



1 October 2024

Insurance, Fees and Costs Guide

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The information in this document forms part of the Product Disclosure Statement (PDS) for Salaam superannuation dated 1 October 2024. This document provides additional general information for members in a Closed Category or Division in addition to the Super Facts Member Guide. This document is produced by Total Risk Management Pty Limited (Trustee), ABN 62 008 644 353, AFSL 238790 as the Trustee of the Russell Investments Master Trust. Salaam superannuation is a Division of the Russell Investments Master Trust (Fund or Salaam superannuation), ABN 89 384 753 567. This document provides general information only and has not been prepared having regard to your objectives, financial situation or needs. Before making an investment decision, you need to consider whether this information is appropriate to your objectives, financial situation and needs. You should obtain financial advice tailored to your personal circumstances. If you'd like personal advice, we can refer you to the appropriate person. The information in the PDS is correct at the time of publication of each document comprising the PDS. However, the information may change from time to time and if there is a material change to any of the information in any document, the Trustee will issue an updated document. However, if the change is not materially adverse to members, the Trustee may instead provide the updated information to members via the website salaam.com.au/super/trustee-required-disclosure. A paper copy of this information will be sent to any member, free of charge on request.

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1. Insurance in your super

The following information is incorporated into section 8 of the Product Disclosure Statement (PDS):

Insurance fees may erode your retirement benefit. You should consider whether you hold similar insurance cover elsewhere, either within another fund or outside super, and the impact of holding multiple insurance covers (such as duplicate insurance fees, over protection, or Income Protection policies offsetting so only one of the policies will payout). We also recommend that you seek financial advice, for information on the *Help and guidance* we provide, please see your Super Guide.

It is important that you understand any eligibility and other conditions attached to your insurance. If you have any questions, you should contact the Fund.

Insurance cover is not issued automatically. You must apply for insurance cover and you may be required to provide evidence of your health to the insurer who will decide whether to accept (on restricted or non-restricted terms) or decline your application. To apply for cover complete and return the applicable insurance form (available at salaam.com.au/super/forms or call 1300 926 626 for a copy).

If you hold valid insurance cover and you make a claim for a disablement benefit, the Trustee of the Fund and the insurer will determine whether you meet the relevant definition (as set out below) to receive an insured disablement benefit. Similarly, in the event of your death, the Trustee will determine who should receive your death benefit (unless you have a valid binding death benefit nomination).

The insurance cover provided is subject to the terms and conditions contained in the insurance policy issued to the Trustee by the insurer. The terms and conditions of the insurance policies prevail over any inconsistency between the information in this document and the insurance policy.

The fact that you are eligible for, and are accepted by the Insurer, for death only or death and TPD and/or Income Protection cover does not automatically mean an insured benefit will be paid to or for you.

The payment of an insured benefit is subject to the acceptance of a claim by the Insurer having regard to the terms and conditions of the Policy. Any cover you obtain may cease in certain circumstances.

Related party payments and insurance fees-

- The cost of insurance cover is recovered by deduction of insurance fees from your account balance.

The Duty to Take Reasonable Care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs 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 provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. 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.

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met –for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started. Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

2. Types of voluntary insurance cover within Salaam superannuation

The types of insurance cover available in Salaam superannuation is detailed below.

Occupation Categories

Your insured benefits may have Occupation Categories applied to the insurance fees. This means that you are charged insurance fees based on the risk profile of your occupation. When you apply for insurance cover, you will be asked a series of questions so the insurer can assign an occupation category to you. There are six occupation categories as outlined in the table below. Lower insurance fees are payable for members classified as 'Professional' compared to members classified as 'Hazardous occupation'.

Table 1: Occupation categories

Occupation Category	Description of duties
Professional	Occupations that involve no manual duties (e.g. lawyer, accountant). Usually those with a tertiary qualification or registration by a professional body (they must be using these qualifications in their occupation). Includes those well-established senior executives (those with 10 or more years in that role) with incomes in excess of \$150,000 per annum, without tertiary qualifications.
White Collar	Occupations that involve no manual work (e.g. administrator, bookkeeper, computer operator), clerical, administration and managerial occupations involving office and travel duties. Includes occupations with tertiary qualifications that involve very light physical work (e.g. osteopath, physiotherapist).
Blue Collar	Occupations that involve light manual work, such as certain qualified tradespeople e.g. electrician), business owners in non-hazardous industries involved in light manual work (e.g. coffee shop owner) and those who may supervise Heavy Blue Skilled workers (no more than 25% of their work time). Includes occupations that are not limited to office, where travel is an essential part of the job (e.g. field surveyor).
Heavy Blue Skilled	Occupations that involve manual work, such as qualified skilled tradespeople in non-hazardous industries wholly involved in manual duties (e.g. carpenter, plumber, plasterer, mechanic).
Heavy Blue Unskilled	Occupations that involve heavy manual work, such as heavy manual workers in non-hazardous industry performing higher risk occupations (e.g. interstate bus driver, warehouse worker, labourer, bricklayer, house removalist).
Hazardous occupation	Occupations in any occupation involving hazardous or very heavy manual work, and some examples of hazardous occupations are as follows (but this is not an exhaustive list): factory workers involved in highly repetitive, unskilled duties; fisherman; fireman, police, ambulance drivers/paramedics; forestry workers; labourers; linesmen working over 10 metres; mining groups or drilling, exploration and explosive related industries, as well as underground/water workers; offshore oil rig workers; pilots and aircrew of commercial airlines; prison services; professional drivers; professional sports people or entertainers; season workers/industries with a high proportion of seasonal or casual workers eg. Fruit picking; truck drivers; workers at heights—including riggers, scaffolders, roof workers, antenna erectors.

The Insurer's underwriters will consider the specific job duties, length of time in a particular occupation and income levels when considering the occupation classification.

Voluntary Death only or Death and Total and Permanent Disability (TPD) cover

Your Death and TPD benefit is the balance of your account plus any Death or TPD insurance cover you have within the Fund. If you do not hold insurance or the insurer declines to pay your claim, your Death or TPD benefit will be restricted to the balance of your accounts.

Death cover provides your beneficiaries or estate with a lump sum payment in the event of your death or if you become Terminally Ill while you are an insured member of the Fund with Death cover.

TPD cover provides you with a lump sum payment in the event of your Total and Permanent Disablement while you are an insured member of the Fund with TPD cover. Refer to the 'Definitions' section of this Guide for information on what constitutes Terminal Illness and Total and Permanent Disablement.

You can apply for Death only cover or Death and TPD cover. If you apply for Death and TPD cover, your amount of TPD cover cannot exceed your amount of Death cover. TPD only cover is not available.

Important:

To obtain cover under Option 2: Standard cover, you must satisfactorily complete and lodge a Simplified Application Process within 60 days of joining the Fund.

We offer two options for Death and TPD insurance, Underwritten cover (Option 1) and Standard cover (Option 2), subject to eligibility conditions. In both cases, you will need to provide some personal medical information and other information to the Insurer, although in the case of Standard Cover, the level of information required is minimal. You are subject to a Duty to Take Reasonable Care.

Both options provide the opportunity to apply to increase your level of cover should your personal circumstances change such as by marriage, divorce, birth of a child, adoption of a child, taking out a new mortgage or increasing an existing mortgage, a dependent child starting secondary school – these are called Life Events (conditions apply – see the 'Other Death and TPD options' section below).

You may also be able to transfer cover from another insurer or superannuation fund to your account in the Fund. For information about transferring Death and TPD cover or increasing Death and TPD cover for life events, see the 'Other Death and TPD options' section below.

Option 1: Underwritten cover

In your application for cover, you may select an amount of cover in accordance with your requirements, subject to a minimum of \$25,000 (unless you have existing cover that is not subject to this minimum or a lower amount is permitted at the discretion of the Trustee). You must be an Australian Resident to apply for cover.

You can apply to be insured for an unlimited amount of Death insurance cover and up to a maximum of \$3 million of TPD cover. Please note the maximum benefit payable upon terminal illness is \$3 million. You can also request a change to your insurance cover at any time.

The insurance cover is underwritten which means that you will be asked to provide health evidence to the insurer. Insurance cover is only provided after the insurer has assessed your health evidence and confirmed (in writing) you have been accepted. The insurer's acceptance may exclude any pre-existing conditions and may be subject to increased insurance fees.

Any Underwritten cover you obtain will automatically increase each year on 1 July by 5% or by the Consumer Price Index (CPI), whichever is higher, to ensure your level of cover remains in line with inflation. Additional insurance fees will apply.

Note that this automatic increase no longer applies if age 61 or older. If you choose Death and TPD Underwritten Cover, the TPD portion of the cover automatically starts to taper from age 61 through until the cover ceases on the 30 June immediately prior to you attaining age 65, as follows:

Age Next Birthday	Level of TPD Cover (as a % of the corresponding Death cover sum insured)
61	100%
62	80%
63	60%
64	40%
65	20%

The percentage-based tapering rates shown above reflect the proportion of TPD cover as a proportion of the total Death cover available at the relevant age.

For example, if your age (next birthday) is 63 and your Death and TPD Sum Insured is \$500,000, the Maximum Benefit you will receive upon becoming Totally and Permanently Disabled is 60% of \$500,000, or \$300,000. Note: that the amount payable on your death would remain as \$500,000, assuming you remain an insured member of the Fund with Death cover.

Option 2: Standard Cover (must apply within 60 days of joining the Fund)

This option allows you to select a pre-determined Sum Insured based on one of two age-based scales, with minimal medical evidence required, as follows:

Age Next Birthday (Calculated at the most recent of cover commencement or the preceding 1 July)	Sum Insured Sub-scale 1 (\$) (corresponding Death Cover sum insured)	Sum Insured Sub-scale 2 (\$) (corresponding Death Cover sum insured)
16-20	75,000	125,000
21-25	100,000	150,000
26-30	150,000	200,000
31-35	200,000	250,000
36-40	250,000	300,000
41-45	250,000	300,000
46-50	200,000	250,000
51-55	150,000	150,000
56-60	90,000	90,000
61-65	60,000	60,000

The only difference between the Sub-scales is the Sum Insured, with Sub-scale 2 increasing the Sum Insured by \$50,000 for each age group (up to age 50, after which the difference between the Sub-scales reduces to zero). However, as the premiums are based on the Sum Insured level, selection of Sub-scale 2 will mean you would pay a higher premium.

Under this option, you can obtain Death only or Death and TPD cover. You cannot obtain TPD only cover.

To obtain cover under this option you must satisfactorily complete and lodge a Simplified Application Process **within 60 days of joining the Fund** and:

- You must be an Australian Resident;
- You must be less than age 60;
- You must meet the definition of At Work (see the 'Definitions section of this Guide);
- You must not have been away from work due to Illness or Injury for a total of 7 days or more during the last 12 months;
- You must not have had an application declined or offered on alternative terms (except where the Insurer has accepted alternative terms);
- You must not have been diagnosed with or suffer from an illness which may cause a Terminal Illness or Total and Permanent Disability; and

- You must not have been paid for a claim, are not eligible to be paid for a claim, have never claimed, are not entitled to claim, and are not applying for a claim, for any Injury or Illness through the Fund, Workers' Compensation, other Government benefits (or example, sickness benefit or invalid pension) or any insurance policy providing TPD, Terminal Illness or income protection cover, or accident or sickness type cover.

The Simplified Application Process provides a simpler, less intrusive application process, designed to give greater certainty as to whether cover will be available.

The Insurer retains the discretion to accept or reject the application for cover.

A Pre-existing Condition Exclusion applies to Standard Cover (refer to 'Definitions' section of this Guide for more information on what constitutes a Pre-existing Condition Exclusion).

Other Death and TPD cover options

Transfer of Existing Death and TPD Cover from another insurer or superannuation fund

If you hold Death only or Death and TPD insurance cover through another insurer or superannuation fund, you may be able to transfer the amount of that cover to your account in the Fund.

By doing this:

- All of your insurance cover can be held with a single insurer along with your superannuation; and
- Any restrictions or exclusions which applied to your previous cover will generally apply to the cover you transfer to the Fund under transfer provisions in the Policy. These will be in addition to the restrictions, exclusions, and other terms and conditions otherwise applicable to the insurance cover under the Policy. The insurance fees in Table 2 will apply to the transferred cover after any adjustments for occupation classifications (if relevant), depending on the amount of the transferred cover.

In summary, to transfer Death and TPD cover from another insurer or superannuation fund, you must:

- apply to, and be accepted for the transfer of cover, by our Insurer;
- meet the eligibility criteria for death and TPD cover set out in this Guide;
- be At Work (see the 'Definitions' section of this Guide) on the date cover commences under the Policy; and
- not be engaged in a Hazardous Occupation. The maximum amount of death and TPD cover which may be transferred is \$2 million.

For further information about transferring cover, call 1300 926 626 or go to www.salaam.com.au/super/forms.

Cost of Death and TPD cover

The insurance fees you pay (through deductions from your superannuation account monthly in arrears) for Death and TPD cover per \$1,000 sum insured are shown in Table 2 below, for White Collar occupations. The same fees apply to Underwritten Cover, Standard Cover, increases in cover for Life Events and cover transferred from another insurer or superannuation fund. Insurance fees for Death and TPD cover include stamp duty, where applicable.

These rates are based on your:

- Age next birthday (calculated at the most recent of the cover commencement date, the effective date of any change in cover or the preceding 1 July);
- Gender;
- Smoker status; and
- Type of cover – Death only or Death and TPD.

The rates in Table 2 are also adjusted having regard to your occupation classification, so that if you work in a situation which is more dangerous or more likely to result in Injury or Illness, your premium rates will be higher. Table 3 sets out the levels of these adjustments (premium loadings), while the table above provides a description of each occupation classification. Additional loadings may be applied by the Insurer as a result of the Insurer's underwriting processes (you will be notified if these as applicable).

Option 1: Underwritten cover

For example, if you are a female, age (next birthday) 37, non-smoker, white collar worker, should you wish to have a Sum Insured amount of \$500,000 Death & TPD, the premium would be as follows:

Cost per \$1,000 = \$0.92

Premium = \$0.92 x \$500,000 / \$1,000 x 1.0 (Occupation Loading) = \$460.00 per year

Option 2: Standard Cover

For example, if you are a female blue-collar worker aged (next birthday) 34, non-smoker, you will have a choice of selecting an aged-based Sum Insured of \$200,000 (Sub-scale 1) or \$250,000 (Sub-scale 2) and the premium for each Sub-scale would be as follows:

Sub-scale 1 Example

Cost per \$1,000 = \$0.75

Premium = \$0.75 x \$200,000 / \$1,000 x 1.25 (Occupation Loading)

= \$187.50 per year

Sub-scale 2 Example

Cost per \$1,000 = \$0.75

Premium = \$0.75 x \$250,000 / \$1,000 x 1.25 (Occupation Loading)

= \$234.38 per year

For Underwritten Cover the amount of insurance fees you pay will increase automatically each year according to your age next birthday (up to age 60 or under) to reflect the automatic increase (by 5% or by the CPI, whichever is higher) in the level of your cover.

The insurance fees set out in this Guide are set by the Insurer and may change from time to time. You will be given at least 30 days' notice of any proposed increases to the insurance fees for any cover you hold, before the effective date of the change.

You should be aware that the insurance fees may change after you apply for insurance cover, and that the applicable insurance fees will be those at the date your application is accepted (not the date your application is made).

We may update the insurance fees shown in this Guide by making them available on the website: www.salaam.com.au/super/important-documents.

Table 2: Death only and Death & TPD rates (per year) per \$1,000 Sum Insured for White Collar occupations only

Age Next Birthday	Death Only				Death and Total and Permanent Disablement			
	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
16	0.41	0.53	0.19	0.22	0.68	0.88	0.46	0.54
17	0.51	0.63	0.22	0.24	0.83	1.07	0.56	0.66
18	0.54	0.71	0.24	0.30	0.91	1.19	0.61	0.75
19	0.58	0.76	0.28	0.34	0.96	1.27	0.70	0.83
20	0.62	0.85	0.30	0.37	1.02	1.38	0.74	0.92
21	0.65	0.90	0.30	0.37	1.07	1.48	0.75	0.96
22	0.65	0.91	0.28	0.36	1.07	1.51	0.74	0.96
23	0.65	0.93	0.28	0.36	1.07	1.53	0.74	0.96
24	0.68	0.96	0.28	0.36	1.10	1.60	0.75	0.99
25	0.68	1.00	0.28	0.37	1.10	1.65	0.75	1.02
26	0.68	1.00	0.28	0.40	1.14	1.68	0.75	1.07
27	0.68	1.02	0.30	0.41	1.10	1.70	0.78	1.08
28	0.65	1.02	0.30	0.41	1.09	1.70	0.75	1.08

Age Next Birthday	Death Only				Death and Total and Permanent Disablement			
	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
29	0.62	1.00	0.30	0.42	1.04	1.68	0.75	1.08
30	0.59	1.00	0.30	0.45	1.00	1.68	0.74	1.10
31	0.59	1.00	0.30	0.49	1.00	1.68	0.73	1.14
32	0.58	1.00	0.32	0.51	0.96	1.68	0.74	1.16
33	0.56	1.00	0.34	0.56	0.92	1.68	0.74	1.19
34	0.56	1.02	0.37	0.62	0.92	1.70	0.75	1.27
35	0.56	1.05	0.41	0.71	0.92	1.75	0.79	1.38
36	0.58	1.09	0.45	0.80	0.96	1.82	0.85	1.50
37	0.59	1.17	0.51	0.90	1.00	1.93	0.92	1.62
38	0.63	1.25	0.56	1.02	1.05	2.06	0.97	1.80
39	0.68	1.36	0.62	1.17	1.10	2.25	1.07	2.02
40	0.71	1.48	0.71	1.31	1.19	2.45	1.19	2.25
41	0.78	1.62	0.76	1.48	1.29	2.67	1.27	2.48
42	0.82	1.79	0.82	1.63	1.36	2.94	1.36	2.73
43	0.90	1.94	0.90	1.79	1.48	3.23	1.50	2.98
44	0.96	2.13	0.95	1.97	1.60	3.53	1.59	3.29
45	1.04	2.35	1.02	2.11	1.70	3.88	1.70	3.57
46	1.12	2.57	1.09	2.28	1.84	4.26	1.87	3.87
47	1.19	2.78	1.16	2.44	2.01	4.65	1.99	4.21
48	1.31	3.01	1.21	2.60	2.19	5.11	2.11	4.54
49	1.39	3.29	1.31	2.78	2.38	5.62	2.33	4.97
50	1.48	3.61	1.36	2.93	2.57	6.21	2.50	5.35
51	1.62	3.95	1.45	3.10	2.82	6.86	2.70	5.78
52	1.76	4.31	1.53	3.28	3.10	7.58	2.93	6.27
53	1.93	4.73	1.63	3.47	3.42	8.40	3.20	6.83
54	2.11	5.24	1.76	3.74	3.79	9.37	3.53	7.48
55	2.33	5.75	1.90	4.04	4.21	10.39	3.90	8.22
56	2.57	6.35	2.10	4.39	4.68	11.57	4.31	9.04
57	2.84	7.01	2.33	4.80	5.23	12.89	4.82	10.00
58	3.16	7.76	2.57	5.27	5.86	14.37	5.43	11.11
59	3.54	8.58	2.87	5.79	6.61	16.05	6.10	12.30
60	3.95	9.49	3.18	6.33	7.43	17.92	6.86	13.66
61	4.42	10.52	3.54	6.92	8.41	20.03	7.75	15.14
62	4.95	11.66	3.92	7.54	9.52	22.33	8.72	16.76
63	5.57	12.93	4.36	8.21	10.76	24.96	9.83	18.54
64	6.28	14.31	4.77	8.86	12.19	27.80	11.02	20.46
65	7.05	15.80	5.27	9.57	13.80	30.94	12.42	22.54
66*	7.94	17.46	5.81	10.32	7.94	17.46	5.81	10.32
67*	8.98	19.26	6.38	11.09	8.98	19.26	6.38	11.09
68*	10.20	21.42	7.01	11.95	10.20	21.42	7.01	11.95
69*	11.73	23.99	7.77	12.92	11.73	23.99	7.77	12.92
70*	13.52	26.98	8.58	13.97	13.52	26.98	8.58	13.97

* For ANB 66 – 70, insurance fees are for Death only cover. Any TPD cover ceases on the 30 June immediately prior to your 65th birthday.

Note: Premium loadings will apply to occupations other than white collar, as per the following table.

Table 3: Occupation Loadings

Occupational Classification	Death only	Death and TPD
Professional	0.900	0.900
White Collar	1.000	1.000
Blue Collar	1.250	1.250
Heavy Blue Skilled	1.500	1.500
Heavy Blue Unskilled	1.750	1.750
Hazardous occupation	Individual consideration	Individual consideration

Refer to 'Occupation Categories' above for definitions of each occupation classification. If you are not in a White Collar occupation, the applicable insurance fee under Table 2 is adjusted by being multiplied by the premium loading applicable to you. Call 1300 926 626 if you would like assistance with determining the applicable insurance fees for any insurance cover.

Commencement of Death and TPD cover

Underwritten Cover commences on the later of the day that the Insurer gives the Fund written acceptance of your application for cover or, where the insurer stipulates, the date you give written acceptance of the Insurer's offer of cover.

While your application for cover is being assessed, Interim Accident Cover may apply (see below). Interim Accident Cover is not available in respect of applications for Standard Cover, or applications for increases due to Life Events.

Standard Cover commences on the first day that the Insurer accepts you for insurance subject to you being At Work. If you are not At Work due to Illness, Injury or any other medical reasons on the date that cover would otherwise commence, cover will commence on the day that you fully recover and are At Work (see the 'Definitions' section of this Guide).

For information about when transferred cover and Life Events cover commences, see the 'Other Death and TPD options' above.

Any other increase in cover commences on written acceptance of your application for an increase by the Insurer. If cover is reinstated on your request (where cover ceases because your account in the Fund becomes Inactive), the reinstated cover commences with effect from the date cover otherwise ceased, on written acceptance of your request by the Insurer.

You will be notified in writing of acceptance of your application for cover.

Interim Accident Cover

Because there may be a period of time between the date you apply for insurance under the Underwritten Cover Option (Option 1) and the date upon which cover is confirmed, you may be entitled to receive Interim Accident Cover.

Interim Accident Cover covers you for the lesser of your requested Underwritten Cover and \$750,000 in the event of your death or TPD during the period between the date of the submission of your fully completed personal statement for the application for cover and until the earliest of the following dates:

- a) 90 days after the date the Insurer receives the fully completed application;
- b) the date the application for cover is withdrawn;
- c) the date the Insurer declines the application for cover;
- d) the date the Insurer accepts the application for cover without imposing conditions;
- e) if the Insurer accepts the application for cover subject to conditions, the earlier of the date which the Insurer receives your acceptance of the conditions, and the date which is 30 days after the Insurer's advice of their decision;
- f) the Insurer receives written acceptance of all of the conditions of their acceptance of cover within 90 days;
- g) the date all death and TPD cover under the Policy terminates;
- h) the date the Insurer cancels the Interim Accident Cover;
- i) the date you cease to meet the eligibility criteria;
- j) for Interim Accident Cover for TPD – the death of the person;
- k) for an application to increase existing cover, the date you cease to be an insured member.

Cessation of Death and TPD cover

Any Death and TPD cover you obtain ceases on the earliest of:

- a) the date you cease to be a member of the Fund;
- b) the date you reach the benefit ceasing age, which is 30 June immediately prior to:
 - your 65th birthday for TPD cover; and
 - your 70th birthday for death only cover;
- c) the date a death, Terminal Illness or TPD benefit is paid under the Policy which is equal to the whole Sum Insured for death;
- d) the date that you request cover to be cancelled, with effect from the later of:
 - the date your notification in writing, or online request, is received;
 - where applicable, the date nominated as the date cover is to be cancelled;
- e) the date the applicable Policy terminates;
- f) the date you commence military service (other than in the Australian Armed Forces Reserve if you are not on active duty outside Australia);
- g) the date there are insufficient funds in our account in the Fund to cover the insurance fees;
- h) the expiry of your employer approved leave without pay unless otherwise agreed to by the Insurer before the expiry of the leave without pay period;
- i) you, residing overseas for a period greater than three years without the Insurer's prior written approval;
- j) The date your account becomes inactive.

Other cessation of cover criteria and conditions for the reinstatement of cover by the Insurer still apply.

To prevent account balances being eroded by insurance premiums, the Trustee must cease any insurance cover if your account becomes Inactive, unless you have made a prior Election to keep or maintain your cover even if your account becomes Inactive. The Election can be made when applying for the cover. It can also be made at a later date, for example, you might wish to make an Election if you would like to keep your cover while you are residing overseas or on approved leave without pay for an extended period which may result in Inactivity in your account for 16 continuous months.

You will be notified (if you are contactable) prior to cover ceasing when your account has become Inactive. However, your cover must cease whether or not you are contactable.

An Election to keep or maintain cover despite your account being Inactive does not mean that cover cannot cease for some other reason. For example, if you make an Election, but subsequently reach the benefit ceasing age, your cover will cease.

To elect to maintain your cover you complete and return an Insurance Opt-in Form which is available at salaam.com.au/super/login or call 1300 926 626.

Reinstatement of Death and TPD cover

If your cover ceases because your account is Inactive and you have not made an Election to maintain cover, you can reinstate your cover with effect from the date your cover otherwise ceased provided you meet all of the following conditions (Note: this doesn't apply where cover ceases for a reason other than Inactivity):

- your request for the reinstatement of your cover is received by the Fund within 60 calendar days of your cover ceasing;
- you meet the eligibility criteria for insurance cover under the Fund at the time of reinstatement.
- your request for cover is accepted by the Insurer; and
- you have enough money in your account in the Fund to cover the cost of your cover payable from the date your cover ceased (Note: this may mean that you must make additional contributions to your account when submitting your request for reinstatement).

If the Insurer accepts your request for reinstated cover, it will be:

- the same amount and type of cover you held immediately before your cover ceased;
- subject to the same exclusions and other special conditions applicable to your cover before it ceased; and
- if you are not At Work (see the 'Definitions' section of this Guide) on the date cover is reinstated, the Pre-existing Condition Exclusion will apply until you have been At Work for 30 consecutive days. For an explanation of the Pre-existing Condition Exclusion, see 'Definitions' section of this Guide. The Pre-existing Condition Exclusion applies to all reinstated cover, whether the cover being reinstated was Standard Cover or Underwritten Cover.

If you have Death, TPD and income protection cover that ceases due to Inactivity, your request for reinstatement must relate to all the types of cover you held.

If you do not meet the above conditions for requesting the reinstatement of cover that has ceased due to Inactivity, or your insurance cover has ceased for some other reason, your insurance cover will only be able to be reinstated (if you are eligible) on application to the Insurer with full underwriting.

Reinstated cover in these circumstances commences from the date the Insurer accepts your application.

Voluntary Income Protection cover

Income Protection cover is available on application to the Insurer if you work 15 or more hours per week and meet the other eligibility criteria shown further below.

This cover can provide you with an income in the event of Total Disability or Partial Disability due to illness or injury while you are an insured member of the Fund with Income Protection cover. Refer to the 'Definitions' section of this Guide for information on what constitutes **Total Disability** and **Partial Disability**.

Income Protection benefits are paid monthly in arrears, after the expiry of a Waiting Period to eligible members with Income Protection cover who satisfy the conditions for payment of such benefits.

There are several choices you must make when applying for Income Protection cover, subject to the Insurer's acceptance:

Benefit Level

You must select an agreed value of income protection benefits subject to the maximum level of monthly benefit which is the lesser of:

- a) 75% of your current Declared Earned Income level plus a Monthly Superannuation Contributions Benefit of up to 10%; and
- b) \$25,000.

See below for more information about Income Protection benefit levels.

Waiting Period

You must choose the Waiting Period that will apply before the benefit is payable (30, 60, or 90 days). The waiting period commences from the date that you are first certified by a Member Practitioner in writing as being Totally Disabled or Partially Disabled (as the case may be) and during which you must remain Totally disabled or Partially Disabled before a Total Disability Benefit or Partial Disability Benefit may be payable under the Policy.

If, during the Waiting Period, you return to Gainful Employment, the Waiting Period will still be regarded as continuous if you return to Gainful Employment for five consecutive days or less and you again become Totally Disabled or Partially Disabled as a result of the same Injury or Illness. The days for which you were in Gainful Employment will be added to the Waiting Period.

If you return to Gainful Employment for more than five consecutive days, then a new Waiting Period will commence. There may be circumstances where you participate in an Approved Rehabilitation Program which includes a return to Gainful Employment during the Waiting Period.

If you are unsuccessful in returning to Gainful Employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first date you became Totally Disabled or Partially Disabled and will not recommence if the return to work is greater than five consecutive days.

Any days of work as part of an Approved Rehabilitation Program will not be added to the Waiting Period.

Benefit Period

You must choose the period over which the Maximum Benefit can be paid (provided you remain eligible to receive benefit) as follows:

- a) Up to 2 years, or
- b) Up to 30 June immediately prior to attaining age 65.

It is up to you whether you add a Monthly Superannuation Contributions Benefit (up to 10% of Salary) as part of the sum insured. Adding a Superannuation Contributions Benefit has the effect of taking the Maximum Benefit of 85% of Declared Earned Income (subject to the Maximum Monthly Benefit of \$25,000).

If you select the Superannuation Contributions Benefit, and that Benefit is paid, it will be paid into your account in the Fund.

Your application for Income Protection cover is fully underwritten. This means you will be required to answer questions about your lifestyle and medical history. From these answers, the Insurer will advise if further medical or other evidence is required. On the basis of the evidence you provide, unless the Insurer specifies that particular types of Injury or Illness are excluded from your cover, no additional exclusions will apply (that is, you will only be subject to the exclusions summarised in this Guide). You are subject to a Duty to Take Reasonable Care.

The Insurer may accept or decline cover in its discretion, and cover may be offered on the basis of any restrictions or exclusions that the Insurer considers appropriate.

The Insurer's underwriters will consider the specific job duties length of time in a particular occupation and income levels when considering the occupation classification.

If you obtain Income Protection cover, you can apply to increase your level of cover should your personal circumstances change such as by marriage, divorce, birth of a child, adoption of a child, taking out a new mortgage or increasing an existing mortgage, a dependent child starting secondary school (conditions apply – see the 'Other income protection options' section below).

You may also be able to transfer cover from another insurer or superannuation fund to your account in the Fund. For information about transferring Income Protection cover, see 'Other income protection options' below.

Other Income Protection cover options

Transfer of Existing Income Protection Cover from another insurer or superannuation fund: If you hold income protection insurance through another insurer or superannuation fund, you may be able to transfer the amount of that cover to your account in the Fund.

By doing this:

- All of your insurance cover can be held with a single insurer along with your superannuation; and
- Any restrictions or exclusions which applied to your previous cover will generally apply to the cover you transfer to the Fund under transfer provisions in the Policy. These will be in addition to the restrictions, exclusions, and other terms and conditions otherwise applicable to the insurance cover under the Policy. The insurance fees in Table 4 or 5 (depending on the applicable Benefit Period) will apply to the transferred cover after any adjustments for occupation classifications (if relevant), based on the amount of the transferred cover.

In summary, to transfer Income Protection cover from another insurer or superannuation fund, you must:

- apply to, and be accepted for the transfer of cover, by our Insurer;
- meet the eligibility criteria in the 'Eligibility for income protection cover' section below;
- be At Work on the date cover commences under the Policy and able to fully perform the normal duties of your Occupation on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time or casual (see the 'Definitions' section of this Guide);
- have successfully applied for an increase in cover in the previous 12 months;
- not have been absent from work, due to any illness, accident or injury for a total of 4 or more weeks in the last 12 months from the date of the transfer application;
- not have been diagnosed with, or suffer from, an illness that may cause permanent inability to work or reduces or likely to reduce your life expectancy to less than 12 months from the date of the transfer application;
- not ever had an application for death, total and permanent disablement or income protection declined;
- not ever have been paid or must not be eligible to be paid, or not have lodged or be entitled to lodge or in the process of lodging a claim for any injury or illness through the Fund, Workers' Compensation, other Government benefits e.g. sickness benefit, invalid pension) or any insurance policy providing total and permanent disablement, terminal illness or income protection type cover, or accident or sickness cover; and
- not be engaged in a Hazardous Occupation.

The maximum monthly benefit (including any Superannuation Contributions Benefit) which can be transferred is \$20,000.

Depending on the Waiting Period and Benefit Period applicable to the income protection cover you have elsewhere, the applicable period may be adjusted to align as closely as possible to the period relevant to your Existing Income Protection cover in the Fund.

For further information about transferring cover, please call 1300 926 626 or go to www.salaam.com.au/super/forms.

Income Protection Benefit levels

The benefit you receive will be based on a Total Disability Benefit or a Partial Disability Benefit as applicable, plus Superannuation Contributions Benefit (if applicable).

Subject to completion of the Waiting Period

- If you are entitled to a Total Disability Benefit, you will receive your Benefit payable during the period of your Total Disability
- If you are entitled to a Partial Disability Benefit, you will receive a proportion of your Total Disability Benefit payable during the period of your Partial Disability, calculated based on the differential between your income before you became Partially Disabled and your income upon returning to work after your Partial Disability.

The Maximum Benefit payable is subject to the lesser of:

- A maximum total of 75% of Declared Earned Income plus a Superannuation Contributions Benefit of up to 10% of Declared Earned Income (if applicable);
- The amount of cover the Insurer has agreed to provide you;
- A maximum total benefit under the policy of \$25,000 per month and subject to the Waiting Period selected.

Your Benefit may be offset against any Other Disability Income which you receive during the month in which a Benefit is payable.

Where you have been in receipt of a Benefit (whether for Total Disability or Partial Disability) continuously for 12 months, the amount of the benefit will automatically escalate by the lesser of 5% or the increase in the CPI, to ensure that it remains in line with inflation (additional insurance fees will apply).

Partial Disability Benefits: The amount of the Partial Disability Benefit is calculated by the formula:

$$\text{Monthly Declared Earned Income} \times \frac{\text{Return to Employment Income}}{\text{Monthly Declared Earned Income}} = \text{Insured Monthly Benefit}$$

Cessation of income Protection Benefit Payments

If you are receiving a Total Disability Benefit or a Partial Disability Benefit, your benefit payments will cease on the earliest of:

- the day you cease to be Totally or Partially Disabled (as the case may be);
- the 30 June immediately prior to the date of your 65th birthday;
- the end of your Benefit Period (if applicable);
- the date of your death.

Other benefits Death Benefit whilst on claim

If you die whilst receiving a Total Disability or Partial Disability Benefit, the Insurer will pay an additional benefit equal to one quarter of the annual Total Disability Benefit at the relevant time.

Recurrent Disability

You may be entitled to a Recurrent Disability Benefit if you have returned to work after a period of Total Disability or Partial Disability if you again become Totally or Partially Disabled as a result of the same Illness or Injury within 6 months of the end of the prior period of disablement. If this is the case, the Waiting Period will not apply to any subsequent periods of disability.

If you are entitled to a Recurrent Disability Benefit and have selected a 2-year Benefit period, the relevant claim will be considered to be a continuation of the initial claim and while the Waiting period will not be reapplied, all periods of Benefit payments will be added together for the purpose of assessing the Benefit period.

Cost of Income Protection cover

The insurance fees you pay (through deductions from your superannuation account monthly in arrears) will depend on the level of Income Protection cover, the Waiting Period you select (30, 60 or 90 days) and the Benefit Period you select (up to 2 years, or up to age 65), plus your personal circumstances such as your age, gender, smoker status and occupation classification.

The insurance fees (including stamp duty) for Income Protection cover (including Income Protection cover transferred from another insurer or superannuation fund), depending on the applicable Benefit Period and Waiting Period, are contained in Tables 4 and 5, for white collar occupations.

The rates in Tables 4 and 5 are also adjusted with regards to your occupation classification, so that if you work in a situation which is more dangerous or more likely to result in Injury or Illness, your insurance fees will be higher. Table 6 sets out the levels of these adjustments (premium loadings), while Table 1 provides a description of each occupation classification.

Additional loadings may be applied by the Insurer as a result of the Insurer's underwriting processes (you will be notified if these are applicable).

Table 4: Income Protection rates (per year) per \$1,000 annual benefit for 2 Year Benefit Period for White Collar

Age next Birthday (AIB)	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
16	3.58	4.76	5.90	7.85	2.36	3.15	3.69	4.90	1.76	2.33	2.57	3.42
17	3.58	4.76	5.90	7.85	2.36	3.15	3.69	4.90	1.76	2.33	2.57	3.42
18	3.58	4.76	5.90	7.85	2.36	3.15	3.69	4.90	1.76	2.33	2.57	3.42
19	3.58	4.76	5.90	7.85	2.36	3.15	3.69	4.89	1.76	2.33	2.57	3.42
20	3.58	4.76	5.90	7.84	2.36	3.15	3.67	4.89	1.76	2.33	2.57	3.41
21	3.58	4.75	5.90	7.84	2.36	3.13	3.67	4.89	1.76	2.33	2.57	3.41
22	3.62	4.82	5.94	7.90	2.38	3.18	3.70	4.92	1.77	2.36	2.59	3.44
23	3.66	4.87	5.99	7.95	2.42	3.20	3.73	4.95	1.79	2.38	2.60	3.46
24	3.70	4.92	6.03	8.02	2.43	3.24	3.76	4.99	1.80	2.40	2.62	3.49
25	3.74	4.99	6.08	8.09	2.45	3.27	3.79	5.04	1.82	2.42	2.65	3.52
26	3.86	5.13	6.08	8.10	2.52	3.35	3.85	5.10	1.84	2.45	2.72	3.61
27	3.85	5.10	6.18	8.23	2.52	3.35	3.86	5.13	1.85	2.47	2.69	3.58
28	3.83	5.09	6.32	8.40	2.50	3.35	3.91	5.19	1.85	2.47	2.70	3.59
29	3.85	5.10	6.49	8.62	2.50	3.35	3.97	5.30	1.85	2.45	2.73	3.63
30	3.86	5.13	6.69	8.89	2.52	3.35	4.08	5.43	1.85	2.45	2.78	3.70
31	3.90	5.16	6.92	9.21	2.52	3.35	4.22	5.61	1.84	2.45	2.86	3.80
32	3.93	5.23	7.20	9.58	2.55	3.39	4.38	5.82	1.84	2.45	2.98	3.96
33	4.00	5.33	7.51	10.00	2.57	3.41	4.58	6.08	1.85	2.45	3.11	4.14
34	4.08	5.43	7.88	10.47	2.60	3.46	4.82	6.40	1.87	2.48	3.29	4.37
35	4.17	5.55	8.27	11.00	2.65	3.53	5.07	6.75	1.89	2.52	3.49	4.65
36	4.29	5.70	8.70	11.57	2.72	3.62	5.39	7.15	1.94	2.57	3.73	4.95
37	4.43	5.89	9.18	12.21	2.81	3.74	5.72	7.60	1.99	2.67	4.00	5.31
38	4.59	6.10	9.71	12.91	2.91	3.88	6.10	8.11	2.09	2.77	4.30	5.72
39	4.77	6.35	10.27	13.66	3.06	4.07	6.52	8.67	2.19	2.93	4.65	6.18
40	4.99	6.63	10.89	14.49	3.22	4.27	6.97	9.28	2.33	3.11	5.02	6.69
41	5.23	6.95	11.57	15.38	3.41	4.54	7.48	9.95	2.50	3.35	5.45	7.25
42	5.50	7.31	12.29	16.35	3.64	4.85	8.04	10.69	2.72	3.61	5.93	7.88
43	5.81	7.73	13.09	17.41	3.91	5.21	8.65	11.51	2.96	3.93	6.45	8.57
44	6.16	8.19	13.95	18.55	4.21	5.60	9.33	12.41	3.24	4.31	7.03	9.35
45	6.54	8.70	14.89	19.79	4.56	6.07	10.06	13.38	3.57	4.75	7.66	10.20
46	6.97	9.28	15.91	21.14	4.95	6.59	10.86	14.45	3.95	5.26	8.36	11.12
47	7.47	9.93	17.00	22.61	5.41	7.20	11.74	15.60	4.39	5.84	9.13	12.13
48	8.02	10.66	18.19	24.19	5.94	7.89	12.69	16.88	4.89	6.52	9.95	13.23
49	8.64	11.49	19.47	25.89	6.52	8.67	13.71	18.23	5.47	7.27	10.85	14.43
50	9.33	12.41	20.85	27.72	7.18	9.55	14.82	19.71	6.11	8.12	11.82	15.72
51	10.12	13.44	22.33	29.71	7.92	10.54	16.01	21.29	6.83	9.08	12.87	17.12
52	10.98	14.60	23.95	31.85	8.74	11.62	17.29	23.01	7.63	10.15	14.00	18.62
53	11.94	15.87	25.69	34.17	9.64	12.81	18.68	24.85	8.50	11.29	15.21	20.23
54	13.00	17.29	27.58	36.68	10.63	14.14	20.19	26.85	9.45	12.57	16.52	21.97
55	14.17	18.84	29.62	39.40	11.72	15.59	21.80	28.99	10.49	13.97	17.92	23.83
56	15.47	20.58	31.84	42.34	12.92	17.17	23.53	31.29	11.65	15.48	19.42	25.82
57	16.95	22.54	34.22	45.51	14.24	18.94	25.39	33.78	12.89	17.15	21.02	27.95
58	18.58	24.71	36.80	48.93	15.70	20.88	27.38	36.40	14.27	18.97	22.72	30.21
59	20.41	27.15	39.57	52.64	17.31	23.02	29.50	39.25	15.76	20.97	24.53	32.62
60	22.45	29.86	42.59	56.64	19.08	25.36	31.79	42.28	17.39	23.12	26.45	35.18
61	24.72	32.88	45.86	61.00	20.99	27.92	34.24	45.55	19.14	25.45	28.51	37.91
62	27.25	36.25	49.44	65.74	23.10	30.71	36.89	49.06	21.02	27.95	30.70	40.83

Age next Birthday (AIB)	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
63	30.07	39.98	53.33	70.92	25.38	33.75	39.74	52.86	23.05	30.64	33.04	43.95
64	31.75	42.23	54.92	73.05	25.90	34.46	39.56	52.62	22.93	30.49	31.90	42.43
65	22.11	29.41	34.63	46.07	17.63	23.44	24.29	32.30	15.30	20.35	19.06	25.36

Note: Premium loadings will apply to occupations other than white collar. See Table 6 for occupation classifications and loadings that may apply. Fees shown include stamp duty.

Table 5: Income Protection rates (per year) per \$1,000 annual benefit for Benefit Period to Age 65 for White Collar

Age next Birthday (AIB)	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
16	4.60	6.11	10.47	13.92	3.25	4.31	7.08	9.41	2.57	3.42	5.39	7.17
17	4.60	6.11	10.47	13.92	3.25	4.31	7.08	9.41	2.57	3.42	5.39	7.17
18	4.60	6.11	10.47	13.92	3.25	4.31	7.08	9.41	2.57	3.42	5.39	7.17
19	4.60	6.11	10.46	13.92	3.25	4.31	7.08	9.41	2.57	3.42	5.39	7.17
20	4.60	6.11	10.46	13.92	3.24	4.31	7.08	9.41	2.57	3.42	5.39	7.15
21	4.59	6.11	10.46	13.90	3.24	4.31	7.07	9.40	2.57	3.42	5.39	7.15
22	4.73	6.29	10.75	14.29	3.35	4.44	7.27	9.67	2.65	3.53	5.55	7.37
23	4.88	6.47	11.05	14.68	3.45	4.59	7.48	9.96	2.74	3.64	5.72	7.59
24	5.02	6.69	11.41	15.17	3.57	4.73	7.75	10.30	2.84	3.76	5.93	7.88
25	5.19	6.91	11.82	15.72	3.69	4.90	8.04	10.69	2.93	3.90	6.16	8.18
26	5.47	7.26	12.16	16.18	3.86	5.13	8.39	11.15	3.05	4.05	6.50	8.65
27	5.56	7.39	12.70	16.89	3.95	5.26	8.67	11.53	3.15	4.19	6.66	8.86
28	5.67	7.54	13.34	17.73	4.04	5.38	9.01	11.99	3.24	4.30	6.86	9.13
29	5.82	7.75	14.06	18.70	4.15	5.53	9.45	12.57	3.33	4.43	7.14	9.50
30	6.01	7.99	14.89	19.79	4.29	5.70	9.95	13.23	3.44	4.56	7.49	9.98
31	6.23	8.28	15.81	21.03	4.43	5.89	10.55	14.02	3.53	4.70	7.92	10.54
32	6.47	8.61	16.86	22.42	4.59	6.10	11.23	14.94	3.64	4.84	8.43	11.22
33	6.75	8.98	18.02	23.96	4.76	6.32	12.02	15.98	3.76	5.01	9.03	12.02
34	7.05	9.38	19.31	25.67	4.95	6.59	12.91	17.17	3.91	5.19	9.74	12.95
35	7.41	9.86	20.83	27.71	5.18	6.90	14.00	18.62	4.08	5.41	10.61	14.11
36	7.80	10.37	22.64	30.10	5.45	7.25	15.31	20.36	4.27	5.69	11.68	15.53
37	8.24	10.97	24.60	32.72	5.77	7.66	16.77	22.30	4.53	6.01	12.88	17.12
38	8.78	11.68	26.75	35.58	6.16	8.19	18.38	24.45	4.85	6.45	14.23	18.93
39	9.41	12.53	29.08	38.69	6.64	8.84	20.17	26.81	5.27	7.01	15.75	20.94
40	10.13	13.47	31.62	42.06	7.22	9.61	22.13	29.42	5.77	7.66	17.43	23.18
41	10.92	14.51	34.36	45.71	7.88	10.49	24.27	32.30	6.37	8.46	19.28	25.65
42	11.79	15.69	37.32	49.64	8.64	11.49	26.62	35.41	7.07	9.40	21.33	28.38
43	12.77	16.98	40.49	53.85	9.52	12.64	29.16	38.79	7.88	10.49	23.57	31.35
44	13.85	18.42	43.88	58.36	10.49	13.97	31.91	42.45	8.84	11.74	26.01	34.58
45	15.04	20.00	47.49	63.15	11.62	15.46	34.85	46.35	9.92	13.20	28.62	38.07
46	16.35	21.75	51.29	68.23	12.89	17.15	37.97	50.51	11.17	14.85	31.41	41.79
47	17.80	23.66	55.30	73.54	14.32	19.05	41.29	54.91	12.59	16.74	34.39	45.73
48	19.38	25.77	59.47	79.10	15.91	21.14	44.75	59.51	14.17	18.85	37.51	49.87
49	21.11	28.06	63.80	84.84	17.65	23.47	48.34	64.28	15.93	21.19	40.75	54.18
50	22.96	30.55	68.23	90.74	19.56	26.01	52.02	69.18	17.85	23.74	44.05	58.60
51	24.99	33.22	72.74	96.73	21.60	28.73	55.75	74.16	19.93	26.50	47.42	63.07
52	27.12	36.08	77.27	102.76	23.79	31.64	59.50	79.13	22.13	29.44	50.78	67.54
53	29.38	39.08	81.77	108.74	26.08	34.69	63.19	84.04	24.43	32.50	54.09	71.94
54	31.75	42.23	86.14	114.58	28.45	37.85	66.76	88.79	26.81	35.66	57.27	76.17
55	34.21	45.50	90.33	120.14	30.87	41.05	70.12	93.25	29.20	38.84	60.24	80.12
56	36.72	48.84	94.22	125.32	33.29	44.28	73.19	97.34	31.58	42.01	62.91	83.68
57	39.26	52.21	97.70	129.94	35.67	47.43	75.87	100.90	33.89	45.06	65.23	86.75
58	41.77	55.57	100.64	133.85	37.95	50.47	78.04	103.80	36.04	47.94	67.03	89.14
59	44.22	58.82	102.91	136.87	40.06	53.29	79.61	105.86	37.99	50.53	68.25	90.77

Age next Birthday (AIB)	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
60	46.51	61.86	104.31	138.73	41.91	55.74	80.39	106.92	39.61	52.69	68.74	91.42
61	45.79	60.89	98.42	130.89	41.09	54.64	75.67	100.64	38.72	51.50	64.55	85.86
62	43.82	58.28	89.99	119.68	39.09	51.98	68.96	91.69	36.67	48.77	58.60	77.95
63	40.15	53.39	78.31	104.14	35.49	47.20	59.66	79.33	33.06	43.98	50.42	67.05
64	33.95	45.17	62.13	82.64	29.66	39.44	46.87	62.33	27.38	36.42	39.22	52.16
65	23.66	31.46	39.18	52.13	20.18	26.85	28.79	38.28	18.28	24.31	23.44	31.18

Table 6: Occupation Loadings

Occupation classification	Income Protection
Professional	0.90
White Collar	1.00
Blue Collar	1.50
Heavy Blue Skilled	2.25
Heavy Blue Unskilled	3.00
Hazardous occupation	Individual Consideration

Refer to 'Occupation Categories' in Table 1 for definitions of each occupation classification. If you are not in a White Collar occupation, the applicable insurance fee under Tables 4 and 5 is adjusted by being multiplied by the premium loading applicable to you. Call 1300 926 626 if you would like assistance with determining the applicable insurance fees for any insurance cover.

Eligibility for Income Protection cover

To be eligible for Income Protection cover, you must be:

- employed for at least 15 hours per week;
- a member of the Fund;
- an Australian Resident; and
- aged between 16 and 65.

Other criteria may apply as set out in this Guide or in the Policy. If you are eligible and wish to apply for cover, the Insurer may accept or decline your application for cover, or accept it subject to conditions, in its discretion, even if you meet the eligibility criteria.

If you wish to have insurance cover, you will need to provide satisfactory evidence of good health (as required by the Insurer) and be accepted by the Insurer.

The fact that you are eligible for, and are accepted by the Insurer, for Income Protection cover does not automatically mean an insured benefit will be paid to or for you. The payment of an insured benefit is subject to the acceptance of a claim by the Insurer having regard to the terms and conditions of the Policy. Any cover you obtain may cease in certain circumstances.

Commencement of Income Protection cover

Income Protection Cover commences on the later of the day that the Insurer gives the Fund written acceptance of your application for cover or, where the insurer stipulates applicable, the date you give written acceptance of the Insurer's offer of cover. For information about when transferred cover and Life Events cover commences, see the 'Other income protection options' section above.

Any other increase in cover (including a reduced Waiting Period or increased Benefit Period) commences on written acceptance of your application for an increase by the Insurer. If cover is reinstated on your request (where cover ceases because your account in the Fund becomes Inactive), the reinstated cover commences with effect from the date cover otherwise ceased, on written acceptance of your request by the Insurer.

You will be notified in writing of acceptance of your application for cover.

Cessation of Income Protection cover

Any Income Protection cover you obtain ceases on the earliest of:

- a) The date you cease to be a member of the Fund;
- b) The date that you request cover to be cancelled, with effect from the later of:
 - the date your notification in writing, or online request, is received;
 - where applicable, the date nominated as the date cover is to be cancelled;
- c) The date the applicable Policy terminates;
- d) The date you retire;
- e) The date you die;
- f) 6 months after you cease employment;
- g) The date you commence military service (other than in the Australian Armed Forces Reserve if you are not on active duty outside Australia);
- h) The date you reach the benefit ceasing age, which is 30 June immediately prior to your 65th birthday for income protection cover;
- i) The date there are insufficient funds in our account in the Fund to cover the insurance fees;
- j) The expiry of your employer approved leave without pay unless otherwise agreed to by the Insurer before the expiry of the leave without pay period;
- k) You, residing overseas for a period greater than three years without the Insurer's prior written approval;
- l) The date your account in the Fund becomes Inactive unless you make an Election (see below); or

Any exclusion that the Insurer may apply to you as a condition of acceptance of cover.

To prevent account balances being eroded by insurance premiums, the Trustee must cease any insurance cover if your account becomes Inactive, unless you have made a prior Election to keep or maintain your cover even if your account becomes Inactive. The Election can be made when applying for the cover. It can also be made at a later date, for example, you might wish to make an Election if you would like to keep your cover while you are residing overseas or on approved leave without pay for an extended period which may result in Inactivity in your account for 16 continuous months.

You will be notified (if you are contactable) prior to cover ceasing when your account has become Inactive. However, your cover must cease whether or not you are contactable.

An Election to keep or maintain cover despite your account being Inactive does not mean that cover cannot cease for some other reason. For example, if you make an Election, but subsequently reach the benefit ceasing age, your cover will cease.

To elect to maintain your cover you can log in to your online account and elect to retain your insurance cover under the Personal details section, or complete and return an Insurance Opt-in Form which is available on our website or call 1300 926 626.

You will still be eligible to claim for an insurable event that occurs before cover ceases.

If your cover ceases because your account is Inactive, you may be able to reinstate your cover, if you wish, without re-applying to the Insurer for cover, and undergoing the Insurer's usual underwriting process. Conditions apply.

Reinstatement of Income Protection cover

If your Income Protection cover ceases because your account is Inactive and you have not made an Election to maintain cover, you can reinstate your cover with effect from the date your cover otherwise ceased provided you meet all of the following conditions (Note: this doesn't apply where cover ceases for a reason other than Inactivity):

- your request for the reinstatement of your cover is received by the Fund within 60 calendar days of your cover ceasing;
- you meet the eligibility criteria for insurance cover under the Fund at the time of reinstatement;
- your request for cover is accepted by the Insurer; and
- you have enough money in your account in the Fund to cover the cost of your cover payable from the date your cover ceased (Note: this may mean that you must make additional contributions to your account when submitting your request for reinstatement).

If the Insurer accepts your request for reinstated cover, it will be:

- the same amount and type of cover you held immediately before your cover ceased;
- subject to the same exclusions and other special conditions applicable to your cover before it ceased; and
- if you are not At Work (see the 'Definitions' section of this Guide) on the date cover is reinstated, the Pre-existing Condition Exclusion will apply until you have been At Work for 30 consecutive days. For an explanation of the Pre-existing Condition Exclusion, see 'Definitions' section of this Guide.

If you have Death, TPD and Income Protection cover that ceases due to Inactivity, your request for reinstatement must relate to all the types of cover you held.

If you do not meet the above conditions for requesting the reinstatement of Income Protection cover that has ceased due to Inactivity, or your insurance cover has ceased for some other reason, your insurance cover will only be able to be reinstated (if you are eligible) on application to the Insurer with full underwriting.

Reinstated cover in these circumstances commences from the date the Insurer accepts your application.

3. Important information regarding your insurance cover

Payment of insurance fees

Insurance fees are deducted from your account on the last Friday of each month. If your account balance becomes insufficient to meet the cost of your insurance, the insurance cover relating to those fees will be cancelled within that month.

It is important to note that the insurance fees are calculated based on the number of weeks within the month, so the amount of fees and the payment period date will vary from month to month. For example:

The insurance fees for June are calculated and deducted on 29 June (last Friday of the month).

- The insurance fee amount is \$10 and the balance is \$7.
- The insurance payment period is 26 May – 29 June.
- Cover will be cancelled from the second day of that insurance payment period, which will be 27 May.

Where you have Death & TPD cover and Income Protection cover, and your balance becomes insufficient to pay all insurance fees, your Income Protection cover will be cancelled first.

It is your responsibility to maintain the minimum balance within the Fund if you want to retain your insurance benefits.

Life Events

Certain events in your life may mean that you wish to increase your cover. Both the Underwritten Cover option and Standard Cover option provide the facility to increase your Sum Insured should your personal circumstances change for reasons such as marriage, divorce, the birth or adoption of a child, taking out a new mortgage or increasing an existing mortgage or a dependent child starts secondary school.

In summary, where you experience a Life Event you have the option to increase your death and TPD cover by up to the lesser of 25% of the Sum Insured and \$200,000 with no additional medical evidence required (provided that the total Sum Insured after the increase does not exceed \$3 million) or for Income Protection you have the option to increase your Income Protection by up to the lesser of \$2500 benefit per month or 25% of your current cover with no additional medical evidence required.

Additional premiums calculated in accordance with Table 2 and Table 4 or 5 (depending on your selected Benefit Period) will apply to the increased Death and TPD cover and Income Protection available through the extension of cover under Life Events after any adjustments for occupation classifications.

To extend your cover on the happening of a Life Event:

- you must be aged less than 60 years at the date of the Insurer's acceptance of the increase;
- you must apply for the increase within a 90 day period after the occurrence of the Life Event;
- you must already have insurance in the Fund;
- you must not be engaged in a Hazardous Occupation;
- you must meet the relevant eligibility criteria for Death, TPD or Income Protection
- you must not previously have had an application for death, TPD or income protection cover declined;
- you must not have been paid for a claim, are not eligible to be paid for a claim, have never claimed, are not entitled to claim, and are not applying for a claim, for any Injury or Illness through the Fund, Workers' Compensation, other Government benefits (or example, sickness benefit or invalid pension) or any insurance policy providing TPD, Terminal Illness or income protection cover, or accident or sickness type cover;
- you must not have been diagnosed with or suffer from an illness that may cause permanent inability to work or reduce or is likely to reduce your life expectancy to less than 12 months from the date of your Life Event's increase application;
- you must not have not been absent from work due to any illness, accident or injury for a total of 4 or more weeks in the last 12 months from the date of the application; and
- for Income Protection you must not, due to illness, accident or injury, currently be absent from work, or be restricted or
- unable to perform your full and normal duties of your usual occupation, on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time or casual); and
- you have made only one application for additional cover due to a Life Event over a 12-month period. Any extension of cover for Life Events will commence when the Insurer gives written confirmation of acceptance of the extended cover.

You have the option to increase your Sum Insured should your personal circumstances change for reasons such as marriage, the birth or adoption of a child, taking out a new mortgage or increasing an existing mortgage or a dependent child starts secondary school.

Any extension of cover for Life Events will commence when the Insurer gives written confirmation of acceptance of the extended cover.

For more information about applying for increased cover due to a Life Event, call 1300 926 626 or go to salaam.com.au/super/forms.

Insurance cover for inactive accounts

To protect inactive super accounts from being inappropriately eroded by fees and insurance premiums. If the Fund has not received an opt in to keep insurance and where your account has been inactive (meaning no contribution or rollover has been received in your account) for a continuous period of 16 months or more, your insurance will be cancelled. You will receive notice at 9, 12 and 15 months of inactivity allowing you to opt in. Your cover must cease whether or not you are contactable.

To elect to maintain your cover complete and return an Insurance Opt-in Form which is available at salaam.com.au/super/forms or call 1300 926 626.

If your cover ceases because your account is Inactive, you may be able to reinstate your cover, if your request for the reinstatement of your cover is received by the Fund within 60 calendar days of your cover ceasing (other conditions apply).

Insurance Claims

You or your beneficiaries should promptly notify the Fund of any claim or potential claim. All claim forms are available online at: salaam.com.au/super/forms.

Insured benefits are payable to or in respect of an insured member by the Insurer only after the Insurer has assessed the insurance claim.

Claimants must meet the Insurer's claim's requirements which may include providing medical and other information, and undergoing medical examinations.

If you or your beneficiaries become entitled or receive an insured benefit under the policy (i.e. you die, you suffer a Terminal Illness or you become Totally and Permanently Disabled), your benefit will be paid to the Trustee of the Fund and will be credited to your superannuation account.

The Trustee will pay any insured benefit and your accumulated account balance, where applicable) subject to conditions of release specified in superannuation rules (for further information call 1300 926 626).

Income Protection benefits may be paid to an eligible member directly (to the member's nominated bank account) by the Insurer, on behalf of the Trustee.

Tax may apply to benefit payments, and may be deducted by or on behalf of the Trustee before the payment is made.

Cover exclusions

Notwithstanding that the Insurer has accepted you for cover, a death or TPD benefit will not be paid in any of the following circumstances:

- death arising from suicide within 13 months of the commencement or reinstatement of cover;
- Total and Permanent Disablement arising as a result of an intentional self-inflicted act or intentional self-inflicted injury or attempted suicide;
- anything arising from war or acts of war, whether declared or not;
- service in the armed forces of any national or international organisation, including active service and training exercises within national or international armed reserve units;
- if you have selected Option 1: Underwritten Cover, anything for which the Insurer specifically excludes cover;
- if you have selected Option 2: Standard Cover, any Pre-existing Condition covered by the Pre-existing Condition Exclusion (see the 'Definitions' section of this Guide);
- if your cover is reinstated (following cessation of cover because your account becomes Inactive) and you have not been At Work for at least 30 consecutive days, any Pre-existing Condition covered by the Pre-existing Condition Exclusion (see the 'Definitions' section of this Guide); or
- any exclusion that the Insurer may apply to you as a condition of acceptance of cover.

For Income Protection cover:

No benefit will be paid for the disabilities arising from one of the following circumstances:

- as a result of an intentional self-inflicted act, intentional self-inflicted injury or attempted suicide;
- as a result of an uncomplicated pregnancy or childbirth;
- anything arising from war or acts of war, whether declared or not;
- service in the armed forces of any national or international organisation, including active service and training exercises within national or international armed reserve units;
- anything for which the Insurer specifically excludes cover;
- the payment of the benefit would contravene any provision in the Private Health Insurance Act 2007 (Cth) or other related legislation; or
- if your cover is reinstated (following cessation of cover because your account becomes Inactive) and you have not been At Work for at least 30 consecutive days, any Pre-existing Condition covered by the Pre-existing Condition Exclusion (see the 'Definitions' section of this Guide).

Change or cancel insurance cover

You can change, reduce or cancel the amount of your insured cover at any time by logging on to your account and selecting the 'Manage your insurance' option or by sending the Fund a completed Insurance Form. To cancel insurance only, you can log on to your account and select Insurance.

The effective date of your cancellation will be the date your cancellation request is processed. We will confirm receipt of your instructions in writing and advise you of the date your insurance cover and any applicable insurance fees will be reduced or cancelled.

You will not be able to make a claim for insurance benefits for events or conditions that arise after your cover is cancelled. If you are replacing your insurance cover with alternative cover, you should not cancel your insurance cover until the replacement cover is in place. If you cancel or reduce your insurance cover, you will need to go through the underwriting process to have your insurance increased or reinstated subject to the insurer's approval.

Please note that:

- if you cancel insurance cover you may be required to cancel Death & TPD cover at the same time; and
- your TPD cover can never be higher than your death cover.

4. The Insurer's definitions

This section does not summarise all the definitions in the Policy relevant to insured members of the Fund, depending on the type of insurance cover they obtain or insured benefit they claim. For information about how other terms, used in this Guide, are defined, refer to the Policy.

'At Work'

Means:

- a) if a person is unemployed and carrying out unpaid Domestic Duties on a full-time basis – the person is fully performing or, in the Insurer's opinion, capable of fully performing all of their Domestic Duties free from any limitation or restriction due to Illness or Injury on a full-time basis; or
- b) if a person does not fall under paragraph (a) above – the person is fully performing, or in the Insurer's opinion, capable of fully performing, all of the duties and work hours of their usual Occupation with their employer or their Self-employment, free from any limitation or restriction due to Illness or Injury on a full-time basis even if they are not currently working on a full-time basis;

and

- c) is not in receipt of, or is entitled to receive or claim any benefit, in relation to an Illness or Injury from any source including but not limited to workers' compensation benefits statutory transport accident benefits and disability income benefits.

A person who does not meet these requirements is correspondingly described as not At Work.

Australian Resident

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

Date of Disablement

If a person becomes disabled, the Date of Disablement will be the later of the following:

- a) the date the person is first certified in writing by a Medical Practitioner as being Totally and Permanently Disabled; and
- b) the date the person:
 - being employed, ceases all work; or
 - being unemployed – ceases to be able to perform their usual Occupation;
 - being unemployed or carrying out unpaid Domestic Duties on a full-time basis – ceases to be able to perform their unpaid Domestic Duties on a full-time basis due to the Illness or Injury that is the subject of a Total and Permanent Disability claim.

Where a Medical Practitioner examines and gives a written certification under (a) and that certification date occurs within seven days after the date a person ceased work under (b), the Date of Disablement will be the earlier date that the person ceased work under (b).

Declared Earned Income

For an employed person, this means their annual remuneration from personal exertion including base salary and fringe benefits during the previous 12 months, but excluding Superannuation Guarantee Contributions and investment income, motor vehicles, bonuses, fees and income not from personal exertion.

Where regular overtime, allowances or commissions are earned, these are averaged over 3 years immediately preceding the Date of Disablement.

For a self-employed person, Declared Earned Income means the gross income generated by the person from his/her personal exertion, less expenses incurred by the person in generating that income, before deduction of tax from the business.

This amount is averaged over 2 years immediately preceding the Date of Disablement, or the period of time since the person commenced to be Self-Employed if Self-Employed for less than a period of 2 years.

Election

Means the instruction provided by you to take out, or continue your insurance cover, in circumstances described in this Guide.

Gainfully Employed or Gainful Employment

This means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Inactive

Means there have been no amounts received by the Fund in respect of your account in a continuous period of 16 months.

Other Disability Income

Any income (other than Return To Employment Income) which a person may derive during a month for which the amount of the Income Protection Benefit that applies to the person under the Policy is being assessed, whether that income was actually received or not and includes;

- a) any benefit payable under other income protection insurance policies;
- b) any benefit payable under legislation such as workers compensation, statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation;
- c) any benefit paid under the State or Federal legislation such as the Department of Veteran Affairs; and
- d) any claimed employer funded sick leave entitlements and other income payments paid or payable as a result of the person's illness or injury.

Other Disability Income excludes income a person receives from investments, deferred compensation plans, or retirement plans except in relation to benefits received under a) above. Any Other Disability Income which is in the form of a lump sum or is commuted for a lump sum has a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of 60 months. 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.

Partial Disability

"Partial Disability" or "Partially Disabled" means a person must have first been Totally Disabled for at least 7 out of 12 days during the Waiting Period, and in the Insurer's opinion:

- a) does not have the capacity to work in their Occupation at the same level that they were working at prior to commencement of Total Disability; and
- b) are earning less than their Return to Employment Income that is less than their Pre-disability Income; and
- c) are under the regular care of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Where "Occupation" in (a) means the Employment or activity in which a person is principally Employed or Self-employed.

Pre-disability Income

A person's Monthly Declared Earned Income immediately prior to becoming Totally Disabled.

Pre-existing Condition Exclusion

This means an insured benefit arising from Option 1: Standard Cover in the case of death or TPD, or arising from any death, TPD or IP cover that is reinstated following Inactivity under a simplified reinstatement process) will not be payable for any claim which is directly or indirectly related to a Pre-existing Condition that existed at any time in the five years immediately prior to, or at the time, your cover commences or recommences under the Policy, in circumstances described elsewhere in this Guide. A Pre-existing Condition is any injury, illness or symptom that the person, as at the date of an application for cover under the Policy (or any subsequent increase in cover):

- was aware of, or a reasonable person in their position should have been aware of;
- should have sought advice or treatment (conventional or alternative) from a Medical Practitioner or other allied health professional (in circumstances where a reasonable person in their position would have sought advice or treatment); or
- had a medical consultation for or were prescribed medication or therapy.

Return to Employment Income

The gross income received by a person during the month in respect of which a Partial Disability Benefit may be payable, and which is earned as a consequence of their personal exertion (including commissions, bonus, and other payments that the Insurer reasonably considers forms part of the person's remuneration package), less all expenses incurred by the person in connection with earning that income during the month. For the purpose of calculating a person's Return to Employment Income:

- a) Superannuation Guarantee Contributions are not included; and
- b) if the person is Self-Employed, their share of business expenses is not included.

Terminal Illness

A person suffers a Terminal Illness if:

- a) two Medical Practitioners have certified in writing, that the person suffers from an Illness, or has incurred an Injury, that is likely to result in their death within a period ('the certification period') that ends not more than 12 months after the date of the certification;
- b) at least one of the registered Medical Practitioners is a Specialist Medical Practitioner in an area related to the Illness or Injury;
- c) the Illness and certification referred to in paragraph (a) occurs while the person has cover under the Policy;
- d) for each of the certificates, the certification period has not ended; and
- e) the Insurer is satisfied, based on the evidence, that despite reasonable medical treatment, the illness will lead to the person's death within 12 months of the date of the certifications. If you wish to claim your superannuation account balance early under the definition of terminal medical condition in superannuation regulations, it is advisable for you to ensure that you leave a sufficient account balance to cover your insurance premiums and make regular contributions to maintain any death cover you have. To qualify for payment of an insured Terminal Illness benefit you must satisfy the conditions of the insurance policy as described above (which are stricter than the superannuation regulations), while you are an insured member of the Fund.

Total Disability

"Total Disability" or "Totally Disabled" means that, in the opinion of the Insurer, a person, solely as a result of an Illness or Injury:

- a) is unable to perform at least one Income Producing Duty of your Occupation;
- b) is not working in any capacity, in Employment or otherwise; and
- c) is under the regular care of a Medical Practitioner and is, in the Insurer's opinion, complying with the advice and treatment given by that Medical Practitioner.

Where "Income Producing Duty" and "Occupation" in (a) have the following meanings:

- Income Producing Duty means a duty performed as part of a person's Employment that generates at least 20% of the person's Pre- disability Income.
- Occupation means the Employment or activity in which a person is principally Employed or Self- employed.

Total and Permanent Disablement

Whether a person is Totally and Permanently Disabled will be determined by the Insurer at the time of a claim in accordance with the following Definitions, as applicable to an insured member with TPD cover.

Definition 1 or Definition 3 below may apply to any insured member with TPD cover.

Definition 2 may apply to an insured member with TPD cover who, immediately prior to the Date of Disablement:

- a) is Gainfully Employed in a Non- Hazardous Occupation and working at least 15 Hours Per Week; or
- b) has been unemployed for a period of less than 6 months, and immediately prior to being unemployed was Gainfully Employed in a Non- Hazardous Occupation for at least 15 Hours Per Week.

Definition 4 may apply to any insured member with TPD cover who, immediately prior to the Date of Disablement was solely engaged in Domestic Duties on a full-time basis.

Definition 5 applies to an insured member under age 65 who immediately before the Date of Disablement (where the Date of Disablement is on or after 1 October 2021) was not solely engaged in unpaid Domestic Duties and was Gainfully Employed and working in a Non-Hazardous Occupation.

Total and Permanent Disablement means the Insurer is satisfied a person is permanently incapacitated (as defined in superannuation regulations), under the care of and following the advice of a Medical Practitioner, and, subject to the restrictions set out above, one of the following descriptions applies to them:

Definition 1: Permanent Loss

Solely because of Illness or Injury, the person has suffered the permanent loss of:

- a) the use of 2 limbs;
- b) the sight in both eyes; or
- c) the use of one limb and the sight in one eye; (where limb is defined as the whole hand or the whole foot)

OR

Definition 2: Unlikely to work, Any Occupation

Solely because of Illness or Injury, the person has been continuously absent from their employment or has been continuously unable to accept Gainful Employment for at least 6 consecutive months from the Date of Disablement and is disabled to such an extent as to render them unlikely to ever again be engaged in any occupation for which they are reasonably suited by their education, training or experience.

OR

Definition 3: Activities of Daily Living

Solely because of Illness or Injury, at the Date of Disablement, the person is unlikely ever to be able to perform at least two of the following 'activities of daily living' without the physical assistance of another person and despite the use of appropriate assistive aids, and has provided proof of this to the Insurer's satisfaction:

- a) Bathing – to shower or bathe;
- b) Dressing – to dress or undress;
- c) Toileting – to use the toilet;
- d) Feeding – to eat and drink; or
- e) Mobility – to get in and out of bed or a chair or move from place to place without using a wheelchair.

OR

Definition 4: Domestic Duties

Solely because of Illness or Injury, the person:

- a) is unable to perform Domestic Duties on a full-time basis;
- b) is unable to leave their home unaided;
- c) has not engaged in any Gainful Employment or Domestic Duties for six consecutive months from the Date of Disablement; and
- d) at the end of six-month period, is disabled such to an extent as to render them unlikely to ever engage in Domestic Duties or any occupation for which they are reasonably suited by their education, training or experience, where 'Domestic Duties' means the tasks performed by a person whose sole occupation is to maintain their family home on a full-time basis, including:
 - cooking of meals for their family;
 - unassisted cleaning of the home;
 - shopping for their family's food;
 - doing their family's laundry; and
 - taking care of dependent children (if applicable);

but excludes any tasks performed for salary, reward or profit

OR

Definition 5: Activities of Daily Working

Solely because of Illness or Injury, at the Date of Disablement, the person is:

- a) permanently unable to perform at least two of the following five 'everyday working activities' without the physical assistance of another person, despite the use of appropriate assistive aids, and this permanent inability has lasted for a continuous period of six months or more from the Date of Disablement; and
- b) unlikely ever to return to Gainful Employment. The five 'everyday working activities' are Mobility, Communicating, Vision, Lifting and Manual Dexterity, each of which is explained as follows:
 - i. unable to perform Mobility means:
 - a) the person cannot walk more than 200m on a level surface without stopping due to breathlessness or severe discomfort; or
 - b) the person cannot bend, kneel or squat to pick something up from the floor and straighten up again after bending, kneeling or squatting; nor can they get in and out of a standard sedan car.
 - ii. Unable to perform Communicating means:
 - a) the person cannot speak in the person's first language so that the person is understood in a quiet room; nor can the person hear (with or without a hearing aid or other aid) an instruction given in a normal voice in the person's first language in a quiet room; or
 - b) the person cannot understand a simple message in the person's first language, and relay that message to another person.
 - iii. unable to perform Vision means the person cannot, with or without glasses or contact lenses, read ordinary newsprint nor pass the standard eyesight test for a car drive licence.
 - iv. unable to perform Lifting means the person cannot lift, carry or move objects weighing 5kg using either or both hands.
 - v. unable to perform Manual dexterity means the person cannot use either or both hands or their fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note).

5. Fees and Costs

This information is incorporated into section 6 of the Product Disclosure Statement.

Fees and costs summary Salaam Balanced Option						
TYPE OF FEE OR COST	AMOUNT	HOW AND WHEN PAID				
Ongoing annual fees and costs¹						
Administration fees and costs	<table border="1"> <thead> <tr> <th>On total account balances up to \$1 million</th> <th>On any excess account Balance over \$1 million</th> </tr> </thead> <tbody> <tr> <td>An asset based administration fee of 0.21% per year</td> <td>Nil</td> </tr> </tbody> </table>	On total account balances up to \$1 million	On any excess account Balance over \$1 million	An asset based administration fee of 0.21% per year	Nil	<p>The asset-based administration fee and the fixed dollar fee are deducted from your account on the last Friday of each month. The fixed dollar fee will be indexed with AWOTE² at 1 October each year.</p> <p><i>The Trustee passes through the tax deductions it receives.³</i></p> <p>The Trustee Administration Fee is deducted from the investment returns. It is not deducted from your account.</p> <p>The Fund reserve is maintained by the Trustee to operate the Fund. This includes paying for some expenses, such as costs associated with product and strategic services provided to the Trustee. These expenses are deducted from the Fund reserve, as required, and are not deducted from your account.</p>
	On total account balances up to \$1 million	On any excess account Balance over \$1 million				
An asset based administration fee of 0.21% per year	Nil					
<p>Plus a Trustee Administration Fee of 0.02% per year of your total account balance</p> <p>Plus a fixed dollar fee of \$60.00 per year</p> <p>In the 2023/2024 financial year, the Trustee incurred excess administration costs of approximately 0.01% of Fund assets that were paid from the Fund reserve</p>						
Investment fees and costs⁴	1.36% per year ⁵	<p>The investment fees and costs are deducted from the investment returns before the net earnings are declared and applied to your account. They are not deducted from your account. Please refer to the 'Additional explanation of fees and costs' section of your Investment Guide for further information.</p>				

¹ If your account balance for a product offered by the superannuation entity is less than \$6,000 at the end of the entity's income year, certain fees and costs charged to you in relation to administration and investment are capped at 3% of the account balance. Any amount charged in excess of that cap must be refunded.

² AWOTE means Average Weekly Ordinary Times Earnings.

³ As the Trustee passes through the tax deduction it receives, the deduction you will see for the fees described above is 0.1785% per year and \$51.00 per year for the fixed-dollar fee.

⁴ The Investment fee varies according to the option you invest in. The quoted fee here is for the Salaam Balanced Option.

⁵ Investment fees and costs includes an amount of 0.00% for performance fees. Performance fees are not charged for this superannuation product.

Fees and costs summary
Salaam Balanced Option

TYPE OF FEE OR COST	AMOUNT	HOW AND WHEN PAID
Transaction costs	0.03% per year	Transaction costs are deducted from the investment returns. They are not deducted from your account. Please refer to the 'Additional explanation of fees and costs' section of your Investment Guide for further information.
Member activity related fees and costs		
Buy-sell spread	Nil	Not applicable.
Switching fee	Nil	Not applicable.
Other fees and costs⁶	Insurance fees: For insurance fees, please refer to 'Types of Insurance cover within Salaam superannuation' in this Guide.	The insurance fee is calculated monthly and deducted from your account on the last Friday of the month.
	Family Law fees: Nil.	Not applicable.

Changes in Fees

The Trustee has the right to change fees at any time without your consent. The fixed dollar administration fee is automatically indexed to Average Weekly Ordinary Earnings (AWOTE) each year on 1 October. Any material increase in the fees you are charged will be communicated to you at least 30 days before they are charged.

Example of annual fees and costs for a superannuation product

This table gives an example of how the ongoing annual fees and costs for the Salaam Balanced Option for this superannuation product can affect your superannuation investment over a 1-year period. You should use this table to compare this superannuation product with other superannuation products.

EXAMPLE: SALAAM BALANCED INVESTMENT OPTION	BALANCE OF \$50,000
Administration fees and costs	0.23% per year Plus \$60.00 per year Plus 0.01% (paid from the Fund reserve) ⁷
PLUS Investment fees and costs	For every \$50,000 you have in the superannuation product, you will be charged or have deducted from your investment \$120.00 in administration fees and costs, plus \$60.00 regardless of your balance And , you will be charged or have deducted from your investment \$680.00 in investment fees and costs
PLUS Transaction costs	1.36% per year And , you will be charged or have deducted from your investment \$15.00 in transaction costs
EQUALS Cost of product⁸:	0.03% per year If your balance was \$50,000, at the beginning of the year, then for that year you will be charged fees and costs of \$875.00⁹ for the superannuation product.

⁶ Additional fees may apply. Refer to the 'Additional explanation of fees and costs' section of your Super Guide.

⁷ This reflects the excess administration costs incurred by the Trustee and paid from the Fund reserve in the 2023/2024 financial year, the Trustee incurred additional administration costs (as described in the Fees and Costs table above).

⁸ Additional fees may apply.

⁹ The Trustee passes on the tax deduction it receives so the estimated cost to you would be **\$850.25**.

WARNING

Additional fees may be paid out of your superannuation account to an external financial adviser for advice in relation to your Salaam superannuation membership. This fee will be a dollar amount or percentage-based fee as agreed between you and your adviser and set out in a Statement of Advice provided to you by your adviser.

Important note:

- For more information on the fees and costs related to the investment options, please refer to your Investment Guide.
- For the 'Additional explanation of fees and costs' and a list of Defined Fees as per superannuation law, please refer to your Super Guide.

Cost of product for 1 year

The cost of product gives a summary calculation about how ongoing annual fees and costs can affect your superannuation investment over a 1-year period for all superannuation products and investment options. It is calculated in the manner shown in the Example of annual fees and costs.

The cost of product information assumes a balance of \$50,000 at the beginning of the year. (Additional fees such as a buy-sell spread may apply: refer to the Fees and costs summary for the relevant superannuation product or investment option.)

You should use this figure to help compare superannuation products and investment options.

Investment option	Cost of product
Salaam Defensive	\$760.00
Salaam Balanced	\$875.00
Salaam Growth	\$865.00