Resolution Committee.

The Insurer normally resolves internal complaints within 30 days. In special circumstances, they may take longer. If this is the case, they will advise you.

If you are not satisfied with the response the Insurer provides, you may complain to the independent Australian Financial Complaints Authority.

Diversa Group Life Pool

How Can You Obtain Up-to-date Information

The information contained in this PDS is up to date at the time of its preparation. However, some of the information can change from time to time. We will post updated information on our website at www.diversainsurance.com.au.

If there is a material change to the PDS information we may issue a supplementary or replacement Product Disclosure Statement.

If you require a paper copy of any updated information, contact us on (02) 9924 6599 and it will be provided to you free of charge.

Privacy

By completing the application form for membership of the Pool you consent to us collecting, disclosing and using your personal information.

We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

We only permit personnel associated with the Pool and its service providers to have access to your personal information.

We require third parties that process personal information on our behalf to follow stringent standards of security and confidentiality.

We will not disclose your personal information for marketing purposes to other entities unless you agree.

Categories of personal information we collect and hold

The nature of the personal information we collect may include:

- information we collect from you on applications or other forms, such as name, address, telephone number, occupation and income;
- information about your transactions with us or third parties, such as payment history, and account activity;
- health, pastimes, occupation, gender and other medical information.

Purposes of collecting your information

We collect your personal information for a number of purposes, which may include:

- providing you with membership of the Pool;
- processing receipts and payments;
- administering your participation in the Pool;
- assessing, processing and investigating insurance risks or claims;
- statement production and other mail related services;
- meeting legal and regulatory requirements.

Disclosures of your information

We may share your personal information with selected third parties for the purpose of administering the Pool, and your information may be provided to them on a confidential basis for this purpose. We will not disclose your personal information (if applicable) for any purpose other than to underwrite your insurance cover or assess a claim. The organisations to whom we may disclose your personal information include, for example:

Third Party	Purpose
Mail houses	For mail related services
Administrator	For data entry, data processing, account maintenance and documentation
Insurer	To assess your application, underwriting and claims assessment
Employers, associations and trustees of Superannuation funds	To administer your Pool membership
Direct Debit provider	To facilitate deduction of regular premiums from your bank account or credit card
Government agencies and regulators	To comply with laws and regulations

Contact us

If you wish to obtain more information or raise any specific or general concerns about our Privacy Policy please contact us on (02) 9924 6599.

Privacy and the Insurer

AIA Australia are bound by the Privacy Act 1988 and other laws which they must comply with in the collection, security, storage, use and disclosure of personal and sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at www.aia.com.au.

Key Policy Definitions

“Occupation Category” means:

Category	Description
Professional	Professional occupations where the person: (a) Spends more than 80% of their time doing clerical or administrative activities in an office-based environment; and (b) Earns \$100,000 or more a year from their job (excluding superannuation contributions); and (c) Holds a university qualification they use in their job.
White Collar	White collar occupations where the person performs clerical, administration or managerial activities in an office-based environment.
Light Manual	Occupations where the person: (a) Performs light manual duties; or (b) Supervises manual workers; or (c) Travels as part of their job but does not deliver goods; or (d) Would otherwise be “Professional” but does not spend more than 80% of their time doing clerical or administrative activities in an office-based environment; or (e) Would otherwise be “White Collar” but performs some duties outside an office-based environment.
Skilled	Qualified tradespeople who perform a moderate amount of manual work.
Unskilled	Unskilled occupations performing manual work or skilled employees mainly performing heavy manual work.

"Activities of Daily Living" means:

- a) Bathing, the ability to wash or shower without assistance;
- b) Dressing, the ability to put on and take off clothing without assistance;
- c) Feeding, the ability to get food from a plate into the mouth without assistance;
- d) Mobility, the ability to get in and out of bed and a chair without assistance;
- e) Toileting, the ability to use the toilet including getting on and off without assistance.

"Australian Resident" means:

an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the Migration Act 1958 or resides in Australia on a 457 (or equivalent) working visa.

"At Work" means:

that a person has been actively performing all of the duties and hours of their usual occupation for 30 consecutive days.

"Cognitive Loss" means:

the Insurer has determined a total and permanent deterioration or loss of intellectual capacity which requires the Insured Person to be under the continuous care and supervision by another adult person for at least six consecutive months and at the end of that six month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.

"Date of Disablement" means:

the earlier of:

- (a) the date on which the six (6) months consecutive absence from work that results in Total and Permanent Disablement began; or
- (b) the date on which the six (6) months consecutive absence from work due to suffering a Cognitive Loss began; or
- (c) the date on which the six (6) months consecutive inability to perform the Activities of Daily Living that results in Total and Permanent Disablement began; or
- (d) the date the person suffers the loss of the sight in both eyes, or the use of both limbs, or the sight in one (1) eye and the use of one (1) limb; or
- (e) the date the person suffers the loss of the sight of another eye or the use of another limb, having already suffered the loss of sight of an eye or the use of a limb.

"Death by Accident" means:

Death resulting from a visible, violent, external event to the body.

"Excluded Occupation" means:

- a) aviation worker such as a pilot, air traffic controller or aerial photographer,
- b) emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,

- c) entertainer working professionally such as an actor, dancer, musician or performer,
- d) forestry worker such as a tree feller or sawmill worker,
- e) horse racing industry workers such as a jockey, trainer or strapper,
- f) mining worker such as a miner, mineral explorer, earth driller or explosives handler,
- g) offshore worker such as a fisherman, oil rig worker or diver,
- h) seasonal worker,
- i) security worker such as a security guard, doorman, bouncer or crowd controller,
- j) sex worker,
- k) sports person working professionally or semi-professionally,
- l) underground or underwater worker,
- m) workers whose work requires them to work at heights above 10 meters such as a rigger, scaffolder or roof worker.

"Injury" means:

bodily injury caused by violent, external and visible means.

"Illness" means:

a sickness, disease or disorder.

"loss of sight" means:

the complete loss of functional sight which is permanent.

"loss of the use of a limb" means:

the permanent loss of the use of a leg from at or above the ankle or an arm from at or above the wrist which is permanent.

"Life Event or Nominated Event" means:

that the Insured Person:

- a) gets married; or
- b) gets divorced; or
- c) their Partner gives birth or adopts a child/children; or
- d) has a child commencing education at a private school; or
- e) purchases a home for their permanent residence with a mortgage on that residence of \$100,000 or more.

"Limited Cover" means:

an Illness diagnosed or an Injury that occurred on or after the date the cover commenced for the Insured Person.

"Medical Practitioner" means:

a validly qualified medical practitioner including a Specialist, registered to practice in Australia and New Zealand, which is not the Employer, associated with the Employer or a business partner or associate, and in the context of a claim does not include the person who is the subject of the claim or their spouse, parent(s), sibling(s), children or family member.

Diversa Group Life Pool

"Militant Activities" means:

Actively participating or contributing to, an act of terrorism, war or war-like operation or civil commotion.

"Other Occupation" means:

any occupation the person is qualified to perform by their education, training or experience at the time the Insurer assesses the claim and includes:

- (a) part-time occupations; and

an occupation which may be perceived by the person to be of lower status than the person's previous occupation or an occupation in which the person does not earn as much income as they did in their previous occupation.

"Overseas" means:

Anywhere other than the Commonwealth of Australia and its Territories.

"Own Occupation TPD" means:

Where the Insurer has agreed to provide an "own occupation" TPD definition, subject to receipt of any required premium loading, a Professional or White Collar (see Occupation Category) Insured Person suffers Total and Permanent Disablement if they;

- (a) are unable to do any work as a result of *Injury or Illness* for six (6) consecutive months and at the end of the six (6) months they continue to be so disabled that they are in the Insurer's opinion unlikely to resume their previous occupation at any time in the future; or
- (b) suffer the permanent loss of the use of two (2) limbs, or the sight of both eyes, or the permanent loss of the use of one (1) limb and the sight of one (1) eye; or
- (c) suffer a Cognitive Loss.

"Partner" means:

a legal spouse or person living with the Insured Person as their spouse on a bona-fide domestic basis. This person may be the same gender as the Insured Person.

"Terminal Illness" means:

a disease or condition that, in the opinion of a specialist medical practitioner approved by the Insurer, is likely to lead to the Insured Person's death within 12 months from the date they were diagnosed with the Terminal Illness.

"Total & Permanent Disablement" means:

Where an Insured Person aged less than 65 is gainfully employed and is working fifteen (15) or more hours each week within the six (6) months prior to the Date of Disablement they suffer Total and Permanent Disablement if they

- (a) are unable to do any work as a result of *Injury or Illness* for six (6) consecutive months and at the end of the six (6) months they continue to be so disabled that they are, in the Insurer's opinion, unlikely to resume their previous occupation at any time in the future and will be unlikely at any time in the future to perform any Other Occupation; or
- (b) suffer the permanent loss of the use of two (2) limbs, or the sight of both eyes, or the permanent loss of the use of one (1) limb and the sight of one (1) eye; or

- (c) suffer a Cognitive Loss.

For all other Insured Persons they suffer Total and Permanent Disablement if they

- (a) suffer an Illness or Injury that wholly prevents them from performing two (2) of the Activities of Daily Living without the assistance from someone else for at least six (6) consecutive months; and
 - (i) since they suffered an Illness or Injury they have been under the regular care and attention of a Medical Practitioner for that Illness or Injury; and
 - (ii) in the Insurer's opinion, the Illness or Injury means that they are unable to ever again perform at least two (2) of the Activities of Daily Living without the assistance from someone else; or
- (b) suffer the permanent loss of the use of two (2) limbs, or the sight of both eyes, or the permanent loss of the use of one (1) limb and the sight of one (1) eye, or
- (c) suffer a Cognitive Loss.

"TPD by Accident" means:

Total & Permanent Disablement resulting from a visible, violent, external event to the body.

Application Checklist

Have you:

- ✓ Obtained a Premium Illustration from us or your Adviser. (Phone (02) 9924 6599 for assistance)
- ✓ Checked our website at www.diversainsurance.com.au to:
 - Download a copy of the Client Identification Form and Personal Statement needed to accompany your application;
 - Download a copy of the direct debit form;
 - Review any other relevant information.
- ✓ Completed and signed
 - all sections required of your application form;
 - the Personal Statement (if required);
 - the direct debit form;
 - relevant Customer Identification Form together with certified copies of your Identification documents
- ✓ Made sure you have all the necessary documents for your application



Diversa Group Life Pool - ARSN 149 439 841
PO Box 3135
Willoughby North NSW 2068
Phone: 02 9924 6599
Email: admin@diversainsurance.com.au
Website: www.diversainsurance.com.au
Diversa Insurance Limited
AFSL No. 2773321
ABN 77 107 165 962

Before you sign this application form, the RE or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) dated 1 November 2023. This application form is part of the PDS.

Please complete this form using BLACK or BLUE ink only. This application will be invalid unless it is signed.

Application for Membership – Individuals

General Memberships

1. Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Suburb: _____ State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Employment, Occupation & Residency (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

2. Joint Member Details

Personal Details – Member 2 (Only complete if joint membership)

Title: _____ Surname: _____

Given Name(s): _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Email: _____

3. Insurance Cover Details

Please select the appropriate statements:

I would like to receive Default Cover only; OR

I would like to be underwritten for additional cover above the Default Cover level.

Additional cover details : Type Death Only OR Death & TPD

Amount of cover: \$ _____

Premium Payments

Select your preferred options:

Premium Payment Frequency: Annually Half yearly Quarterly Monthly

All premiums are payable in advance. Monthly, quarterly and half yearly premiums cost 2% more.

Premium Payment Method: Electronic Funds Transfer Direct Debit Cheque

If this section is left blank or is incomplete you will only receive Default Cover and premiums will be charged annually in advance.

4. Nominated Financial Adviser

I wish to nominate the following person as my financial adviser:

Adviser Name: _____ Authorised Rep No. _____

Adviser Company: _____

AFS Licensee Name: _____ AFSL No. _____

Phone: _____ Fax: _____

Email: _____

Adviser Service Fee (% of Premium): _____

Fee Authorisation

I/we authorise the payment of the adviser service fee detailed above to my/our adviser. I/we confirm that my/our adviser has disclosed their adviser service fee to me/us in their statement of advice. Please collect and remit these fees on my/our behalf.

This authority remains in force until I/we withdraw or change it in writing.

Insured Person Signature: _____ **Date:** _____

Joint Member Signature (if any): _____ **Date:** _____

If you do not have an adviser or if you do not authorise payment of the fee, then no adviser service fees will be paid.

5. Declaration & Signature

I /we declare and agree that:

- I / we have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for the Pool and confirm I accept this offer in Australia;
- All of the information provided in my /our application is true and correct;
- I /we agree to be bound by any terms and conditions contained in the PDS and the provisions of the Constitution, as amended from time to time;
- If I/we have received the PDS from the internet or other electronic means, that I/we received a complete copy of it personally or a printout of it, accompanied by or attached to this application form;
- If the insurance options section of this form is blank or incomplete, the Insured Person will only receive Default Cover;
- I /we authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I /we acknowledge and agree that:

- If this is a joint application / membership, that our interest in the Pool is as joint tenants and each of us is able to give instructions to Diversa;
- The Pool is not an investment fund and only provides insurance benefits;
- The only benefits that will be paid by the Pool are those that are payable under the Policy held with the Insurer;
- Any insurance cover that is subject to completing the Insurer's underwriting requirements will not commence until acceptance by the Insurer;
- I /we do not have any right of ownership or participation in the Policy;
- Diversa does not guarantee the payment of any benefit or sum insured or the return of any money, nor does any service provider to the Pool;
- The Pool and Diversa will hold personal information about me/us and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I/we will notify the Pool, in writing, if there is a change in this authority to disclose information to my adviser;
- I/we authorise the collection and remission of the adviser fee to my adviser, by Diversa on my/our behalf unless I/we advise Diversa otherwise in writing;
- Diversa may be required to pass on my / our personal information or information about my / our interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws;
- By providing email addresses I/we agree that the Pool and Diversa may use this address to provide me/us with information about my/our insurance (such as transaction confirmations, statements, reports and other material), and that all correspondence will be sent to the Insured Person.

Insured Person: _____ Date: _____

Joint Member Signature (if any): _____ Date: _____

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

Please return the completed application to :

Diversa Insurance Limited, PO Box 3135, Willoughby North NSW 2068

If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599.



Diversa Group Life Pool - ARSN 149 439 841
PO Box 3135
Willoughby North NSW 2068
Phone: 02 9924 6599
Email: admin@diversainsurance.com.au
Website: www.diversainsurance.com.au
Diversa Insurance Limited
AFSL No. 2773321
ABN 77 107 165 962

Before you sign this application form, the RE or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) dated 1 November 2023. This application form is part of the PDS.

Please complete this form using BLACK or BLUE ink only. This application will be invalid unless it is signed.

Application for Membership – Employers / Industry Associations General Memberships

1. Employer / Association Details

Please complete the applicable Business section - A Company, B Partnership, C Sole Trader, or D Trust

A. Company

ACN: _____ ABN: _____ **Type:** Private Public Listed

Full Employer / Association Name: _____

Company Name (If different to Employer / Association Name) _____

Principal Business Address: _____

Registered Office Address (If different to principal business address) _____

Postal Address (If different to principal business address) _____

Contact Details: _____

Job Title: _____ Name: _____

Phone (Business Hours) _____ Mobile Number: _____

Email: _____

B. Partnership

Full Employer Name: _____

Principal Business Address: _____

Postal Address (If different to principal business address) _____

Contact Details: _____

Job Title: _____ Name: _____

Phone (Business Hours) _____ Mobile Number: _____

Email: _____

C. Sole Trader

Full Business Name: _____

Principal Business/Residential Address: _____

Postal Address: (If different to above) _____

Personal Details:

Title: _____ Surname: _____ Given Names: _____

Phone (Business Hours) _____ Mobile Number: _____

Email: _____

D. Discretionary or Family Trust

Full Name of (Employer) Trust: _____

Type of Trust: _____

Principal Business Address: _____

Postal Address (If different to principal business address) _____

Contact Details: _____

Job Title: _____ Name: _____

Phone (Business Hours) _____ Mobile Number: _____

Email: _____

Trustee Details

ACN: _____ ABN: _____ **Type:** Private Public Listed

Company Name _____

Principal Business Address: _____

Registered Office Address (If different to principal business address) _____

Postal Address (If different to principal business address) _____

2. Insurance Cover Details

Insert summary details from your Group Cover Plan Summary here:

Eligibility	
Category 1	
Category 2	
Category 3	
Category 4	

Benefit Level (e.g. sum insured or salary multiple)	
Category 1	
Category 2	
Category 3	
Category 4	

OR

Please contact me to arrange a benefit quote

2. Commencement Date _____

3. Nominated Financial Adviser

I/We wish to nominate the following person as the employer's financial adviser:

Adviser Name: _____ Authorised Rep No. _____

Adviser Company: _____

AFS Licensee Name: _____ AFSL No. _____

Phone: _____ Fax: _____

Email: _____

Adviser Service Fee (% of Premium): _____

Fee Authorisation

I/we authorise the payment of the adviser service fee detailed above to my/our adviser. I/we confirm that my adviser has disclosed their adviser service fee to me/us in their statement of advice. Please collect and remit these fees on my/our behalf.

This authority remains in force until I/we withdraw or change it in writing.

Authorised Signatory Signature: _____ **Date:** _____

Authorised Signatory Signature: _____ **Date:** _____

If you do not have an adviser or if you do not authorise payment of the fee, then no adviser service fees will be paid.

4. Authorised Signatories

The Pool is authorised to accept on behalf of the employer, the signature of the person(s) below for any communication or information required to facilitate the provision of insurance benefits.

Employer / Association Authorised Signatories:

Title: _____ Surname: _____ Given Name(s): _____

Job Title: _____ Signature: _____

Date: _____

Title: _____ Surname: _____ Given Name(s): _____

Job Title: _____ Signature: _____

Date: _____

Title: _____ Surname: _____ Given Name(s): _____

Job Title: _____ Signature: _____

Date: _____

5. Declaration & Signature

I /we declare and agree that:

- I / we have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for the Pool and confirm I/we accept this offer in Australia;
- All of the information provided in my /our application is true and correct;
- I /we agree to be bound by any terms and conditions contained in the PDS and the provisions of the Constitution, as amended from time to time;
- If I/we have received the PDS from the internet or other electronic means, that /we received a complete copy of it personally or a printout of it, accompanied by or attached to this application form;
- I /we authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I /we acknowledge and agree that:

- The Pool is not an investment fund and only provides insurance benefits;
- The only benefits that will be paid by the Pool are those that are payable under the Policy held with the Insurer;
- Any insurance cover that is subject to completing the Insurer's underwriting requirements will not commence until acceptance by the Insurer;
- I /we do not have any right of ownership or participation in the Policy;
- Diversa does not guarantee the payment of any benefit or sum insured or the return of any money, nor does any service provider to the Pool;
- The Pool and Diversa will hold personal information about me/us and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I/we will notify the Pool, in writing, if there is a change in this authority to disclose information to my/our adviser;
- I/we authorise the collection and remission of the adviser fee to my adviser, by Diversa on my/our behalf unless I/we advise Diversa otherwise in writing;
- Diversa may be required to pass on my / our personal information or information about my / our interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws;
- By providing email addresses I/ we agree that the Pool and Diversa may use this address to provide me/us with information about my/our insurance (such as transaction confirmations, statements, reports and other material), however all correspondence will be sent to the Insured Person.

Authorised Signatory Signature: _____ **Date:** _____

Authorised Signatory Signature: _____ **Date:** _____

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

Please return the completed application to:

Diversa Insurance Limited, PO Box 3135, Willoughby North NSW 2068
If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599.



Diversa Group Life Pool - ARSN 149 439 841
PO Box 3135
Willoughby North NSW 2068
Phone: 02 9924 6599
Email: admin@diversainsurance.com.au
Website: www.diversainsurance.com.au
Diversa Insurance Limited
AFSL No. 2773321
ABN 77 107 165 962

Before you sign this application form, the RE or your financial adviser is obliged to give you the Product Disclosure Statement (PDS) dated 1 November 2023. This application form is part of the PDS.

Please complete this form using BLACK or BLUE ink only. This application will be invalid unless it is signed.

Application for Membership – Self Managed Superannuation Fund Trustee General Memberships

1. Fund Details

Fund Name: _____

ABN: _____

2. Trustee Details

Trustees Please complete the applicable section - A Company, or B Individuals

Primary Contact Details:

Job Title: _____ Name: _____

Phone (Business Hours): _____ Mobile Number: _____

Email: _____ Postal Address (If different to below) _____

A. Company Trustee

ABN: _____ Private Public

Full Company Trustee Name: _____

Principal Trustee Postal Address: _____

Trustee Directors – Personal Details

1. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

2. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Please use Section B for Director details if your company has more than 2 directors

B. Individual Trustees

Trustee's Personal Details: _____

1. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

2. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

3. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

4. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

5. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

6. Title: _____ Surname: _____ Given Name(s): _____

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

3. Premium Payment Details

Select your preferred option:

Premium Payment Frequency: Annually Half yearly Quarterly Monthly

If left blank, premiums will be paid annually. All premiums are payable in advance. Monthly, quarterly and half yearly premiums cost 2% more.

Premium Payment Method: Electronic Funds Transfer Direct Debit Cheque .

If this section is left blank or is incomplete premiums will be charged annually in advance.

4. Insurance Cover Details

Please select the appropriate statements:

- I/We would like to receive Default Cover for all fund members; AND / OR
- I/We would like a quote for our members to be underwritten for additional cover above the Default Cover level; OR
- I/We only require underwritten cover for our members and do not want Default Cover for all fund members.
(We will contact you to discuss your fund's insurance needs)

Additional cover details : Type Death Only OR Death & TPD

Premium Payments

Select your preferred options :

Premium Payment Frequency: Annually Half yearly Quarterly Monthly

All premiums are payable in advance

Premium Payment Method: Electronic Funds Transfer Cheque

If this section is left blank or is incomplete you will only receive Default Cover and premiums will be charged annually in advance.

First Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Residency & Other (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

Second Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Residency & Other (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

Third Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Residency & Other (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

Fourth Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Residency & Other (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

Fifth Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Residency & Other (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

Sixth Insured Person's Details

Personal Details

Title: _____ Surname: _____

Given Name(s): _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Contact Details

Residential Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone (business hours): _____ Phone (after hours): _____

Mobile Number: _____

Email: _____

Residency & Other (You must be an Australian resident to be eligible for insurance – see page 15 for details)

Are you an Australian resident?: Yes No Country of Citizenship: _____

Your Occupation: _____

Employment Type: Full time Part time Hours per week Home Duties / Other

Smoker status: Are you a smoker? Yes No

5. Nominated Financial Adviser

I/We wish to nominate the following person as my financial adviser:

Adviser Name: _____ Authorised Rep No. _____

Adviser Company: _____

AFS Licensee Name: _____ AFSL No. _____

Phone: _____ Fax: _____

Email: _____

Adviser Service Fee (% of Premium): _____

Fee Authorisation

I/we authorise the payment of the adviser service fee detailed above to my/our adviser. I/we confirm that my adviser has disclosed their adviser service fee to me/us in their statement of advice. Please collect and remit these fees on my/our behalf.

This authority remains in force until I/we withdraw or change it in writing. If you do not have an adviser or if you do not authorise payment of the fee, then no adviser service fees will be paid.

Name: _____

Trustee 1 Signature: _____ Date: _____

Name: _____

Trustee 2 Signature: _____ Date: _____

Name: _____

Trustee 3 Signature: _____ Date: _____

Name: _____

Trustee 4 Signature: _____ Date: _____

Name: _____

Trustee 5 Signature: _____ Date: _____

Name: _____

Trustee 6 Signature: _____ Date: _____

6. Declaration & Signature

I /we declare and agree that:

- I / we have read and understood the Product Disclosure Statement (PDS) and any relevant incorporated material for the Pool and confirm I accept this offer in Australia;
- All of the information provided in my/our application is true and correct;
- I /we agree to be bound by any terms and conditions contained in the PDS and the provisions of the Constitution, as amended from time to time;
- If I/we have received the PDS from the internet or other electronic means, that I/we received a complete copy of it personally or a printout of it, accompanied by or attached to this application form;
- If the insurance options section of this form is blank or incomplete, the Insured Person will only receive Default Cover;
- I /we authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I /we acknowledge and agree that:

- The Pool is not an investment fund and only provides insurance benefits;
- The only benefits that will be paid by the Pool are those that are payable under the Policy held with the Insurer;
- I /we do not have any right of ownership or participation in the Policy;
- Any insurance cover that is subject to completing the Insurer's underwriting requirements will not commence until acceptance by the Insurer;
- Diversa does not guarantee the payment of any benefit or sum insured or the return of any money, nor does any service provider to the Pool.
- The Pool and Diversa will hold personal information about me/us and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I/we will notify the Pool, in writing, if there is a change in this authority to disclose information to my adviser;
- I/we authorise the collection and remission of the adviser fee to my adviser, by Diversa on my/our behalf unless I/we advise Diversa otherwise in writing;
- Diversa may be required to pass on my / our personal information or information about my / our interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws;
- By providing email addresses I/we agree that the Pool and Diversa may use this address to provide me/us with information about my/our insurance (such as transaction confirmations, statements, reports and other material), however all correspondence will be sent to the Insured Person.

Name: _____

Trustee 1 Signature: _____ Date: _____

Name: _____

Trustee 2 Signature: _____ Date: _____

Name: _____

Trustee 3 Signature: _____ Date: _____

Name: _____

Trustee 4 Signature: _____ Date: _____

Name: _____

Trustee 5 Signature: _____ Date: _____

Name: _____

Trustee 6 Signature: _____ Date: _____

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

Please return the completed application to :

Diversa Insurance Limited, PO Box 3135, Willoughby North NSW 2068
If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599.