

GE Money Injury Assist

Take care of yourself
with one simple plan.



Combined Product Disclosure Statement,
Financial Services Guide and Policy Terms
Prepared on 31 May 2010



GE Money

Simplifying money matters

This Product Disclosure Statement (**PDS**) is issued by Hallmark Life Insurance Company Ltd. ABN 87 008 446 884, AFSL No. 243469 trading as GE Money.

This PDS contains information about GE Money Injury Assist, an **optional insurance** that is available to you. The PDS will help you to:

- Decide whether this product meets your needs; and
- Compare this product with others.

You should consider the appropriateness of the advice in the PDS having regard to your own objectives, financial situation and needs before deciding whether to apply for a policy.

About GE Money.

GE Money is the trading name of Hallmark Life Insurance Company Ltd. which is registered as a life insurance company under the Life Insurance Act 1995.

Contact Us.

GE Money

GPO Box 3997, Sydney, NSW, 2001

Ph: 1300 301 195 (8am to 7pm Sydney time)

Fax: 1300 131 105

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Policy Document.

This document explains the cover your policy provides. If you do not understand any part of the policy please phone us on 1300 301 195.

Guaranteed acceptance.

Providing you meet the eligibility criteria (see below), your cover begins immediately on our acceptance of your application.

Eligibility.

You can apply for GE Money Injury Assist if you meet all of the following criteria:

- You are aged from 18 to 74;
- You are a Permanent Australian Resident; and
- You are permanently residing within Australia at the time of the application.

Policy summary.

Subject to eligibility and the terms of the policy wording, GE Money Injury Assist will pay:

- A daily benefit if, as a result of an Accidental Injury, you are unable to manage at least 3 Activities of Daily Living without assistance (**Living Assistance Benefit**); and
- A contribution towards the cost of reasonable homecare expenses incurred as a consequence of an Accidental Injury requiring living assistance (**Homecare Assistance Benefit**); and
- A benefit for the loss of the use of a limb or sight, hearing or speech as a result of an Accidental Injury (**Loss of Use Benefit**); and
- A benefit for a major head trauma or severe burns trauma as a result of an Accidental Injury (**Trauma Benefit**); and

- A benefit for the fracture of a bone as a result of an Accidental Injury (**Fracture Benefit**).

These benefits, and the level of cover provided under each Plan, are summarised in the following table.

Product Features	Value Plan	Premier Plan	Superior Plan
Living Assistance Benefit	\$100 per day	\$200 per day	\$300 per day
Living Assistance Benefit (outside Australia)	\$200 per day	\$400 per day	\$600 per day
Homecare Assistance Benefit	Up to \$50 per day	Up to \$100 per day	Up to \$150 per day
Loss of Use Benefit	Up to \$50,000	Up to \$100,000	Up to \$150,000
Trauma Benefit	\$50,000	\$100,000	\$150,000
Fracture Benefit	Up to \$5,000	Up to \$10,000	Up to \$15,000
Maximum Benefit Payable (115% of the Total Sum Insured)	\$57,500	\$115,000	\$172,500
Monthly Premiums			
Primary Only	\$17.95	\$29.95	\$41.95
Primary & Partner	\$27.55	\$49.15	\$70.75

Features and benefits.

Living Assistance Benefit.

The Living Assistance Benefit provides a daily payment for up to 90 days, if you, or someone else insured under the policy, is certified by a medical practitioner as requiring the full time assistance of another person for at least 3 Activities of Daily Living for 24 hours per day, as a result of an Accidental Injury occurring.

To be eligible for the Living Assistance Benefit, a claim must be submitted within 90 days of the accident causing Accidental Injury.

The Living Assistance Benefit will double if Accidental Injury occurs whilst overseas.

If the Living Assistance Benefit period exceeds 7 days, we require written proof of an ongoing need for the Living Assistance Benefit from the insured's medical practitioner for each 7 day period.

Activities of Daily Living means:

1. Washing/Bathing – the inability to wash oneself in a bath, shower or by sponge without assistance;
2. Dressing – the inability to put on and take off essential clothing, without assistance. Essential clothing includes underwear, trousers, dress, skirt, shoes and shirt;
3. Eating – the inability to feed oneself without assistance once food has been prepared and made available;
4. Toileting – the inability to get to and from and on and off the toilet without assistance;
5. Transferring – the inability to move in and out of a chair without assistance.

Living Assistance Benefit	Value Plan	Premier Plan	Superior Plan
Living Assistance	\$100 per day	\$200 per day	\$300 per day
Living Assistance Overseas	\$200 per day	\$400 per day	\$600 per day

Example: If you, or someone else insured under the policy, are covered by the Premier Plan and involved in a car accident within Australia causing Accidental Injury where you require assistance to wash, dress and feed yourself, then a daily cash payment of \$200* would be payable.
 *All benefits reduce by 50% at age 75 years.

Homecare Assistance Benefit.

The Homecare Assistance Benefit provides for the reimbursement of reasonable homecare expenses incurred directly, or as a consequence of, an Accidental Injury requiring Living Assistance (as defined above), for up to 45 days. Homecare assistance will only be paid once proof of services has been provided through a tax receipt, which includes the supplier's Australian Business Number (ABN). The Homecare Assistance Benefit is paid in addition to the Living Assistance Benefit.

Homecare Assistance means a contribution towards reasonable expenses for home assistance, which may include cleaning, cooking, gardening or minor alterations required to your place of residence. It does not include medical expenses.

Homecare Assistance Benefit	Value Plan	Premier Plan	Superior Plan
Homecare Assistance Benefit	Up to \$50 per day	Up to \$100 per day	Up to \$150 per day

Example: If you, or someone else insured under the policy, are covered by the Premier Plan and require homecare assistance such as cooking and cleaning duties as a result of Accidental Injury, then a benefit of up to \$100* per day would be payable on presentation of a tax receipt for the services provided. The Homecare Assistance Benefit would be paid in addition to the Living Assistance Benefit.

*All benefits reduce by 50% at age 75 years.

Loss of Use Benefit.

The Loss of Use Benefit provides a lump sum payment if you, or someone else insured under the policy, loses the use of a limb or sight, hearing or speech as a result of Accidental Injury.

Under the Loss of Use Benefit, loss of use means:

1. For hand or foot, either complete and permanent severance (removal) at or above the wrist or ankle joint, or total and permanent loss of use of a hand and or foot;
2. For sight, the total and irrecoverable (permanent) loss of all sight;
3. For hearing, the total and irrecoverable (permanent) loss of hearing in both ears; or
4. For speech, the total and irrecoverable (permanent) loss of speech.

The Loss of Use must be certified by a registered Medical Practitioner approved by us. The Loss of Use Benefit provided under each Plan is summarised in the following table.

Loss of Use Benefit	Value Plan	Premier Plan	Superior Plan
Loss of both feet	\$50,000	\$100,000	\$150,000
Loss of both hands	\$50,000	\$100,000	\$150,000
Loss of both eyes	\$50,000	\$100,000	\$150,000
Loss of one hand and one foot	\$50,000	\$100,000	\$150,000
Loss of one hand and the sight of one eye	\$50,000	\$100,000	\$150,000
Loss of one foot and the sight of one eye	\$50,000	\$100,000	\$150,000
Loss of speech	\$37,500	\$75,000	\$112,500
Loss of hearing in both ears	\$37,500	\$75,000	\$112,500
Loss of one hand	\$25,000	\$50,000	\$75,000
Loss of one foot	\$25,000	\$50,000	\$75,000
Loss of one eye	\$25,000	\$50,000	\$75,000

Example: If you, or someone else insured under the policy, are covered by the Premier Plan and suffers loss of sight in both eyes due to Accidental Injury, then a benefit of \$100,000* would be payable.

*All benefits reduce by 50% at age 75 years.

Trauma Benefit.

The Trauma Benefit provides a lump sum payment if you, or someone else insured under the policy, suffer a major head trauma **or** severe burns trauma as a result of an Accidental Injury.

Trauma means:

- **Major Head Trauma:** a head injury resulting in neurological deficit causing permanent loss of at least 25% of whole body function as certified by a consultant neurologist. The diagnosis must be made within 90 days of the accident. Once diagnosed, the benefit would still be payable, even if the injury ultimately results in the death of the insured.
- **Severe Burns Trauma:** tissue injury caused by thermal, electrical or chemical agents causing 3rd degree burns to:
 - At least 20% of body area as measured by Rule 9 of the Lund & Browder Body Surface Chart; or
 - Both hands requiring surgical debridement (removal of dead, damaged or infected skin); or
 - The face – requiring surgical debridement (removal of dead, damaged or infected skin).

Once diagnosed, the benefit would still be payable, even if the injury ultimately results in the death of the insured.

We will pay only one (1) Major Head Trauma claim **OR** one (1) Severe Burns Trauma claim under this benefit.

Trauma Benefit	Value Plan	Premier Plan	Superior Plan
Major Head Trauma or Major Burns Trauma	\$50,000	\$100,000	\$150,000

Example: If you, or someone else insured under the policy, are covered by the Superior Plan and suffers 3rd degree burns of the hands requiring surgical debridement, then a payment of \$150,000* would be payable.

*All Benefits reduce by 50% at age 75 years.

Fracture Benefit.

The Fracture Benefit provides a lump sum payment if you, or someone else insured under the policy, fractures a bone as a result of an Accidental Injury.

Fracture means traumatic injury to a bone caused by an Accidental Injury in which the continuity of the tissue of the bone is broken (i.e. a Doctor diagnoses that your bone has been fractured). The fracture must be diagnosed within 90 days of the Accidental Injury.

Osteoporosis exclusion for fractures

No benefit shall be paid for any fracture if you, or someone else insured under the policy, have been diagnosed by a Medical Practitioner as having osteoporosis prior to suffering the Accidental Injury.

The Fracture Benefit provided under each Plan is summarised in the following table.

Fracture Benefits	Value Plan	Premier Plan	Superior Plan
Hip or pelvis	\$5,000	\$10,000	\$15,000
Skull	\$3,000	\$6,000	\$9,000
Thigh, heel or upper arm	\$2,500	\$5,000	\$7,500
Ankle, lower leg, shoulder blade or elbow	\$2,000	\$4,000	\$6,000

Lower jaw, collarbone	\$1,500	\$3,000	\$4,500
Lower arm, wrist	\$1,250	\$2,500	\$3,750
Vertebrae	\$1,000	\$2,000	\$3,000
Sternum, kneecap, cheekbone	\$750	\$1,500	\$2,250
Hand, foot, ribs or coccyx	\$500	\$1,000	\$1,500
Nose	\$500	\$1,000	\$1,500
Toes, thumb or fingers	\$250	\$500	\$750

Example: If you, or someone else insured under the policy, are covered by the Value Plan and fall and breaks a lower leg, then a benefit of \$2,000* would be payable.

*All benefits reduce by 50% at age 75 years.

What levels of cover are available?

GE Money Injury Assist provides 3 levels of cover to choose from. Please refer to the table on page 4 for a summary of benefits, and the level of cover provided under each Plan.

The maximum benefit payable will be 115% of the largest single lump sum benefit.

Plan Options:	Value Plan	Premier Plan	Superior Plan
Maximum Benefit Payable*	\$57,500	\$115,000	\$172,500

*Maximum Benefit: If you, or someone else insured under the policy, are covered by the Value Plan and suffer loss of both feet and major head trauma, then the maximum benefit payable would be \$57,500 (115% of the largest single lump sum benefit which, under the Value Plan, is \$50,000).

Waiting periods.

The waiting period is the amount of time following the occurrence of the Accidental Injury before a payment can be made under the policy.

For the Living Assistance Benefit, there is a 1 day (24 hour) waiting period.

Benefit limits.

Benefit limits refer to either:

- The maximum time (usually expressed in days) that a benefit may be claimed under this policy.
- The maximum amount which will be paid under the policy (even if multiple benefits apply).
- Any reduction in benefits paid which are linked to age.

For this policy, the following benefit limits apply:

Living Assistance Benefit limits:

- For the Living Assistance Benefit, the benefit will be paid for a maximum of 90 days per Accidental Injury.

Homecare Assistance Benefit limits:

- For the Homecare Assistance Benefit, the benefit will be paid for a maximum of 45 days per Accidental Injury.

Trauma Benefit limits:

- We will pay only one lump sum benefit under the Trauma Benefit for either Major Head Trauma or Severe Burns Trauma.

Fracture Benefit limits:

- Multiple fractures can be claimed providing the combined sum doesn't exceed the maximum benefit payable (as outlined on page 10).
- Multiple fractures on a single finger or toe are considered 1 fracture and will receive 1 benefit

payment. Two separate finger or toe fractures will receive 2 finger or toe benefit payments. If 3 or more fingers or toes are fractured, then the hand benefit or foot benefit will be paid for this injury.

Whole policy benefit limits:

- All benefits reduce by 50% when the insured reaches the age of 75 years. Any other person covered under the policy will still be eligible for full benefit amounts if they are under the age of 75.
- The maximum policy benefit for combined injuries is 115% of the single largest lump sum benefit payable under your Plan.

Example 1 (Single claim event): If you, or someone else insured under the policy, are covered by the Value Plan and suffer a loss of both feet and one eye, then the total benefit payable would be \$57,500.

Example 2 (Multiple claim event): If you are insured under the Policy (with a Superior Plan level of cover) and have a skiing accident, resulting in a broken hip that requires hospitalisation for a period of 10 days, the following benefits would be payable:

Living Assistance Benefit of $\$300 \times 9 \text{ days} = \$2,700$
(1 day wait period applies), plus
Fracture Benefit of \$15,000.

The total benefit for this claim amounts to \$17,700.

If you were then to suffer the loss of both feet in a subsequent accident, resulting in hospitalisation for 20 days, the amount payable would be:

Living Assistance Benefit of $\$300 \times 19 \text{ days} = \$5,700$
(1 day wait period applies), plus a
Loss of Use Benefit payable of \$150,000.

The total benefit for this claim amounts to \$155,700.

The total benefit for the first accident (\$17,700), plus the total benefit for the second accident (\$155,700), exceeds the total maximum policy benefit which is \$172,500.

That means we pay \$154,800 (\$172,500 – \$17,700) for the second claim and the policy now ends as the maximum benefit has been reached.

Premiums.

Monthly Premiums	Value Plan	Premier Plan	Superior Plan
Primary only	\$17.95	\$29.95	\$41.95
Primary & Partner	\$27.55	\$49.15	\$70.75

The first premium due date is shown on the Policy Schedule. Premiums are paid monthly in advance on the anniversary of the Policy Effective Date, and will be deducted from the account you authorise us to debit. Depending on weekends and public holidays, the deduction will be made as close as possible to the premium due date.

Premium rates are not guaranteed, however we can only change the premium rates if the changes are made at the same time and on a consistent basis for all current policies in this series of GE Money Injury Assist Policies, and three (3) months written notice is given.

Premium rates will be adjusted accordingly as a result of any applicable governmental tax changes.

Joint cover discount.

When you and your partner take out GE Money Injury Assist, we will give you a discount for the life of the policy. Please refer to the Premium table on page 12 for applicable joint discounts.

Increasing your level of cover.

You can increase your level of cover at any time by calling 1300 301 195. Provided you meet our acceptance requirements we can process your upgrade immediately. We will send you a written confirmation of the change.

What happens if you don't pay your premium?

You need to pay the premiums when they are due, to keep your policy in force. If we cannot deduct the premium from your account on the due date, we will give you 31 days grace from the premium due date to pay. If you do not pay the premium within this period we may cancel the policy. If we decide to cancel the policy, we will advise you in writing and give you 28 days notice of our intention.

Policy exclusions.

No benefit shall be paid for any Living Assistance, Homecare Assistance, Loss of Use, Trauma or Fracture, that:

1. Is due to an intentional self-inflicted injury.
2. Is the direct or indirect result of suicide or attempted suicide.
3. Is caused, or contributed to, by drug abuse or the taking of drugs other than when taken under the direction of a medical practitioner.
4. Is the result of any physical defect, infirmity, existing or recurring illness, injury or disability whether diagnosed or not, of which you had symptoms or, were aware of, or received medical examination, consultation, treatment, investigation and/or medication, prior to the commencement date of this policy.
5. Results directly or indirectly from, or is in any way connected with, any disease, bodily or mental illness (as defined by the Diagnostic & Statistical Manual of Mental Disorders Volume IV) or medical or surgical treatment of these.
6. Occurs while you, or someone else covered under the policy, have a blood alcohol level of 50mg of alcohol per 100ml of blood or higher.
7. Occurs while you, or someone else covered under the policy, are either a pilot, crew member or passenger, other than a fare-paying passenger, in any aircraft.

8. Occurs while you, or someone else covered under the policy, commits or attempts to commit a criminal offence.
9. Results from the consequence of war, civil commotion, or riots.

Additional exclusions applying to Trauma and Fracture Benefits.

No benefit shall be paid for any **Trauma** or **Fracture** that;

1. Occurs whilst you, or someone else covered under the policy, are engaged in any professional sport.
2. Occurs while you, or someone else covered under the policy, are driving or riding in any kind of organised race, other than charity races.

No benefit shall be paid for any **Fracture**;

1. If you, or someone else insured under the policy, have been diagnosed by a Medical Practitioner as having osteoporosis prior to suffering the Accidental Injury.

Cooling-off period (your right to return the policy).

You have a 30 day cooling-off period from the date your policy is issued, to review your policy and ensure it meets your needs.

Cancelling your policy.

During the cooling-off period.

If you change your mind within 30 days after your policy has been issued, you can cancel and obtain a full premium refund (if you paid any), providing no claim has been made.

After the cooling-off period.

You can cancel the policy at any time after the cooling-off period by contacting us, and we will cease charging your account. The cancellation will be effective from

the day we receive your request. However, as your premiums have been paid in advance, you will continue to be covered for the full month from the date of your last premium payment.

When does your cover end?

Your policy ends and all benefits stop if any of the following occur:

- You reach the policy anniversary following age 99;
- We receive written notice from you to cancel the policy;
- A benefit for Loss of Use or Trauma is paid;
- The maximum benefit payable is reached under your policy and plan;
- You die (whether a benefit under the policy is payable or not);
- We cancel the policy for non-payment of premiums; or
- Where we are allowed to cancel it under law.

Continuation of cover.

In the event of your death, ownership of the policy reverts to your covered partner, if any. Otherwise, cover stops.

If your covered partner ceases to be your partner for reasons other than death, such as separation or divorce, your partner will no longer be covered at the end of the month in which they ceased to be your partner. You must tell us if this has happened so that we can adjust your premium accordingly.

Making a claim.

You can make a claim by either;

- Calling 1300 301 195 during business hours (8am to 7pm Sydney time) Monday to Friday; or
- Writing to GE Money at PO Box H63 Australia Square, Sydney, NSW 1215.

What happens after you send us your completed claim form?

We will process your claim according to our service standards, which are outlined below.

Claims service standards – our promise to you.

We are committed to providing you with a high level of service at all times.

- If requested, we will send a claim form to you within four working days.
- Within five working days after receiving the completed claim form and all the necessary evidence, we will decide whether to pay the claim, deny the claim or ask for further information.
- We will respond to phone requests for information immediately whenever possible, and by the end of the next working day at the latest.

Supporting evidence.

We may require you to provide further information or documentation about the claim including reports from treating doctors and hospitals. These will be supplied at your own cost. For Living Assistance, Loss of Use, Trauma or Fracture claims, we may require you, or someone else covered under the policy who is making a claim, to undergo an independent medical examination which we will pay for.

We may reduce the amount we pay or we may refuse to pay the claim if we are disadvantaged because of any delay in notifying us of a claim.

Although the Living Assistance maximum benefit period is 90 days per Accidental Injury, if the Living Assistance Benefit exceeds 7 days, we require written proof of an ongoing need for the Living Assistance Benefit from the Medical Practitioner, for each 7 day period.

For the Homecare Assistance Benefit, the maximum benefit payable is 45 days per Accidental Injury. Homecare Assistance will only be paid once proof

of services has been provided through a tax receipt which includes the supplier's Australian Business Number (ABN).

Duplication of cover.

You should not apply for more than one GE Money Injury Assist policy. If you are covered by more than one GE Money Injury Assist policy you may claim under either policy but not both.

Complaints.

If you have a complaint, please contact us. We have an internal dispute resolution process which you can access by calling us on 1300 301 195 or by writing to us.

If your complaint is not resolved by us, you can contact the Financial Ombudsman Service Limited (**FOS**), on 1300 780 808 or www.fos.org.au. This is an independent and impartial body that provides a free external dispute resolution procedure. Please see full contact details for FOS on page 26 of this PDS.

Privacy notice and consent.

GE Money and its related entities provide insurance, credit products and services. GE Money has engaged AEGON Direct Marketing Services Australia Pty Ltd ("AEGON") (ABN 35 082 524 785) as our representative to market, administer and sell the GE Money Injury Assist product.

AEGON collects information about you to allow both AEGON and GE Money:

- To provide and manage products and services;
- To develop new products and services;
- To perform administrative tasks and manage business operations;
- For planning and product development and research;
- For fraud and crime prevention and investigation;

- To handle insurance claims; and
- To comply with legislative and regulatory requirements.

By applying for insurance through us you consent to us collecting, using and disclosing personal information about you in the ways set out above. You can always opt out of us using your personal information to tell you about our products and services by telling our representative when completing your application or by writing to GE Money at 572 Swan Street, Richmond VIC 3121. You can have access to the personal information we hold about you (subject to the Privacy Act 1988) by using these same contact details.

Without this consent we cannot issue an insurance policy to you and provide you these services.

We may also use your personal information to tell you about the products and services of GE companies and other offers from third parties that may be of interest to you.

We disclose personal information to third parties to assist us, and them, in providing and managing our products and services. Those third parties may include other GE companies (both in Australia and overseas), contractors, agents, medical practitioners, data analysts, professional advisors, reinsurers, delivery companies, mail houses, call centres, debt collection agencies and claims handlers. We limit the use and disclosure of any personal information we give those parties to the specific purpose for which we give it. We will not disclose your personal information to a third party located overseas unless there are arrangements in place to protect your personal information.

Taxation.

As a general rule, premiums paid for your cover will not be tax deductible, nor will the benefits be assessable for tax purposes. Individual circumstances differ, so please direct any taxation enquiries to your tax adviser.

Governing law.

This insurance is subject to the laws of the State or Territory in Australia where your Policy was issued.

Additional information.

GE Money Injury Assist is not an investment policy and has no surrender value. This means that if you choose to cancel your policy there is no cash payment due to you.

We pay your premiums into a Statutory Fund No. 1 and policy benefits are paid out of this fund.

If we agree to change your level of cover we will send you a written confirmation of the change. Any updated changes form part of your policy.

Notices will be sent to the last address you gave us. Please advise us immediately if you change your address.

Policy definitions.

Accidental Injury means bodily injury which:

- is caused directly by violent, accidental, external and visible means; and
- occurs while cover under the policy is in force; and
- results in Living Assistance, Loss of Use, Trauma, Fracture or a loss covered by this policy.

Assistance means the claimant requires help and support from a person and is unable to manage the Activities of Daily Living without it.

Insured means you, the owner of the policy named on the Policy Schedule, or any other person entitled to benefits under this policy.

Medical Practitioner means a medical practitioner registered in Australia who is not you, a partner or a relative, or de facto partner of you, or an Insured. If practicing other than in Australia, your medical practitioner must have qualifications equivalent to a medical practitioner registered in Australia.

Partner means a person:

1. Who is legally married to you; or
2. With whom you are in a de facto relationship or domestic relationship (as defined in the Property (Relationships) Act 1984 (NSW)).

In order to be a Partner, as provided for in 1 or 2 above, neither you nor the other individual are to be legally married to any other person.

Policy Effective Date means the date on which cover under the policy begins (which is the date identified as the Policy Effective Date in the Policy Schedule).

Policy Schedule means the current schedule attached to and forming part of this policy.

Premium means the necessary payment by you to maintain cover under the policy as set out in the Policy Schedule.

Premium Due Dates are measured monthly from the Policy Effective Date.

Sum Insured means the amount identified in the Policy Schedule for each Insured.

We/Us/Our means GE Money, the issuer of the policy.

You/Your means the owner of the policy named in the Policy Schedule.

Financial Services Guide.

Issued: 31 May 2010

In this Financial Services Guide (FSG), 'we', 'our', 'us' or 'AEGON' means AEGON Direct Marketing Services Australia Pty Ltd ("AEGON") (ABN 35 082 524 785, AFSL 236657).

AEGON specialises in the marketing and distribution of life risk insurance products. We are authorised to develop direct marketing programs and arrange for the sale of life risk insurance products to retail customers.

AEGON has been authorised under an agreement with Hallmark Life Insurance Company Ltd. ABN 87 008 446 884 AFSL 243469 trading as GE Money to issue life risk products and handle claims.

INFORMATION ABOUT THIS GUIDE.

This FSG assists you in making an informed decision about whether to use our service. It contains such information as:

- who we are
- how we can be contacted
- what services we can provide to you
- how we and our representatives are remunerated
- details of any associations that may influence the services we provide to you
- details of how to make a complaint

This FSG contains only general information about the services we provide. If you require further information, please ask us.

Products and services.

We are authorised to provide you with factual information, general financial product advice and deal in life risk insurance products. Our representatives have the same authorisations that we do and act on our behalf when providing services to you.

We cannot, nor can our representatives, provide you with personal financial product advice and cannot tell you whether this product is appropriate for you specifically. You should consider whether the product meets your own objectives and financial situation, and read the Product Disclosure Statement before you make a decision.

We have been authorised under a binder arrangement with Hallmark Life Insurance Company Ltd. to arrange for life insurance to be issued to you and to handle any claims under your insurance policies. This means that we act as their representative when we offer such services to you.

How you can instruct us.

If you want to provide us with instructions in relation to the financial services we offer, please contact us on the details provided on the following page.

Remuneration, commission, fees or other benefits.

Hallmark Life Insurance Company Ltd., as the insurer, receives the premium that you pay for the products. AEGON and our representatives are remunerated according to the table below.

Services Provided	Service Provider	Amount
Marketing, Administration and Telemarketing	AEGON Direct Marketing Services Australia Pty Ltd	17% of the premium

Services Provided	Service Provider	Amount
Telemarketing	Service Stream Solutions Pty Ltd of Level 12, 555 Lonsdale Street, Melbourne VIC 3000 (Authorised Representative No. 320143)*.	The corporate authorised representatives are remunerated according to the volume and monthly premium of new polices generated for each campaign.
	Telnet Services Limited of Level 2, 131 Queen Street, Auckland, New Zealand (Authorised Representative No. 334243)*.	
	* These companies have been appointed by AEGON as its Corporate Authorised Representatives to assist AEGON in providing financial services under its Australian Financial Services Licence (AFSL).	Telemarketing staff (individual authorised representatives) may also receive benefits such as gift vouchers and movie tickets if certain sales targets are achieved.

What to do if you have an enquiry or complaint.

It is our aim to provide you with the highest level of customer service and we will ensure any enquiries or complaints are attended to promptly. If you have any complaints about the service provided to you, you should tell us of your complaint by getting in touch with us by post or phone:

The Complaints Officer

AEGON Direct Marketing Services Australia

PO Box H63, Australia Square NSW 1215

Ph: 1300 301 195

If you are not satisfied with our response to your complaint or if we don't resolve your complaint within 45 days you can contact the Financial Ombudsman Service Limited (**FOS**). FOS is a free, independent dispute resolution service and can be contacted as follows:

The Manager

Financial Ombudsman Service Limited

GPO Box 3, Melbourne VIC 3001

Phone: 1300 780 808 Fax: 03 9613 6399

Website: www.fos.org.au

[How to contact us.](#)

You can contact us by:

- phone: **1300 305 515**
- post: **The Customer Service Manager
AEGON Direct Marketing Services Australia
PO Box H63, Australia Square NSW 1215**

[Your privacy.](#)

AEGON aims to protect and maintain privacy, accuracy and security of any information you give us. Any information you give us will be used to issue and administer an insurance policy for you. If you do not consent to our collecting your information, we may be unable to issue you with a policy of insurance. We may also use this information to contact you for marketing and research purposes and for providing other products and services to you. If you don't want us to use your information for these purposes, please let us know by calling or writing.

We may disclose your personal information to related companies, business partners, service providers or other third parties (who may be overseas). We will only do this where we are allowed or required to by law, or where you have given your consent. If at any time you want to access your personal information, please call us.

A copy of our Privacy Policy is available upon request.

[No liability.](#)

Hallmark Life Insurance Company Ltd. is not liable for and does not accept responsibility for this FSG.

Contact Us.

GE Money

GPO Box 3997, Sydney, NSW, 2001

Ph: 1300 301 195 (8am to 7pm Sydney time)

Fax: 1300 131 105



GE Money

Simplifying money matters