



# Diversa Group Salary Continuance Pool

ARSN 149 439 681

## General Memberships

This Product Disclosure Statement describes the features and benefits of the Diversa Group Salary Continuance 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 5  
Dated 5 August 2025  
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 Salary Continuance Pool – a managed investment scheme that is registered with the Australian Securities and Investments Commission (ASIC). In this Product Disclosure Statement (PDS) 'Diversa Group Salary Continuance Pool' or 'Pool' means Diversa Group Salary Continuance Pool General memberships.

In this PDS, '**we**', '**us**', '**our**', '**Diversa Insurance**' or '**Diversa**' means Diversa Insurance Limited, the responsible entity (RE) of the Pool and the issuer of this PDS and interests in 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 the cover is affected by an industry or professional association, that association.

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).

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 AFS Licence No. 230043 (AIA Australia).

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.

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 or 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

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

'**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 salary continuance insurance policy issued by the Insurer to Diversa that provides for the insured benefits of the Pool.

'**Pool**' means the Diversa Group Salary Continuance 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 you are insured for via the Pool.

There are many other terms used with a specific meaning, which will generally be in capitals in this PDS. You can find their definition in the "Key Policy Definitions" section.

## 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.

You have no 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 deciding 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

## Diversa Group Salary Continuance Pool

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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](http://www.diversainsurance.com.au) for up-to-date information about the Pool.

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 Salary Continuance Pool General Membership at a glance

### General

<b>Product Description</b>	<p>The Pool pays an income stream of up to 75% of your Monthly Income if you are Totally or Partially Disabled. Superannuation contributions can also be insured in addition to salary, up to a maximum of 15% of your Monthly Income.</p> <p>The benefit is paid from the day after the selected Waiting Period has expired until you have returned to work, or the end of the Benefit Period, or the expiry of the cover, whichever comes first.</p>
<b>Main Benefits</b>	<ul style="list-style-type: none"> <li>• <b>Total Disability Benefit:</b> An income stream paid while you are unable to work and Totally Disabled.</li> <li>• <b>Partial Disability Benefit:</b> A reduced income stream paid if you are Partially Disabled and only able to earn a portion of your pre-disablement income.</li> <li>• <b>Death Benefit:</b> A lump sum payment of three times the Monthly Benefit if you die while cover is in force.</li> <li>• <b>Interim Accident Cover:</b> A monthly benefit if you become Disabled because of an accident, while you are being underwritten for cover.</li> <li>• <b>Claim Indexation Benefit (while on claim):</b> If you are on claim for longer than 12 months, your Monthly Benefit will be indexed by up to 7.5% each year to help your benefit payment keep pace with inflation.</li> </ul>
<b>Waiting and Benefit Periods</b>	<p>Available Waiting Periods are:</p> <ul style="list-style-type: none"> <li>• 30, 60, 90 or 180 days. (180 days not available for employer and industry or professional association plans)</li> </ul> <p>Available Benefit Periods are:</p> <ul style="list-style-type: none"> <li>• 2 years, 5 years and to age 65.</li> </ul>
<b>Ancillary Benefits</b>	<ul style="list-style-type: none"> <li>• <b>Approved Rehabilitation Benefit:</b> An amount paid, at the discretion of the Insurer, towards the cost of a rehabilitation program to assist with your return to work.</li> <li>• <b>Recurrent Disability Benefit:</b> No Waiting Period applies where the same Disability recurs within 12 months of returning to work full time.</li> <li>• <b>Waiver of Premium Benefit:</b> No Premiums are payable while you are receiving benefit payments.</li> <li>• <b>Superannuation Contribution Benefit:</b> An optional benefit that provides for superannuation contributions to be paid, of up to 15% of your Monthly Income while you are receiving a Total or Partial Disability Benefit.</li> </ul>
<b>Eligible Entry Ages</b>	You must be aged between 15 and 63 for individual and SMSF Members and maximum entry age of 64 for employer and industry or professional association Members
<b>Expiry Age</b>	Cover ceases when you reach age 70.
<b>Membership Types</b>	<p>There are three types of Pool membership available:</p> <ul style="list-style-type: none"> <li>• Individuals</li> <li>• Self-managed super funds (SMSFs)</li> <li>• Employers and industry or professional associations</li> </ul>
<b>Automatic Cover</b>	Automatic cover is available for employer and industry or professional associations by arrangement with us.
<b>Transfer of Cover</b>	You may transfer other existing insurance cover to the Pool if you are insured for the same type of cover under an Australian group insurance policy held with a superannuation fund or Australian personal retail insurance policy underwritten in the past five years, subject to meeting other eligibility criteria.
<b>Underwritten Cover</b>	Individual Members can obtain cover by providing medical and personal information to the Insurer.
<b>Maximum Cover</b>	<p>A maximum Monthly Benefit of \$30,000 applies, inclusive of the Superannuation Contribution Benefit, if applicable.</p> <p>The maximum Monthly Benefit is reduced to \$10,000 (inclusive of the Superannuation Contribution Benefit, if applicable) for benefits paid from your 65<sup>th</sup> birthday.</p>
<b>How Premiums are Calculated</b>	<p>Premiums are calculated based on a number of factors including:</p> <ul style="list-style-type: none"> <li>• Whether cover is provided on an individual basis or as part of a group;</li> <li>• Your age, occupation, gender, smoking status, state of residence, pastimes and state of health;</li> <li>• Waiting period and benefit period selected;</li> <li>• Level of cover.</li> </ul>
<b>Exclusions / Limitations</b>	There are some situations where benefits will be restricted or will not be paid.

### Superannuation Funds

<b>Membership Eligibility</b>	Self-managed super funds (SMSF)
<b>Automatic Cover</b>	Not available
<b>Transfer of Cover</b>	You may transfer other existing insurance cover to the Pool if you are insured for the same type of cover under an Australian group insurance policy held with a superannuation fund or Australian personal retail insurance policy underwritten in the past five years, subject to meeting other eligibility criteria.

### Employer and Industry or Professional Associations

<b>Membership Eligibility</b>	<ul style="list-style-type: none"><li>• Small, medium and large employers.</li><li>• Industry and professional associations.</li></ul>
<b>Automatic Cover</b>	<ul style="list-style-type: none"><li>• We can design automatic cover that is tailored for employers and their employees and associations and their members (requires a minimum of 10 Insured Persons).</li><li>• Take advantage of 'standard' corporate group automatic acceptance levels without the need for underwriting.</li></ul>
<b>Group takeover terms</b>	Terms can be negotiated for the takeover of existing group insurance arrangements.
<b>Ancillary Benefits</b>	<ul style="list-style-type: none"><li>• <b>Family Care Benefit:</b> An additional payment if you are Totally Disabled and require full time care from an Immediate Family Member.</li><li>• <b>Nursing Care Benefit:</b> Payable during the Waiting Period if you are Totally Disabled and require ongoing nursing care or hospitalisation and remain confined to bed.</li><li>• <b>Medical Catastrophe Benefit:</b> A lump sum payment if you are diagnosed with one of the specified medical catastrophe conditions, irrespective of the Waiting Period and whether you can work.</li><li>• <b>Specific Injuries Benefit:</b> A monthly payment for a fixed payment period if you suffer a Specific Injury, irrespective of the Waiting Period and whether you can work.</li></ul>

### Section 1 – General Information

#### Important Notice

The Diversa Group Salary Continuance Pool is not an investment or a savings plan. The purpose of this product is to provide an income stream in the event of Total or Partial Disability. 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 premium paid.

#### About Group Salary Continuance Insurance

Salary continuance insurance is an important part of your financial planning. Your income is one of your most valuable assets. Without it even basic living expenses can't be met without eating into your savings. That's why insuring your income with salary continuance insurance is vital to ensuring financial security should you become Partially or Totally Disabled.

#### About the Diversa Group Salary Continuance Pool

The Diversa Group Salary Continuance 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 1994, 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 Salary Continuance 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 salary continuance insurance through the Pool has a number of benefits including for:

##### Individual Members and Members of a SMSF

- Monthly benefit payments that replace your income if you suffer Total or Partial Disability;
- Claim Indexation Benefit to help ensure payments while on claim keep pace with inflation;
- The ability to choose from a range of Waiting and Benefit Periods to suit your needs;
- Competitive Premium rates;
- Optional extras including:
  - Superannuation Contributions Benefit;
  - Cover Indexation Benefit; and
  - Transfer existing income protection cover to the Pool.

##### Employer and Industry or 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;
- Automatic cover with no underwriting under a tailored arrangement for Members depending on their circumstances;
- Competitive Premium rates
- Continuation of insurance cover for your employees/members if they leave the employer and industry or professional group; and
- Takeover terms for existing externally insured groups.

#### Membership of the Pool

There are three types of membership of the Pool:

- Individual;
- SMSF trustee; and
- Employer and industry or 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.

Superannuation fund trustee Members may be corporate trustees or individuals in the case of an SMSF. Employer Members may be corporate entities, partnerships, associations or individuals.

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?

Individual Members who are 63 years old or less can apply for cover via the Pool (subject to the conditions referred to below). You can select the level of income replacement cover you need (subject to a maximum of 75% of your Monthly Income) as well as the Waiting Period and Benefit Period.

You will need to be underwritten for cover meaning that you will need to provide the Insurer with a range of medical and personal



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information. This could include a medical examination, blood tests and financial information.

### **Transfer cover**

You may elect to transfer other existing income protection cover to the Pool subject to meeting the following criteria. You must:

- Be transferring existing income protection cover from either:
  - an Australian group insurance policy held with a superannuation fund, or
  - from an Australian retail insurance policy that was underwritten in the past five years, and
- Be aged less than 65 on the date you applied for the transfer; and
- Not be working in an Excluded Occupation or undertaking any duties of an Excluded Occupation; and
- 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
- 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 any restrictions that apply; and
- Any transfer cover that is subject to any restrictions in regard to medical or other conditions, such as an exclusion, premium loading or pre-existing condition exclusion shall retain the same medical or other conditions upon transfer, and
- 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 the above requirements are met, the insured cover will be:

- for the same Waiting Period as the other insurance cover. If the same Waiting Period is not available under the Policy, the next higher Waiting Period under the Policy will apply, and
- for the same Benefit Period as the other insurance cover. If the same Benefit Period is not available under the Policy, the next lower Benefit Period under the Policy will apply, and
- for the same amount as the other insurance cover, subject to the total insured cover not exceeding a Monthly Benefit of \$15,000 per month after transfer (i.e. insured cover prior to transfer plus the transferred cover).

The insured cover will commence on the date the Insurer accepts the Transfer of Cover Application Form, provided the Premium is paid within 60 days of this date.

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 your other insurance 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.

### **Underwritten cover**

The Pool allows you to offer insurance cover for your SMSF members on an individually underwritten basis. They can select the level of income replacement cover they need (subject to a maximum of 75% of their Monthly Income) as well as the Waiting Period and Benefit Period.

### **Auto acceptance option**

Automatic insurance cover is not available. All cover is underwritten.

### **Premium rates**

Premium rates will vary depending on the age, occupation, gender, smoking status, and past times of the insured person, amongst other factors. Refer to "What is the cost of Your Insurance?" on page 18 for more details.

### **Transfer cover**

An SMSF member may transfer other existing income protection cover to the Pool subject to meeting the following criteria. You must:

- Be transferring existing income protection cover from either:
  - an Australian group insurance policy held with a superannuation fund, or
  - from an Australian retail insurance policy that was underwritten in the past five years, and
- Be aged less than 65 on the date you applied for the transfer; and
- Not be working in an Excluded Occupation or undertaking any duties of an Excluded Occupation; and
- 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
- 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 any restrictions that apply; and
- Any transfer cover that is subject to any restrictions in regard to medical or other conditions, such as an exclusion, premium loading or pre-existing condition exclusion shall retain the same medical or other conditions upon transfer, and



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- 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 the above requirements are met, the insured cover will be:

- For the same Waiting Period as the other insurance cover. If the same Waiting Period is not available under the Policy, the next higher Waiting Period under the Policy will apply, and
- For the same Benefit Period as the other insurance cover. If the same Benefit Period is not available under the Policy, the next lower Benefit Period under the Policy will apply, and
- For the same amount as the other insurance cover, subject to the total insured cover not exceeding a Monthly Benefit of \$15,000 per month after transfer (i.e. insured cover prior to transfer plus the transferred cover).

The insured cover will commence on the date the Insurer accepts the Transfer of Cover Application Form, provided the Premium is paid within 60 days of this date.

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 your other insurance cover.

### **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 by the 15<sup>th</sup> of the following month in which their new individual Member cover commenced.

Your former SMSF member will retain their existing insurance cover; and 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 or Professional Association Membership and Cover**

### **How does it work?**

The Pool offers employers and industry or 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 competitive, and we can construct a benefit design for you that can help you distinguish yourself as an employer / association of choice. Premiums are also tax deductible to an employer's business.

Employer funded salary continuance insurance also helps to remove the moral hazard that can exist where having an

employee who is not able to work is negatively impacting the business.

Summary details of the key elements of our benefit design features are provided below. Contact us for more details or to discuss how we may be able to tailor an insurance offering for your business.

### **Membership types**

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

- Sole traders;
- Partnerships and trusts;
- 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 a group cover arrangement on a tailored basis.

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

Certain conditions apply to be eligible to establish auto acceptance, including:

- guidelines as to the level of cover and qualifying conditions must be established;
- the group must consist of at least 10 employees (or members);
- at least 75% of eligible employees or association members must remain insured by the Pool at all times; and
- the Pool must be the sole provider of that insurance for the group.

Refer to "Key Policy Definitions" on page 24 and "When Your Cover Starts and Ceases" on page 13 for more details.

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 for more 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 members) to be covered.

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

### **Takeover terms**

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

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We will need to obtain information about the existing cover 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 by the 15<sup>th</sup> of the following month in which their new individual Member cover commenced.

Your former employee/member will:

- retain their existing insurance cover; and
- 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

The Pool offers insurance to provide an income benefit if you suffer a loss of income because of an Illness or Injury. It includes a number of core benefits, ancillary benefits and optional benefits. These are outlined below.

You can insure 75% of your Monthly Income plus, if applicable, your employer superannuation contributions (up to a maximum of 15% of your Monthly Income).

The Monthly Benefit payable in the event of a claim is based on 75% of your Monthly Income immediately prior to your date of Disability for the first two years of the Benefit Period and reduces to 60% for the remainder of the Benefit Period plus the percentage of the Superannuation Contribution Benefit, if applicable.

### **CORE BENEFITS:**

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#### **Total Disability Benefit**

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If you are Totally Disabled after the end of the Waiting Period, the Total Disability Benefit is payable.

#### **Definition of Total Disability**

You are totally disabled if, because of Illness or Injury, you are:

- for the first two years of the Benefit Period, unable to perform at least one income producing duty of your occupation. For the remainder of the Benefit Period, unable to perform your own occupation or any occupation for which you are reasonably capable of performing by reason of education, training or experience, and
- under the regular care of, and following the advice of a Medical Practitioner, and
- not working in any occupation, whether for reward or not for reward.

Where an 'income producing duty' is a duty of your occupation immediately before you became disabled which generates 20% or more of your Monthly Income.

If you are working on average less than 15 hours per week in the three months prior to the commencement of the Waiting Period, the first bullet point in the definition of Total Disability is replaced with the following:

- unable to perform any occupation for which you are reasonably suited by education, training or experience

#### **How much is paid for total disability**

The total disability benefit amount payable is the lower of:

- the Monthly Benefit you are insured for at the time of your Disability, and
- 75% of your pre-disability Monthly Income.

#### **When does it cease?**

A Total Disability Benefit ceases to be paid when you are no longer Totally Disabled or upon the expiration of the Benefit Period, or when the cover ceases, whichever occurs first.

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### Example 1 – Total Disability Benefit

James is a truck driver earning a Monthly Income of \$6,000. He is involved in a car accident, breaks his leg and is unable to work for three months. He is a member of the Pool. His selected Waiting Period is 30 days. Following the expiration of the 30 day Waiting Period, James will be entitled to a Total Disability Benefit of \$4,500 per month, being 75% of his pre-disability income, for two months.

### Partial Disability Benefit

If you are Partially Disabled after the end of the Waiting Period, the Partial Disability Benefit is payable.

#### Definition of Partial Disability

You are partially disabled if you cease to be Totally Disabled and;

- for the first two years of the Benefit Period, you are unable to work in your own occupation at full capacity,
- have resumed employment in your own occupation in a reduced capacity or working in an alternative occupation,
- after the first two years of the Benefit Period (and for the remainder of the Benefit Period), you are unable to perform any occupation for which you are reasonably suited by education, training or experience but have returned to work in your occupation in a reduced capacity or an alternative occupation,
- are deemed capable of returning to partial employment duties and,
- because of the Injury or Illness that caused your Total Disability you receive, or would in the Insurers opinion receive, a Post-Disability Income that is less than your Monthly Income, and
- are under the continuous and regular care of a Medical Practitioner and undergoing appropriate treatment.

In addition to meeting the definition of Partial Disability, to qualify for a Partial Disability Benefit you must have been Totally Disabled for at least seven out of 12 consecutive days of the waiting period and Totally or Partially Disabled for the remainder of the waiting period.

#### How much is paid for partial disability

The partial disability benefit payable is calculated as follows:

$\{(A-B)/A\} \times C$ , where:

A is your pre-disability Monthly Income

B is your actual Monthly Income during the period for which you are Partially Disabled

C is the Monthly Benefit otherwise payable on Total Disability,

For the purpose of B, if you have not returned to work but evidence shows you are capable of returning to work, or you have returned to work, but evidence shows you are capable of working in a greater capacity, Monthly Income is the amount that you

would be capable of earning as determined by the Insurer, based on medical evidence.

#### When does it cease?

A Partial Disability Benefit ceases to be paid when you are no longer Partially Disabled, or upon the expiration of the Benefit Period, or when the cover ceases, whichever occurs first.

### Example 2 – Partial Disability Benefit

Mary was earning \$4,000 per month when she became Totally Disabled. She applied for and received a Monthly Benefit of \$3,000 from the Insurer. She has now been able to return to work in a reduced capacity on reduced earnings of \$2,000 per month. Her Partial Disability Benefit is determined as follows:

Monthly Benefit =  $[(4,000-2,000)/4,000] \times 3,000 = \$1,500$

## STANDARD ANCILLARY BENEFITS

There are a number of important ancillary benefits included with your cover in the Pool. These are described below.

### Interim Accident Cover

This benefit provides a monthly income if you suffer an Injury and are Disabled while your application for insurance via the Pool is being underwritten.

This benefit is available to all new applicants and to existing Insured Persons applying for an increase in their cover (but only in respect to the increased portion of cover).

The benefit payment will be the lesser of the amount of cover applied for (and subsequently agreed to by the Insurer) and \$15,000 per month.

This cover starts when the Insurer receives your insurance application and ceases on the first of the following to occur:

- when the Insurer notifies us of their decision; or
- when your application is withdrawn; or
- 90 days from when the Insurer received your application, or
- cover ceases (Refer to Table 1 on page 17 for more details).

### Waiver of Premium Benefit

All premium payments are waived while you are on claim for a Total Disability Benefit.

### Claim Indexation Benefit (while on claim)

To ensure that the value of claim payments is not eroded by inflation, benefit payments are increased each year while you are on claim.

Where a Total or Partial Disability Benefit has been paid for 12 consecutive months, the benefit will be increased by the lesser of 7.5% and the annual increase in the CPI, on the claim anniversary date.

## Diversa Group Salary Continuance Pool

### Recurrent Disability Benefit

If a period of Disability follows a previous period of Disability for the same or related injury or illness and the two periods are separated by less than 12 months active full-time work, the second period is regarded as a continuation of the earlier period and the Waiting Period will not apply to the second period.

### Approved Rehabilitation Benefit

This benefit is intended to assist with the cost of returning to gainful employment by reimbursing approved rehabilitation expenses.

An Approved Rehabilitation Benefit may be available while you are receiving a Total or Partial Disability Benefit.

This benefit is payable at the Insurer's discretion, in addition to any other benefit payable.

### Death Benefit

To assist your family with meeting funeral expenses, a lump sum death benefit is payable if you die while this cover is in force.

The amount payable is equal to three times the Monthly Benefit that applied immediately prior to your death.

## OPTIONAL ADDITIONAL BENEFITS

### Cover Indexation Benefit (while not on claim)

**This benefit is only available for Individual Members and SMSF Members.**

The Cover Indexation Benefit results in your insured amount being increased each year (when you are not receiving benefit payments) to keep pace with inflation.

The Sum Insured is indexed on the first day of April each year. The indexation rate is the lesser of 7.5% and the annual increase in the CPI.

### Superannuation Contribution Benefit

The Superannuation Contribution Benefit option allows employer superannuation contributions to continue to be made while you are in receipt of a Total or Partial Disability Benefit.

The level of superannuation contribution paid is the amount your employer is liable to pay and subject to a maximum of the lesser of:

For Total Disability

- the amount applied for (or subsequently agreed to); or
- 15% of your Monthly Income; or
- the total amount that was being contributed by your Employer immediately prior to your Total Disability; or

For Partial Disability

- a proportional part of the superannuation contribution benefit being the same proportion of the Monthly Benefit being paid to you.

Refer to 'Eligibility and Restrictions' on page 15 for more details.

### Family Care Benefit

**This benefit is optional subject to acceptance by the Insurer. It is only available for Employer Members (as well as Industry and Professional Associations).**

The Family Care Benefit provides an additional monthly payment from the end of the Waiting Period where you are Totally Disabled and require full time care from an Immediate Family Member.

The monthly payment is the lesser of:

- the Immediate Family Member's reduction in pre-tax monthly income due to caring for you, and
- 50% of the Monthly Benefit that you are receiving.

for up to 90 days.

This benefit is paid, starting from the end of the Waiting Period, if because of Total Disability:

- you are totally dependent on an Immediate Family Member for your essential everyday needs such as feeding, dressing, and bathing, and
- the Immediate Family Member's monthly income through personal exertion is reduced because of looking after you.

The Insurer will require evidence that confirms the Immediate Family Member has ceased permanent employment.

### Nursing Care Benefit

**This benefit is optional subject to acceptance by the Insurer. It is only available for Employer Members (as well as Industry and Professional Associations).**

The Nursing Care Benefit provides a payment during the Waiting Period where you are Totally Disabled and require ongoing nursing care or hospitalisation and remain in or near bed for a substantial part of each day.

1/30th of the Monthly Benefit will be paid for each day during the Waiting Period you are Totally Disabled and require nursing care by a registered nurse or hospitalisation at least once a day and remain in or near a bed for a substantial part of each day.

This benefit is paid after you have been confined to a bed or hospitalised for more than two consecutive days until the end of the Waiting Period, up to a maximum of 90 days.

### Medical Catastrophe Benefit

**This benefit is optional subject to acceptance by the Insurer. It is only available for Employer Members (as well as Industry and Professional Associations)**

The Medical Catastrophe Benefit provides a lump sum payment where you suffer a Medical Catastrophe Condition, even if you are not Disabled and irrespective of the Waiting Period.

Refer to “Key Policy Definitions” on page 24 for the list of Medical Catastrophe Conditions.

The lump sum payment is equal to three times the Monthly Benefit.

#### ***When is it paid?***

This benefit is paid where you suffer a Medical Catastrophe Condition that first occurred after your cover commenced, and survive for 14 days following that diagnosis, provided a range of diagnosis and treatment criteria are met.

This benefit is paid in addition to any other benefits payable, except for the Specific Injury Benefit.

If you are eligible to claim a Specific Injury Benefit at the same time as a Medical Catastrophe Benefit, the Insurer will only pay the benefit with the longest Payment Period.

If the Medical Catastrophe Benefit is paid and you continue to be Disabled at the end of the Waiting Period, any further benefit payments will be determined in accordance with the terms and conditions of the Policy.

This benefit is only payable once.

Please contact us for full details of the Medical Catastrophe Condition definitions and relevant criteria.

### Specific Injury Benefit

**This benefit is optional subject to acceptance by the Insurer. It is only available for Employer Members (as well as Industry and Professional Associations).**

The Specific Injury Benefit provides a monthly payment for a fixed payment period where you suffer a Specific Injury, even if you are not Disabled and irrespective of the Waiting Period.

Refer to “Key Policy Definitions” on page 24 for the list of specific injuries covered and their associated payment period.

The monthly payment is the Monthly Benefit, which is payable for the fixed payment period applicable to the relevant Specific Injury.

The monthly payment will be reduced by any Other Disability Income.

#### ***When is it paid?***

The Specific Injury Benefit is paid during the relevant payment period, instead of any other benefits under this Policy.

If the Specific Injury Benefit is paid and you become Disabled because of the same listed event, Disability benefits will be paid from the later of the end of the:

- Specific Injury Payment Period, and
- Waiting Period.

If you are eligible to claim a Specific Injury Benefit at the same time as a Medical Catastrophe Benefit, the Insurer will only pay the benefit with the longest Payment Period.

This benefit is only payable once.

Please contact us for full details of the Specific Injury definitions.

#### ***When does it cease?***

The payment of the Specific Injury Benefit is payable until the earlier of:

- the expiry of the Specific Injury Benefit Payment Period; or
- the expiry of the Benefit Period; or
- the date the Policy is terminated; or
- the date you die; or
- the date you reach the cover expiry age.

### When Your Cover Starts and Ceases

#### ***When cover starts***

##### **Employer and Industry or Professional Associations – Group Cover**

Automatic acceptance cover commences on the date that has been agreed for that group under its eligibility criteria, provided that you are not absent from work on that date.

This cover is Limited Cover until you have been At Work for 30 consecutive days.

If you have applied for underwritten cover, this cover starts when the Insurer confirm acceptance of the cover.

##### **Individual and SMSF Members – Underwritten Cover**

All cover is underwritten and starts when the Insurer confirms acceptance of cover.

##### **Cover Subject to Special Terms (this only applies to Individual and SMSF Members)**

Where the Insurer offers special terms, conditions, restrictions, exclusions or premium loadings, you must accept these terms within 28 days and cover will commence from the date that the acceptance is received by the Insurer.

#### ***When cover ceases***

Your cover will cease when any of the events described in Table 1 on the next page occurs.

**Note:** Each group will have its own eligibility criteria for cover. Generally, however, cover for Insured Persons who are part of a group arrangement with an employer and industry, or professional association will cease when that Insured Person leaves their employer or association.



## Diversa Group Salary Continuance Pool

**Table 1 – When Cover Ceases**

Cover ceases on the earliest of the following events:
You cancel the cover in writing
You turn 70 years of age <sup>1</sup> (Cover Ceasing Age)
You cease to be an eligible person
You are covered under a group arrangement and leave your Employer or association <sup>2</sup>
You are on employer approved leave for longer than the agreed period
You cease to be an Australian Resident <sup>3</sup> who is either: <ul style="list-style-type: none"> <li>no longer permanently in Australia, or</li> <li>not eligible to work in Australia</li> </ul>
You retire permanently from the workforce
You are the subject of a fraudulent claim under the Policy
You cease to reside in Australia <sup>4</sup>
The Premium in respect of your cover is not paid by the due date
You die
The insurance Policy is terminated

### Important Notes

- For some employer groups and industry or professional associations a later age may be agreed with the Insurer.
- You may continue your cover if you join the Pool as an individual Member.
- Refer to “Key Policy Definitions” on page 24 for the meaning of Australian Resident.
- Cover may continue while you reside overseas in certain circumstances. Refer to “Overseas Residence” on page 14 for more details.

## Who We Pay

### Who we pay

The recipient of a benefit will vary depending on who the Member of the Pool is. Table 2 below provides details of who we make benefit payments to in different situations.

You 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 a death benefit for that fund.

**Table 2 – Who We Pay**

Pool Member	Who We Pay
Individual – Income Benefit	You
Individual – Death Benefit	Your legal personal representative
Superannuation Trustee	Super fund trustee
Employer	<ul style="list-style-type: none"> <li>Employer; or</li> <li>Another appropriate person as determined by us.</li> </ul>
Associations	<ul style="list-style-type: none"> <li>Association; or</li> <li>Another appropriate person as determined by us.</li> </ul>

## 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 situation.

### General exclusions

Insurance benefits will not be paid for any claim that arises directly or indirectly, because of:

- self-inflicted injury or attempted suicide, regardless of whether the person was sane or insane at the time;
- normal pregnancy, uncomplicated childbirth or miscarriage. For the purposes of this exclusion multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, bladder problems or post-natal depression are not considered abnormal or complications of pregnancy;
- where your Occupation is an Excluded Occupation and where the Insurer has not given their prior approval;
- War:
  - act or activity of War (whether declared or not) which occurs after your cover started, increased or was reinstated,
  - active service or participation in the armed forces of any country, territory or, foreign or international organisation in Australia or any foreign country after your cover started, increased or was reinstated, or
  - engagement in (including planning or preparing for) any hostile activity or conflict in Australia or any foreign country.

In the case of you lawfully serving within the Australian Defence Forces Reserve, the active service exclusion only applies where you have been called up for active service in the armed forces of Australia or any other country.
- Unlawful activity and incarceration:

No benefit will be paid:

  - if the condition for which you are claiming was caused

- or contributed to directly or indirectly by your participation or involvement in an act or acts that may constitute a Crime (irrespective of whether you are convicted or sentenced to a term of imprisonment);
- while you are incarcerated or in respect of any period you are incarcerated;
- if the condition for which you are claiming first occurred or arose while you were incarcerated; or
- if the condition for which you are claiming was caused or contributed to directly or indirectly by an event first occurring or arising while you were incarcerated.
- Unsatisfactory performance, misconduct or disqualification for Disability where you are not working because of Injury or Illness, as a result of the following:
  - an unsuccessful probationary period
  - dismissal due to unsatisfactory performance;
  - deliberate or serious misconduct or unprofessional misconduct; or
  - a loss of licence to perform some or all the duties of your Occupation.
- an Injury or Illness caused by an event which takes place in an overseas country or region, where that overseas country or region has been issued with a "reconsider your need to travel" or "Do not Travel" Travel Advisory by the Australian Department of Foreign Affairs and Trade at the time you leave Australia, and while that Travel Advisory was in force
- any other exclusions as a result of underwritten cover imposed by the Insurer; or
- to a beneficiary who intentionally caused or contributed directly or indirectly to your death or Disablement.

### **General Eligibility and Restrictions – All Insured Persons**

#### **Residence**

You must be an Australian Resident (or holder of a Visa) to be eligible for cover under the Policy.

#### **Permanent Employment**

You must be engaged in Permanent Employment for a minimum of 15 hours per week. Casual employees and people employed in a Seasonal Worker capacity cannot be insured via the Pool.

#### **Minimum and Maximum Entry Age**

The minimum entry age to be eligible for insurance cover is 15. The maximum entry age to be eligible for new cover is 63 for individual and SMSF Members and 65 for employer and industry or professional association) Members

#### **Maximum Insurable Ages**

Insurance cover continues up to your 70<sup>th</sup> birthday provided Premiums are paid when due.

#### **Maximum Monthly Benefit**

Unless otherwise agreed with the Insurer, the maximum Monthly Benefit is \$30,000 across all cover with the Insurer, inclusive of the Superannuation Contribution Benefit, if applicable.

The maximum Monthly Benefit is reduced to \$10,000 (inclusive of the Superannuation Contribution Benefit, if applicable) for benefits paid from your 65<sup>th</sup> birthday.

#### **Pre-Existing Conditions**

If there is a claim that arises in connection with a medical condition of which you were aware before you were covered under the Policy:

- subject to the terms of the Policy a benefit will be payable to the extent that it came into force because of automatic cover; but
- the Insurer will only be liable to pay any portion of a benefit that came into force as result of their underwriting decision if the medical condition was disclosed to the Insurer at the time of underwriting and the Insurer agreed in writing to provide cover for it.

#### **Benefit Offset**

The Monthly Benefit payable will be reduced where you are entitled to receive any other form of payment known as Other Disability Income. Refer to "Key Policy Definitions" on page 24 for more details.

The amount of the Monthly Benefit for a particular month will be reduced by any Other Disability Income that accrues to you during that month.

In addition, the Insurer is not liable to pay the Monthly Benefit to the extent that when added to any Other Disability Income would exceed:

- 75% of your Monthly Income for Total Disability Benefits, or
- 100% of your Monthly Income for Partial Disability Benefits

#### **Worldwide Cover**

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

#### **Overseas Residence**

Your cover may continue while you are working Overseas provided that:

- you remain an Insured Person of the Pool throughout the period of overseas residence; and
- the period of overseas residence is no longer than five years duration; and
- your country of residence is not listed on the Department of Foreign Affairs & Trade website ([www.dfat.gov.au](http://www.dfat.gov.au)) under 'advised not to travel'; and
- premiums for your cover continue to be paid throughout the period of overseas residence; and
- the Insurer is provided with any other information, relevant to their decision on whether to continue to cover you while you 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.

If you become entitled to a benefit while you are Overseas, the Pool and the Insurer will not be liable to pay benefits for more than a total of six months while you remain Overseas.



## Diversa Group Salary Continuance Pool

However, if the entitlement to the benefit is continuing, the Insurer must start to pay the benefit again with effect from the date you return to Australia.

The Insurer reserves the right to require you to return to Australia at your own expense if you submit a claim.

### Employer Approved Leave

Where you are on employer approved leave, cover will continue provided:

- you continue to be employed by your Employer and premiums continue to be paid in respect of your cover; and
- the period of leave is no longer than two years.

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

Note that a benefit will not be paid in respect of a period during which you were not otherwise due to receive an income from your Employer.

In addition, where you resume employment with your Employer, cover that was terminated during the period of leave, may be reinstated with the Insurer's prior written agreement.

### Eligibility and Restrictions –

#### Employer and Industry or Professional Associations

You are covered according to your group cover or sub-plan terms where:

- you are less than 70 years of age (or such higher age as we agree with the Insurer); and
- there is an Automatic Acceptance Limit that applies to the Eligible Person; and
- you satisfy the guidelines and conditions that have been established for your group cover; and
- you are being covered within 30 days of the date you were first eligible to obtain cover under group cover arrangements; and
- at least 75% of people eligible to be members of the group remain covered via the Pool at all times; and
- cover will not begin if you were absent from work for any medical reason or, though attending your place of employment, were not medically fit to carry out all the duties and work hours of your usual occupation.

Where you were absent from work, the Insurer may allow you to obtain cover provided:

- the Insurer is notified in writing that you have been absent from your 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 your usual occupation; and
- the Insurer may require a certificate from your Employer that you are attending your place of employment and actively engaged in all of the duties and work hours of your usual occupation.

Contact us or visit our website at [www.diversainsurance.com.au](http://www.diversainsurance.com.au) for further details.

Section 3 - Fees and Other Costs

Consumer Advisory Warning

**DID YOU KNOW?**

Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns.

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).

You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs.

You may be able to negotiate to pay lower contribution fees and management costs where applicable. Ask the fund or your financial adviser.

**TO FIND OUT MORE**

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](http://www.moneysmart.gov.au)) has a managed funds fee calculator to help you check out different fee options.

Fees and other costs

This table 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 PDS.

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

Diversa Group Salary Continuance Pool			
Type of fee or cost	Amount		How and when paid
<b>Fees when your money moves in or out of the product</b>			
<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
<b>Management costs</b>			
The fees and costs for managing your investment.	Up to 40% of premiums paid		Management costs are deducted from each premium payment you make.

## Diversa Group Salary Continuance Pool

Service fees			
Switching fee	Not Applicable		Not Applicable
The fee for changing investment options.			

- See 'Additional Explanation of Fees and Costs' for information about the cost of insurance cover and how premiums are calculated.
- 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 40% of premiums paid	And, for every \$50,000 you have in the Pool you will be charged up to \$20,000 each year.
EQUALS Cost of Pool		<p>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:</p> <p><b>\$20,000*</b></p> <p><b>What it costs you will depend on the investment option you choose and the fees you negotiate.</b></p>

**\* This disclosure is required under the Corporations Regulations to illustrate the effect 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 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 of documents like this PDS. Diversa has the right, under the Constitution, to recover these costs directly from the Pool.

At present all 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.

### 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, Waiting Period, benefit period, medical history, occupation, optional benefits selected, the costs of running the Pool and whether cover is provided as part of an employer and industry or professional association plan.

We will write to you at least 30 days before the annual renewal date and notify you of the new premium 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 circumstances.

### Stamp Duty

Stamp duty is a tax imposed on salary continuance insurance premiums by the various State and Territory Governments in Australia. Stamp duty is not included in the premium rates for

## Diversa Group Salary Continuance Pool

individuals who are not part of a group and must be calculated and paid as part of your premium.

The amount of stamp duty you pay is determined by your state of residence. See Table 3 below for details.

This information is based on legislation current at the date of this PDS.

**Table 3 – Stamp Duty Rates for Salary Continuance Insurance**

State	Stamp duty (%)
ACT	0
NSW	5
NT	10
QLD	9
SA	11
TAS	10
VIC	10
WA	10

### Premium Discounts and Loadings

We may offer discounts on your premium rates if you are a member of an employer and industry or professional association (corporate rates).

We reserve the right to apply discounts to selected cover at our discretion. The discounts available are not guaranteed and may be varied from time to time at our absolute discretion. A change in the premium discount we apply does not constitute a change in Premium rate under this Policy.

Loadings (or increases) may be applied to premium rates depending on your medical history or Occupation.

### 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 included in 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 the fee to your adviser in full on your behalf.

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 Salary Continuance 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.

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 ACF Diversa Group Salary Continuance 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 Salary Continuance 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 premium 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;
- the RE has the right to increase premium rates for Members;
- the RE has 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 for you;
- 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 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 if premiums are paid when they are due, subject to the usual eligibility and cessation conditions.

##### Taxation

Generally, the proceeds of salary continuance insurance cover received by individuals are assessable for income tax purposes and must be included in your tax return. Similarly, the premiums are generally tax deductible.

Generally, insurance premiums paid by the trustee of a superannuation fund are an allowable deduction to the fund.

Goods and Services Tax (GST) does not currently apply to salary continuance 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 a specified 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.

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

Individual and SMSF Members have a 30 day cooling off period. The 30 day period commences on the earlier of:

- the date we confirm the cover has commenced; or
- the end of the 5<sup>th</sup> day after the cover commences.

This is known as the 'cooling-off' period.

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.

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, less any administrative fees.

### **Your Duty to Take Reasonable Care and Not Make a Misrepresentation**

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 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 for more 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 you to undergo any medical examinations conducted by a Medical Practitioner appointed by them as they deem necessary.

### **Cancellations**

You may cancel your insurance at any time by giving notice in writing to us. On cancellation of cover, you will receive a refund of your unused annual premium, less any administrative fees.

Your insurance cover may be cancelled at any time if a premium has not been paid:

- within 60 days after the due date for employer and industry and professional association Members; and
- by the 15<sup>th</sup> of the month following the due date for individual and SMSF Members.

### **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.



## Diversa Group Salary Continuance Pool

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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 because 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 consider 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

We have established a complaints resolution process. If you have any complaints concerning your participation in the Pool, please call us on (02) 9319 2681.

We will work with you to resolve your concerns and will endeavour to resolve your complaint fairly and as quickly as we can. You may also write to us at:

Complaints Manager  
Diversa Insurance Limited  
Diversa Group Salary Continuance 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. We will respond to your complaint within the maximum response timeframe of 30 days. If we are unable to respond within the maximum response time because we have not had a reasonable opportunity to do so, we will write to you to let you know of the delay. If you feel your complaint has not been satisfactorily resolved or you are dissatisfied with any aspect of the complaints handling process or a delay in responding by the maximum response time, AFCA may be able to assist. If you seek assistance from AFCA, their services are provided at no cost to you. You can contact AFCA at:

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

Time limits apply to certain complaints to AFCA. So, if you're not satisfied with our response, you should contact AFCA immediately to find out if a time limit applies. Other limits may also apply

### 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 45 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.

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## 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;



## Diversa Group Salary Continuance Pool

- 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) 9319 2681.

### Privacy and the Insurer

AIA Australia is 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](http://www.aia.com.au).

## Diversa Group Salary Continuance Pool

### Key Policy Definitions

“Occupation Category” means:

Category	Description
Professional	Employees who hold a tertiary qualification and are registered by a government body or are members of a professional institute and earn more than \$100,000 pa. These occupations must be working in a sedentary capacity in an office environment, in an office or retail building, with less than 20% of time spent outdoors.
White Collar	Employees mainly engaged in clerical and administrative office-based duties working indoors and in a sedentary capacity.
Supervisory / Qualified with field work	Employees mainly engaged in light manual duties or who travel but do not deliver goods (e.g. retail and sales personnel, computer technicians, supervisors of manual work or professionals with some fieldwork).
Blue Collar / Skilled	Skilled tradespersons and semi-skilled employees who hold a trade certificate and who perform a moderate amount of manual work (e.g. plumber, carpenter, nurse).
Heavy Blue Collar / Unskilled	Unskilled employees mainly performing manual work or skilled employees performing heavy manual work (e.g. fencing contractor, plasterer, cleaners, carpet layers, storeman).
Hazardous / Special Risks	Occupations involving hazardous chemicals or work environments or has high accident or health risk (e.g. fire fighters, prison officers, machine operators, production workers and labourers).
Grey Collar / Legal	Occupations involving practice of law e.g. lawyers, legal counsel.

**“Approved Rehabilitation” means:**  
a program, device or course of treatment certified by a Medical Practitioner or other health professional to be necessary for the rehabilitation of a person but excluding any program providing hospital treatment or an ancillary health service within the meaning of the National Health Act 1953 or any other program which might cause The Policy to cease to be exempt from the National Health Act 1953 or Health Insurance Act 1973 or any similar legislation in connection with health insurance.

**“Australian Resident” means:**

- a person who resides in Australia and is an Australian citizen or a person who is the holder of an Australian permanent visa; or
- a person who is a New Zealand citizen and is a holder of a Special Category Visa while residing in Australia.

**“At Work” means:**  
the person is:

- engaged in their normal duties, without limitation or restriction due to Illness or Injury, and working their usual hours on the applicable date,
- not restricted by Illness or Injury from being capable of performing their full and normal duties on a full-time basis (for at least 35 hours per week) even though their actual employment can be on a full-time, part-time, contract or casual basis, and
- not in receipt of and/or entitled to claim any income support benefits from any source including but not limited to workers’ compensation benefits, social security benefits, statutory transport accident benefits and disability income benefits.

The person will be considered At Work if on the applicable date, as the content requires, the person is on Employer approved

## Diversa Group Salary Continuance Pool

leave for reasons other than Illness or Injury, and not taking into account the leave, is able to meet the At Work definition.

A person who does not meet these requirements is considered not At Work.

**“Benefit Period” means:**

For individuals: 2 years, 5 years or to age 65 according to the period accepted by the Insurer.

For groups: The period agreed with the Insurer.

The Benefit Period is the maximum amount of time the Insurer will pay a benefit for in respect of any period of Disability subject to the terms of the Policy.

The Benefit Period starts as soon as the Waiting Period is completed.

If you have a ‘to age 65’ Benefit Period and become Disabled on or after age 63, any Monthly Benefit payable ceases to be paid when you are no longer Disabled, or after two years, or when the cover ceases, whichever occurs first.

**“Contractor” means:**

a person who is working on a fixed term contract for the Employer with a duration of at least 12 months that requires the person to perform identifiable duties for a regular number of hours each week.

**“CPI” means:**

the Consumer Price Index (all groups and all capital cities) published by the Australian Bureau of Statistics. If no such Consumer Price Index is published, the CPI will be a figure determined by the Insurer at their discretion.

**“Crime” means:**

any summary or indictable offence within the meaning of any State or Commonwealth legislation or an offence with a similar meaning under foreign law.

**“Disability” means:**

Total Disability or Partial Disability.

**“Eligible Person” means:**

A person who can obtain cover under the Policy, being a person who:

- the Insurer expressly agrees in writing is an Eligible Person; or
- who is an Australian Resident (or holder of a Visa) and is a Permanent Employee or Fixed Term Contractor (employed on a minimum contract period of 12 months); and
- who is not a casual employee or a person that is engaged by the Employer as a seasonal worker; and
- meets the following additional eligibility criteria:
  - unless otherwise agreed by the Insurer is aged at least 15; and
  - for automatic acceptance group cover - meets all the eligibility criteria applicable to their group; or

- for individual cover – subject to receipt of all underwriting information by the Insurer, cover will commence from the date the Insurer advises of its acceptance of cover.

**“Employer” means:**

For individual Members

the entity employing you in a Permanent Employment capacity as detailed on your application form when joining the Pool or such other entity agreed to in writing by the Insurer from time to time.

For automatic cover members

The employer and industry or professional association you joined that the Pool provides automatic cover for as part of a group cover arrangement.

**“Excluded Occupation” means:**

- aviation worker such as a pilot, air traffic controller or aerial photographer,
- emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,
- entertainer working professionally such as an actor, dancer, musician or performer,
- forestry worker such as a tree feller or sawmill worker,
- horse racing industry workers such as a jockey, trainer or strapper,
- mining worker such as a miner, mineral explorer, earth driller or explosives handler,
- offshore worker such as a fisherman, oil rig worker or diver,
- seasonal worker,
- security worker such as a security guard, doorman, bouncer or crowd controller,
- sex worker,
- sports person working professionally or semi-professionally,
- underground or underwater worker,
- workers whose work requires them to work at heights above 10 metres such as a rigger, scaffolder or roof worker.

**“Illness” means:**

a sickness, disease or disorder.

**“Immediate Family Member” means:**

Your spouse or de facto partner, or a person with whom you are in an interdependent relationship, or your child, parent, siblings, grandparent, grandchild, father-in-law or mother-in-law, including those members mentioned who are step or adopted relatives.

**“Injury” means:**

bodily injury caused by violent, external and visible means.

**“Insured Person/Insured Persons” means:**

a person who is eligible to be insured under the Policy for whom cover other than Accident Cover is in force.

## Diversa Group Salary Continuance Pool

### **"Limited Cover" means:**

you are only covered for claims arising from an Illness which first became apparent or an Injury which first occurred on or after the date that your cover commenced or most recently commenced under this Policy and is not related to an Illness that was apparent or Injury that occurred before the applicable date.

### **"Medical Catastrophe Conditions" list:**

- Alzheimer's Disease with significant cognitive impairment
- Aplastic Anaemia
- Benign Brain Tumour
- Blindness
- Cancer
- Cerebrovascular Accident (Stroke)
- Chronic Lung Failure
- Chronic Renal Failure (Kidney)
- Coma
- Coronary Artery Angioplasty
- Dementia
- Encephalitis
- End Stage Liver Failure
- Loss of hearing in both ears
- Loss of Independent Existence
- Loss of Speech
- Major Head Trauma with permanent neurological deficit
- Major Organ Transplant
- Medically Acquired HIV
- Motor Neurone Disease
- Multiple Sclerosis with impairment
- Muscular Dystrophy
- Occupationally Acquired HIV
- Open Chest Surgery
- Out of hospital cardiac arrest
- Paralysis
- Parkinson's Disease with impairment
- Permanent cardiomyopathy
- Pneumonectomy
- Primary Pulmonary Hypertension
- Severe Burns
- Surgery of the aorta

Please contact us for full details of the definition of each of these Medical Catastrophe Conditions.

### **"Medical Practitioner" means:**

a validly qualified medical practitioner including a specialist, registered to practice in Australia and New Zealand, who 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.

### **"Monthly Benefit" means:**

the amount of cover obtained by us from time to time in accordance with the terms of the Policy and accepted by the Insurer. And means 75% of your Monthly Income immediately prior to the date of Disability for the first two years of the Benefit Period and reducing to 60% for the remainder of the Benefit Period, plus any Superannuation Contribution Benefit.

Benefits are paid monthly in arrears. If a benefit is payable for less than a whole month, a daily amount of 1/30<sup>th</sup> of the Monthly Benefit is paid.

If immediately prior to the date of Disability, you were no longer working at least 15 hours per week, your Monthly Income will be averaged over the 12 months immediately prior to the date of Disability and the Superannuation Contribution Benefit will continue to apply as outlined above.

### **"Monthly Income" means:**

where you don't directly or indirectly own part of your Employer your Monthly Income is:

- 1/12th of your current annual pre-tax salary from the Employer, or
- for Fixed Term Contractors with a minimum contract period of 12 months or less, the average gross Monthly Income earned in the three months immediately prior to the commencement of the Waiting Period or if working less than three months, the average gross Monthly Income earned over the period of employment

but does not include any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless the Insurer has expressly agreed otherwise; or

where you directly or indirectly own part or all of a business or practice which is your Employer, your Monthly Income is:

- 1/12th of the annual share of the income of that business or practice generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income, or any other income the Insurer has expressly approved of.

### **"Other Disability Income" means:**

any amount which is paid, or required to be paid in relation to the Injury or Illness (other than income under the Policy) which you may derive during a month for which the amount of the benefit that applies to you under the Policy is being assessed, whether that income was actually received or not; and includes:

- any payment derived because of incapacity under any other insurance policy from all insurers; and
- any benefit under any workers compensation, motor accident compensation or other similar State, Federal or Territory legislation; and
- any eligible sick leave entitlements from any source; and
- if Totally Disabled, income received from your Employer while on claim.

For the avoidance of doubt, Other Disability Income does not include:

- income earned from investments; and
- any amounts received in the form of superannuation entitlements or social security benefits.

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Any Other Disability Income that is in the form of a lump sum (including by way of settlement or commutation) will be converted by the Insurer to a monthly equivalent of 1/60<sup>th</sup> per month over a period of 60 months, for the purpose of calculating the amount of be offset.

If it can be shown that a portion of the lump sum represents compensation for pain and suffering; or the loss of use of a part of the body the Insurer will not take that portion into account as Other Disability Income.

**"Overseas" means:**

anywhere other than the Commonwealth of Australia and its Territories.

**"Partial Disability" means:**

a benefit payable under the Policy where you have ceased to suffer Total Disability and;

- for the first two years of the Benefit Period are unable to work in your own occupation at full capacity,
- have resumed employment in your own occupation in a reduced capacity or working in an alternative occupation,
- after the first two years of the Benefit Period, for the remainder of the Benefit Period, you are unable to perform any occupation for which you are reasonably suited by education, training or experience but have returned to work in your occupation in a reduced capacity or an alternative occupation,
- are deemed capable of returning to partial employment duties and,
- because of the Injury or Illness that caused your Total Disability you receive, or would in the Insurers opinion receive, a Post-Disability Income that is less than your Monthly Income, and
- are under the continuous and regular care of a Medical Practitioner undergoing appropriate treatment.

**"Permanent Employment" means:**

an employee who is employed on a permanent basis under an ongoing contract that:

- is for an indefinite duration or fixed term of more than 12 months, and
- requires the employee to perform identifiable duties for a regular number of hours each week; and
- provides the employee with paid annual leave, sick leave and long service leave.

**"Post-Disability Income" means:**

any income (other than income under the Policy) that you may derive after the commencement of the Waiting Period during a month for which the amount of the benefit that applies to you under the Policy is being assessed.

However, if you are, in the Insurer's opinion suffering Partial Disability but have not received such income, the Insurer will estimate your capacity to earn by substituting an amount for

partial earnings with regard to the extent of your Partial Disability to enable the Insurer to calculate the benefit.

**"Registered Nurse" means:**

a person who is legally qualified and registered to practice in Australia or New Zealand other than the Eligible Person or you, or your parent, child, sibling, Partner, business partner, associate or employee.

**"Seasonal Worker" means:**

a person engaged in employment for a specific period, or to complete a specific job, and where continuity of employment is not guaranteed, regardless of hours worked or period of employment.

**"Special Category Visa" means:**

As per the guidelines provided under the Department of Immigration and Border Protection, a Special Category visa (subclass 444) is a temporary visa that allows a person to stay and work in Australia as long as that person remains a New Zealand citizen. For avoidance of doubt, a New Zealand citizen who holds a SCV while residing in Australia and departs temporarily overseas will be treated the same as an Australian Resident. They will be entitled to the same provisions, Cover terms and conditions as an Australian Resident under this Policy.

**"Specific Injury" list:**

Specific Injury	Payment Period
Paralysis (Diplegia, Hemiplegia, Paraplegia, Quadriplegia, Tetraplegia)	60 months*
Total and permanent loss of use of: <ul style="list-style-type: none"> <li>• Both feet, or</li> <li>• Both hands, or</li> <li>• The sight of both eyes, or</li> <li>• A hand and a foot, or</li> <li>• A hand and the sight in one eye, or</li> <li>• A foot and the sight in one eye.</li> </ul>	24 months
Total and permanent loss of use of: <ul style="list-style-type: none"> <li>• An arm, or</li> <li>• A leg.</li> </ul>	18 months
Total and permanent loss of use of: <ul style="list-style-type: none"> <li>• A foot, or</li> <li>• A hand, or</li> <li>• The sight in one eye.</li> </ul>	12 months
Total and permanent loss of use of the thumb and the index finger on the same hand.	6 months
Fracture of: <ul style="list-style-type: none"> <li>• The thigh (femur) above the knee, or</li> <li>• The pelvis.</li> </ul> <p>A benefit will not be payable for a fracture involving the knee joint or hip joint.</p>	3 months
Fracture of: <ul style="list-style-type: none"> <li>• The upper arm (humerus), or</li> <li>• The shoulder blade (scapula).</li> </ul>	2 months

## Diversa Group Salary Continuance Pool

Specific Injury	Payment Period
A benefit will not be payable for a fracture involving the elbow joint or shoulder joint.	
Fracture of the jaw (mandible or maxilla).	1.5 months
Fracture# of the collarbone (clavicle)	1.5 months

Note:

\* Where a Benefit Period of 2 years applies, the payment period for Paralysis (Diplegia, Hemiplegia, Paraplegia, Quadriplegia and Tetraplegia) is reduced to a maximum of 24 months.

“Loss” means the total and permanent loss of:

- use of the hand from the wrist or the foot from the ankle joint,
- use of the arm from the elbow or the leg from the knee joint, • use of the thumb and index finger from the first phalange joint, or
- sight (to the extent of 6/60 or less) in the eye.

“Fracture” means any fracture that requires a pin, traction, a plaster cast or other immobilising structure but does not include a fracture which occurs because of, or during, surgical or medical treatment.

**“Total Disability” means:**

You are totally disabled if, because of Illness or Injury, you are:

- for the first two years of the Benefit Period, unable to perform at least one income producing duty of your occupation. For the remainder of the Benefit Period, unable to perform your own occupation or any occupation for which you are reasonably capable of performing by reason of education, training or experience, and
- under the regular care of, and following the advice of a Medical Practitioner, and
- not working in any occupation, whether for reward or not for reward.

Where an ‘income producing duty’ is a duty of your occupation immediately before you became disabled which generates 20% or more of your Monthly Income.

If you are working on average less than 15 hours per week in the three months prior to the commencement of the Waiting Period, the first bullet point in the definition of Total Disability is replaced with the following:

- unable to perform any occupation for which you are reasonably suited by education, training or experience

**“Visa” means:**

a current and valid visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act which enables you or an Eligible Person to work in Australia.

**“Waiting Period” means:**

For individuals: 30, 60, 90 or 180 days according to the period accepted by the Insurer.

For groups: The period agreed with the Insurer.

The Waiting Period is the period you must wait and satisfy the eligibility conditions for the Total Disability Benefit and Partial Disability Benefit before the benefit period starts.

The Waiting Period starts the day you receive advice from a Medical Practitioner about your Injury or Illness, and they certify you as Totally Disabled.

If you return to work during the Waiting Period, and the return to work proves unsuccessful due to the Injury or Illness causing Disability, then the original Waiting Period will not restart if the number of days which you returned to work for is less than 10% of the Waiting Period.

The days worked will simply be added to the end of the Waiting Period.

### Application Checklist

**Have you:**

- ✓ Obtained a Premium Illustration from us or your Adviser. (Phone (02) 9319 2681 for assistance)
- ✓ Checked our website at [www.diversainsurance.com.au](http://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/or signed
  - all sections required of your Application Form;
  - the Personal Statement;
  - the Direct Debit Form;
  - relevant Customer Identification Form together with certified copies of your Identification documents
  - demographics of Insured Persons (only required for employer and industry or professional associations)
- ✓ Made sure you have all the necessary documents for your application



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**Phone:** 02 9319 2681  
**Email:** [admin@diversainsurance.com.au](mailto:admin@diversainsurance.com.au)  
**Website:** [www.diversainsurance.com.au](http://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 5 August 2025. 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 25 for details)*

Are you an Australian Resident? ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer: ☐ Yes ☐ No

Describe ownership interest

Employment Type: ☐ Full time ☐ Part time Hours per week (if not full time): \_\_\_\_\_

Smoker status: Are you a smoker? ☐ Yes ☐ No

**2. Income Details**

**A. Employees**

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

**B. Business Owners**

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

### 3. Insurance Cover Details

You can insure 75% of your pre-tax salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

#### 1. Insured Amount and Optional covers *(Please tick the applicable options):*

Amount of insured cover (tick one):

- ☐ I want to insure 75% of my pre-tax salary.
- ☐ I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of pre-tax salary.
- ☐ I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Superannuation Contribution Benefit (optional extra, tick if you want to include this option)

- ☐ I want to insure my employer superannuation contributions as indicated below:
- ☐ The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- ☐ Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Cover Indexation Benefit (optional extra, only available where you insure a dollar amount that is lower than 75% of pre-tax salary, tick if you want this option)

I would like my benefit increased each year by inflation ☐ Yes ☐ No

This means your insured benefit will automatically increase each year on renewal by the lesser of CPI and 7.5% p.a.

#### 2. Waiting Period *(This is the number of days you need to be disabled for before being eligible for benefit payments)*

I want the waiting period to be:

- ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days

#### 3. Benefit Period *(This is the period that you would like benefit payments to continue for while you are disabled)*

I want the Benefit Period to be:

- ☐ 2 years ☐ 5 years

#### 4. Premium Payment *(Select your preferred option)*

Premium Payment Frequency: ☐ Annually

All premiums are payable annually in advance.

Premium Payment Method: ☐ Electronic Funds Transfer ☐ Direct Debit ☐ Cheque

#### 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: \_\_\_\_\_

Email: \_\_\_\_\_

Adviser Service Fee (% of Premium): \_\_\_\_\_

##### ***Fee Authorisation***

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

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

**Insured Person 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.

## **5. Declaration & Signature**

I declare and agree that:

- I 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 the information provided in my application is true and correct;
- I agree to be bound by the 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;
- I authorise the Pool and Diversa to quote my TFN or exemption to the Australian Tax Office (ATO).

I 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 is subject to completing the Insurer's underwriting requirements, and will not commence until acceptance by the Insurer;
- I 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 and will disclose this information to my financial adviser (named in this form) about my insurance in the Pool. I will notify the Pool, in writing, if there is a change in this authority to disclose information to my adviser;
- I authorise the collection and remittance of the adviser fee to my adviser, by Diversa on my behalf;
- Diversa may be required to pass on my personal information or information about my interest in the Pool to a relevant regulatory authority in compliance with Anti-Money Laundering or Counter-Terrorism laws;
- By providing email addresses I agree that the Pool and Diversa may use this address to provide me with information about my insurance (such as transaction confirmations, statements, reports and other material), and that all correspondence will be sent to the Insured Person.

Insured Person: \_\_\_\_\_ 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) 9319 2681.



Diversa Group Salary Continuance Pool –  
ARSN 149 439 681  
PO Box 3135  
Willoughby North NSW 2068  
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## 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: \_\_\_\_\_

## Diversa Group Salary Continuance Pool

---

Phone (Business Hours) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address (If different to above) \_\_\_\_\_

### **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

1. Insert summary details from your Group Cover Plan Summary here:

Category	Eligibility
Category 1	
Category 2	
Category 3	
Category 4	

Category	Benefit Period 2 years, 5 years, or to age 65	Waiting Period 30 days, 60 days or 90 days
Category 1		
Category 2		
Category 3		
Category 4		

OR

☐ Please contact me to arrange a benefit quote

2. Cover Commencement Date \_\_\_\_\_

## 3. 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: \_\_\_\_\_

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 is subject to completing the Insurer's underwriting requirements, and 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 remittance 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) 9319 2681.



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## 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**

ACN: \_\_\_\_\_ ☐ 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

All premiums are payable annually in advance.

Premium Payment Method: ☐ Electronic Funds Transfer ☐ Direct Debit ☐ Cheque

### 4. Insured Persons

#### a) 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: \_\_\_\_\_

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 25 for details)*

Are you an Australian Resident? ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

## Diversa Group Salary Continuance Pool

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer? ☐ Yes ☐ No

Describe ownership interest: \_\_\_\_\_

Employment Type: ☐ Full time ☐ Part time Hours per week (if not full time) \_\_\_\_\_

Smoker status: Are you a smoker? ☐ Yes ☐ No

### b) Income Details

#### A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

#### B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

### c) Insurance Cover Details

You can insure up to 75% of your pre-tax salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

#### 1. Insured Amount and Optional covers (*Please tick the applicable options*):

Amount of insured cover (tick one):

- ☐ I want to insure 75% of my pre-tax salary.
- ☐ I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_ % of salary.
- ☐ I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$ \_\_\_\_\_ per annum.

Superannuation Contribution Benefit (tick if you want to include this optional extra)

- ☐ I want to insure my employer superannuation contributions as indicated below:
- ☐ The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.

## Diversa Group Salary Continuance Pool

☐ Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Cover Indexation Benefit (optional extra only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation ☐ Yes ☐ No

This means your insured benefit will automatically increase each year on renewal by the lesser of CPI and 7.5% p.a.

**2. Waiting Period** (*This is the number of days you need to be disabled for before being eligible for benefit payments*)

I want the waiting period to be:

☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days

**3. Benefit Period** (*This is the period that you would like benefit payments to continue for while you are disabled*)

I want the benefit period to be:

☐ 2 years ☐ 5 years

### a) 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: \_\_\_\_\_

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 25 for details)



Are you an Australian Resident? ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer: ☐ Yes ☐ No

Describe ownership interest: \_\_\_\_\_

Employment Type: ☐ Full time ☐ Part time Hours per week (if not full time): \_\_\_\_\_

Smoker status: Are you a smoker? ☐ Yes ☐ No

## b) Income Details

### A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

### B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

## c) Insurance Cover Details

You can insure up to 75% of your pre-tax salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

### 1. Insured Amount and Optional covers (*Please tick the applicable options*):

Amount of insured cover (tick one):

☐ I want to insure 75% of my pre-tax salary.

☐ I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_% of salary.

☐ I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Superannuation Contribution Benefit (tick if you want to include this optional extra)

☐ I want to insure my employer superannuation contributions as indicated below:

☐ The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.

☐ Other Amount: \_\_\_\_\_% of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Cover Indexation Benefit (optional extra, only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation ☐ Yes ☐ No

This means your insured benefit will automatically increase each year on renewal by the lesser of CPI or 7.5% p.a.

**2. Waiting Period** (*This is the number of days you need to be disabled for before being eligible for benefit payments*)

I want the waiting period to be:

☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days

**3. Benefit Period** (*This is the period that you would like benefit payments to continue for while you are disabled*)

I want the benefit period to be:

☐ 2 years ☐ 5 years ☐ to age 65

**a) 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: \_\_\_\_\_

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 25 for details)*

Are you an Australian Resident? ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer: ☐ Yes ☐ No

Describe ownership interest: \_\_\_\_\_

Employment Type: ☐ Full time ☐ Part time Hours per week (if not full time) \_\_\_\_\_

Smoker status: Are you a smoker? ☐ Yes ☐ No

**b) Income Details**

**A. Employees**

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

**B. Business Owners**

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

**c) Insurance Cover Details**

You can insure up to 75% of your pre-tax salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

### 1. Insured Amount and Optional covers *(Please tick the applicable options):*

Amount of insured cover (tick one):

- ☐ I want to insure 75% of my pre-tax salary.
- ☐ I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_ % of salary.
- ☐ I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$\_\_\_\_\_ per annum.

Superannuation Contribution Benefit (tick if you want to include this optional extra)

- ☐ I want to sure my employer superannuation contributions as indicated below:
- ☐ The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- ☐ Other Amount: \_\_\_\_\_ % of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Cover Indexation Benefit (optional extra only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation ☐ Yes ☐ No

This means your insured benefit will automatically increase each year on renewal by the lesser of CPI or 7.5% p.a.

### 2. Waiting Period *(This is the number of days you need to be disabled for before being eligible for benefit payments)*

I want the waiting period to be:

- ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days

### 3. Benefit Period *(This is the period that you would like benefit payments to continue for while you are disabled)*

I want the benefit period to be:

- ☐ 2 years ☐ 5 years ☐ to age 65

## a) Fifth Insured Person's Details

### Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

## Diversa Group Salary Continuance Pool

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 25 for details)*

Are you an Australian Resident? ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer: ☐ Yes ☐ No

Describe ownership interest: \_\_\_\_\_

Employment Type: ☐ Full time ☐ Part time Hours per week (if not full time): \_\_\_\_\_

Smoker status: Are you a smoker? ☐ Yes ☐ No

### **b) Income Details**

#### A. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

### B. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

### c) Insurance Cover Details

You can insure up to 75% of your pre-tax salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

#### 1. Insured Amount and Optional covers (*Please tick the applicable options*):

Amount of insured cover (tick one):

- ☐ I want to insure 75% of my pre-tax salary.
- ☐ I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_ % of salary.
- ☐ I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$ \_\_\_\_\_ per annum.

Superannuation Contribution Benefit (tick if you want to include this optional extra)

- ☐ I want to sure my employer superannuation contributions as indicated below:
- ☐ The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- ☐ Other Amount: \_\_\_\_\_ % of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Cover Indexation Benefit (optional extra only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation ☐ Yes ☐ No

This means your insured benefit will automatically increase each year on renewal by the lesser of CPI or 7.5% p.a.

#### 2. Waiting Period (*This is the number of days you need to be disabled for before being eligible for benefit payments*)

I want the waiting period to be:

- ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days

#### 3. Benefit Period (*This is the period that you would like benefit payments to continue for while you are disabled*)

I want the benefit period to be:

- ☐ 2 years ☐ 5 years ☐ to age 65

**a) Sixth Insured Person's Details**

**Personal Details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

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 25 for details)*

Are you an Australian Resident? ☐ Yes ☐ No Country of Citizenship: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Describe regular duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Do you own / partially own your employer: ☐ Yes ☐ No

Describe ownership interest: \_\_\_\_\_

Employment Type: ☐ Full time ☐ Part time Hours per week (if not full time): \_\_\_\_\_

Smoker status: Are you a smoker? ☐ Yes ☐ No



**b) Income Details**

C. Employees

Current Annual Pre-Tax Salary: \$ \_\_\_\_\_

(Exclude Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income)

**OR**

D. Business Owners

Net business income: \$ \_\_\_\_\_

(The annual share of the business or practice income generated by your personal exertion in the previous 12 months after the deduction of your share of expenses in generating that income)

**c) Insurance Cover Details**

You can insure up to 75% of your pre-tax salary (subject to the maximum Monthly Benefit). You will need to provide up-to-date salary information in the event of a claim. The Monthly Income and super contributions (if covered), you are being paid immediately prior to your date of Disability will be used to determine your Monthly Benefit. If your Monthly Income has reduced since taking out the cover, your claim will be paid at the reduced amount.

**1. Insured Amount and Optional covers (Please tick the applicable options):**

Amount of insured cover (tick one):

- ☐ I want to insure 75% of my pre-tax salary.
- ☐ I want to insure a percentage that is lower than 75% of my pre-tax salary being: \_\_\_\_\_ % of salary.
- ☐ I want to insure a dollar amount that is lower than 75% of my pre-tax salary being: \$ \_\_\_\_\_ per annum.

Superannuation Contribution Benefit (tick if you want to include this optional extra)

- ☐ I want to sure my employer superannuation contributions as indicated below:
- ☐ The Super Guarantee (SG) percentage of salary my employer must contribute as set by the Government.
- ☐ Other Amount: \_\_\_\_\_ % of salary. You can insure an amount up to what you are being paid by your employer, subject to a maximum of 15% of salary.

Cover Indexation Benefit (optional extra only available where you insure a dollar amount that is lower than 75% of pre-tax salary)

I would like my benefit increased each year by inflation ☐ Yes ☐ No

**This means your insured benefit will automatically increase on renewal each year by the lesser of CPI and 7.5% p.a.**

<p><b>2. Waiting Period</b> <i>(This is the number of days you need to be disabled for before being eligible for benefit payments)</i></p> <p>I want the waiting period to be:</p> <p><input type="checkbox"/> 30 days      <input type="checkbox"/> 60 days      <input type="checkbox"/> 90 days      <input type="checkbox"/> 180 days</p> <p><b>3. Benefit Period</b> <i>(This is the period that you would like benefit payments to continue for while you are disabled)</i></p> <p>I want the benefit period to be:</p> <p><input type="checkbox"/> 2 years      <input type="checkbox"/> 5 years      <input type="checkbox"/> to age 65</p>	
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## 5. 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: \_\_\_\_\_

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/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 I/we received a complete copy of it personally or a printout of it, accompanied by or attached to this application form; and
- 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 is subject to completing the Insurer's underwriting requirements, and 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 remittance 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; and
- 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) 9319 2681.