



**Guardian
Funeral
Insurance**

Product Disclosure Statement
Issue date: 26 February 2025

Guardian
INSURANCE®
There's more to life, with Guardian



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Welcome to Guardian Insurance

Guardian Insurance is a trading name of Greenstone Financial Services Pty Ltd ABN 53 128 692 884 (**GFS**), Australian Financial Services Licence 343079 of 50 Norwest Boulevard, Norwest NSW 2153. GFS distributes and promotes Guardian Funeral Insurance and has partnered with Hannover Life Re of Australasia Ltd ABN 37 062 395 484 (**Hannover**) of Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW 2000. Hannover holds an Australian Financial Services Licence 530811 to settle and handle claims.

Hannover is the insurer and issuer of this Product Disclosure Statement.

Hannover is a wholly-owned subsidiary of Hannover Re and is part of the Hannover Re Group worldwide. The life insurance business of Hannover has been operating in the Australian market since 1994, has a Standard and Poor's Insurer Financial Strength of AA- (Very Strong) and as at 31 December 2023 had a total annual in force premium of AU\$1.927 billion. Hannover is regulated by the Australian Prudential Regulation Authority (**APRA**) and the Australian Securities and Investments Commission (**ASIC**).

Our Promise to You

Hannover has adopted the Life Insurance Code of Practice

To ensure that you receive the highest standard of service when you take out life insurance, Hannover complies with the Life Insurance Code of Practice (**the Code**). We also ensure our partners, including GFS, comply with the Code in all their dealings with you.

The Code sets out the life insurance industry's key commitments and obligations to customers on standards of practice, disclosure and principles of conduct for their life insurance services, such as being open, fair and honest. It covers many aspects of your relationship with GFS and Hannover, from buying insurance to making a claim, to providing options to those experiencing financial hardship or requiring additional support. This includes setting clear timeframes for handling claims, complaints, information requests and fair assessments of claims.

You can find out about the Code and how to get a copy on the Guardian Insurance website at **guardianinsurance.com.au/code-of-practice**

Product Disclosure Statement

Explaining this Product Disclosure Statement

This Product Disclosure Statement (**PDS**) is designed to help you decide if Guardian Funeral Insurance is right for you. It tells you the terms and conditions of the Funeral Insurance Policy and it also provides important information about keeping premium payments up to date, what to do if you want to make a change and how to go about making a claim.

Any advice given in this PDS is general only and does not take into account your individual objectives or financial situation. You should consider whether this product is right for you, in regard to your objectives, financial situation and needs. You should carefully read this PDS and any other documentation we send you.

Guardian Insurance and GFS do not guarantee Guardian Funeral Insurance and they are not liable to pay benefits under a Funeral Insurance Policy. The assessment and payment of claims for benefits is the responsibility of the insurer, Hannover.

Both Guardian Insurance and GFS have consented to being named in this PDS in the way shown and have not withdrawn their consent before the date of this PDS.

From time to time, Guardian Funeral Insurance may be updated. Updates which are not material will be made available to you on the Guardian Insurance website at **guardianinsurance.com.au**. If you request a paper copy, this will be provided to you free of charge.

If there are material updates to your Policy, we will make these updates known to you in a supplementary Product Disclosure Statement (**SPDS**).

In this PDS, some words or expressions have special meaning. They normally begin with capital letters and their meaning is explained in the "**Definitions**" on page 25 of this PDS.

Also, in this PDS, references to '**you**', '**your**' and '**yours**' means the person who is the Policyowner or Key Life Insured as the context requires. Where a joint plan is applicable, reference to a Life Insured includes you, and/or the Partner Life Insured as the context requires. '**We**', '**us**' and '**our**' mean Hannover Life Re of Australasia Ltd.

Who is this Policy for?

To understand who this product has been designed for, and if the Insurance is likely to be consistent with your needs, objectives, and financial situation, you can review the Target Market Determination which is available at **guardianinsurance.com.au** or you can request a free paper copy by contacting Guardian Insurance at **1300 709 431**.

This Product Disclosure Statement (PDS) is separated in two parts:

Part 1: Guardian Funeral Insurance – At a Glance (Key Fact Sheet)

The At a Glance section provides an overview of Guardian Funeral Insurance. Full details of Guardian Funeral Insurance can be found in Part 2.

Part 2: Guardian Funeral Insurance Policy, from page 10

This PDS section explains Guardian Funeral Insurance in full, including:

- events covered under the Policy;
- events not covered under the Policy;
- terms and conditions;
- general information; and
- claims.

Important Information: it is important to read the information contained within both parts of this document to ensure the product suits your needs.



Part 1: Guardian Funeral Insurance - At a Glance (Key Fact Sheet)

Who can apply?

You can apply for cover for yourself under a single plan or if you would like to include your partner, this will be a joint plan.

You can also provide authority to another person to apply for cover on your behalf; you will be the Policyowner, however they may arrange for the payment of premiums.

To be eligible to apply, you must:



be between 40 and 79 years old, and



be an Australian Resident/s.

Once you have considered this PDS you can apply over the phone by calling us on **1300 709 431**.

See page 11 for full details.

What am I covered for?

Funeral Insurance Benefit: Upon your death, your beneficiaries will receive your chosen Benefit Amount.

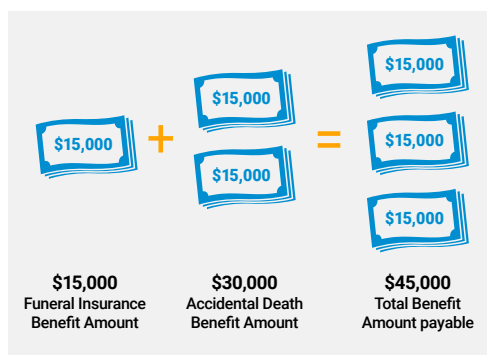
- **Terminal Illness Benefit:** If you are diagnosed with a Terminal Illness, you will receive the Benefit Amount.
- **Accidental Death Benefit:** If your death was due to an Accident, your beneficiaries will receive two times the Benefit Amount in addition to the Funeral Insurance Benefit.
- **Accidental Serious Injury Benefit:** If you were to have an Accident and suffer;
 - Blindness in both eyes (severe and permanent, best corrected); or
 - Deafness in both ears (profound and permanent, best corrected) or requiring cochlear implant; or

- Paralysis (total and permanent) - specified including Diplegia, Hemiplegia, Paraplegia, Quadriplegia and Tetraplegia; or
- Total and Permanent Loss of Use of Two Specified Limbs; you will receive three times the Benefit Amount.

See page 11 for full details.

How much can I be covered for?

You can choose to be covered for a Benefit Amount between **\$3,000 and \$15,000**.



See page 13 for full details.

Am I covered straight away?

You will be covered for Accidental Serious Injury and Accidental Death from the Policy Acceptance date.

You will be covered for the diagnosis of a Terminal Illness or death as a result of any cause after the Policy has been in force for 12 months. If the Policy has been reinstated, at least 12 months after the reinstatement date.

Your benefits from age 85

If your cover remains in force after your 85th birthday, no further premiums are payable, and you will continue to be covered for your Benefit Amount.

Additional benefits will also be added to your Policy.

You have the option to either:

Keep your cover, and receive:

- **Bonus Cover:** We will automatically add 25% bonus cover to the Benefit Amount. That means, upon your death or diagnosis of a Terminal Illness, or if you celebrate your 100th birthday, you or your beneficiaries will receive an additional 25% on top of your Benefit Amount.

Or receive a cash out:

- **Early Cash Out Option:** You have the option to end your cover and receive 75% of the Benefit Amount.

The Early Cash Out Option will not include any Bonus Cover Amount and you'll no longer be eligible to claim as this option will cancel your Policy.

How much will my cover cost?

Premiums are the cost of your Insurance.

 **How your premiums are calculated**

Your premiums are determined by:

- age at the Commencement Date;
- chosen Benefit Amount; and
- chosen Insurance Plan (single or joint plan)

It is important that you consider the future affordability of your premiums when your circumstances change such as when you retire or enter aged care.

 **How your premium is structured**

Your premiums are designed to stay the same year on year.

Your premiums will change if:

- you change your cover; or
- we change the premium rates.

 **Your premium payment frequency options**

Premiums for your Policy can be paid fortnightly, monthly, or annually.

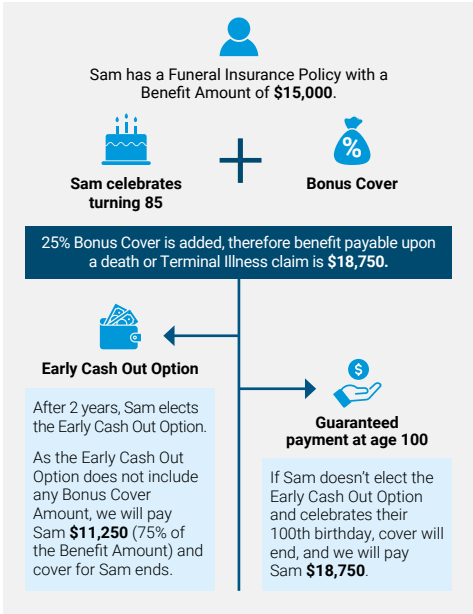
 **What happens if I do not pay my premiums?**

We will remind you if you have missed a payment, however, if you do not pay your premiums for more than one month, we will take the necessary steps to cancel your Policy.

Is there a cooling-off period?

If you cancel your Policy within the first 30 days from the Commencement Date and you have not made a claim during this time, we will give you a full refund of any premiums you have paid within 15 business days.

See page 20 for full details.



When will a Benefit Amount not be paid?

We will not pay a Benefit Amount:

- ✗ if you die from natural causes or are first diagnosed with a Terminal Illness within 12 months of the Policy Acceptance Date or Policy reinstatement date.

When will an Accidental Serious Injury Benefit not be paid?

We will not pay an Accidental Serious Injury Benefit if the Accidental Serious Injury is a direct result of:

- ✗ an intentional self-inflicted act; or
- ✗ suicide or attempted suicide; or
- ✗ engaging in any criminal activities or illegal acts; or
- ✗ the consumption of drugs (unless under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction, or dependence); or
- ✗ the consumption of intoxicating liquor (including having a blood alcohol content over the prescribed legal limit whilst driving); or
- ✗ engaging in any professional sport; or
- ✗ engaging in any motorsports as a rider, driver and/or passenger; or
- ✗ being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in an aircraft operated by a licensed commercial airline; or
- ✗ war (whether declared or not) or war-like activity or taking part in a riot or civil commotion.

See page 12 for full details.

When will my Benefits end?

Your Funeral Insurance Benefit will end on the earliest of any of the following events:

- ✗ the date of your death;
- ✗ the date you elect to take up the Early Cash Out Option for that Life Insured;
- ✗ on your 100th birthday;
- ✗ the date of a Terminal Illness payment; or
- ✗ the date you or we cancel the Policy as explained on page 21.

No benefits will be payable for any event that occurs after the Policy ends.

Your Accidental Serious Injury Benefit will end on the earliest of any of the following events:

- ✗ the date the Funeral Insurance Benefit ends;
- ✗ the date of payment of the Accidental Serious Injury Benefit Amount; or
- ✗ the Policy Anniversary following your 75th birthday.

See page 14 for full details.

How do I make a claim?

You or your beneficiaries can make a claim by contacting us via:

Phone: 1300 308 578

Email: claims@guardianinsurance.com.au

Mail: Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

See page 18 for full details.

How do I make a complaint?

We hope you never have a reason to complain however, if you do need to lodge a complaint, please contact us using one of the following:

Phone: 1300 709 431

Email: enquiries@guardianinsurance.com.au

Mail: Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

See page 22 for full details.

Part 2: Guardian Funeral Insurance Policy



Introducing Guardian Funeral Insurance

Guardian Funeral Insurance offers a lump sum payment in the event of death by any cause which occurs, or Terminal Illness which is first diagnosed, at least 12 months after the Acceptance Date (or reinstatement date if the Policy is reinstated).

This Policy also includes an Accidental Serious Injury Benefit, and an Accidental Death Benefit. At any time after the Acceptance Date, a lump sum payment will be paid in the event of an Accidental Death or an Accidental Serious Injury. What you are not covered for is explained on page 12 of this PDS.

With Guardian Funeral Insurance, the Life Insured is protected 24 hours a day, 7 days a week, worldwide while the Policy is in force.

While the lump sum benefit is designed to assist with the cost of your funeral and other final expenses, the benefit may be used for any purpose. You can nominate beneficiaries to receive payment of the benefit payable on your death. How to make a nomination is explained on page 19 of this PDS.

This Funeral Insurance Policy does not provide any funeral, burial or cremation services.

After considering this PDS, you can apply for a Guardian Funeral Insurance Policy by calling us on **1300 709 431**.

Your Policy

If your application is accepted by us, we will issue you a Policy Schedule. Your Policy consists of the Policy Schedule and:

- this PDS (includes the terms and conditions applying to your Policy);
- the application/s; and
- any amendments or endorsements we issue to you.

Please keep these documents in a safe place for future reference.

Except as permitted under law, your Guardian Funeral Insurance Policy may not be transferred or assigned to another person unless in a circumstance explained under **"When cover ends"** on page 14 or **"Changing your Insurance"** on page 21 under a joint plan.

The Insurance provided under this Policy is written out of the Hannover Australian Statutory Fund.

Purchasing a Policy

You can apply for a single plan on your own life (Key Life Insured), or you can apply for a joint plan to also include your spouse, partner, or de facto (Partner Life Insured).

A Life Insured must be an Australian Resident and between 40 and 79 years of age at the time cover commences.

You can also provide authority to another person to apply for cover on your behalf; you will be the Policyowner, however they may arrange for the payment of premiums.

What events are covered

Funeral Insurance Benefit

We pay the Benefit Amount if the Life Insured:

- dies from any cause, or is first diagnosed with a Terminal Illness at least 12 months after the Acceptance Date or, if the Policy is reinstated after being cancelled, at least 12 months after the date on which this Policy is reinstated; or
- dies from an Accidental Death, where the Accident occurs while the Life Insured is covered under this Policy.

Accidental Serious Injury Benefit

We pay the Accidental Serious Injury Benefit Amount if a Life Insured suffers one of the following conditions as the direct result of an Accident:

- Blindness in Both Eyes (severe and permanent, best corrected); or
- Deafness in Both Ears (profound and permanent, best corrected) – or requiring cochlear implant; or
- Paralysis (total and permanent) - specified including Diplegia, Hemiplegia, Paraplegia, and Quadriplegia/Tetraplegia; or
- Total and Permanent Loss of Use of Two Specified Limbs, where the Accident occurs while the Life Insured is covered under this Policy, the condition occurs within 12 months of that Accident and before the Policy Anniversary following the Life Insured's 75th birthday.

The circumstances under which we will not pay the Benefit Amount are explained in **"What is not covered under your Policy"** on page 12.

What is not covered under your Policy

Funeral Insurance Benefit

To provide cover at a reasonable cost, Hannover must manage its insurance risk by excluding payment of a benefit in the circumstances explained below.

We will not pay a Funeral Insurance Benefit if a Life Insured dies from any cause other than an Accidental Death during the first 12 months of the Policy, from the Acceptance Date. This means that no benefit is payable if a Life Insured dies as a result of any other cause during this period. The same limitation applies within 12 months of the date on which the Policy is reinstated.

We will not pay a Terminal Illness Benefit if a Life Insured is first diagnosed with a Terminal Illness within 12 months of the Acceptance Date of the Policy, or within 12 months of the date on which this Policy is reinstated.

Accidental Serious Injury Benefit

We will not pay an Accidental Serious Injury Benefit if the Life Insured suffers any of the conditions covered under this benefit as a result of:

- an intentional self-inflicted bodily injury, suicide or attempted suicide; or
 - engaging in any criminal activities or illegal acts; or
 - the consumption of drugs (unless it was under the direction of a Medical Practitioner and not in connection with treatment for substance abuse, drug addiction or dependence); or
 - the consumption of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving; or
 - engaging in any professional sport (meaning the Life Insured's livelihood is substantially dependent on income received as a result of playing sport); or
 - engaging in any motor sports as a rider, driver and/or passenger; or
 - being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in a properly licensed aircraft; or
 - war (whether declared or not) or war-like activity, or taking part in a riot or civil commotion.
-

**Benefit
Amount**

The Benefit Amount provided under your Policy will be shown in the Policy Schedule.

Funeral Insurance Benefit

You can apply for a Benefit Amount from \$3,000 up to a maximum of \$15,000.

Accidental Death Benefit

The Accidental Death Benefit is two times the Benefit Amount.

If an Accidental Death Benefit is payable after the Life Insured's 85th birthday, Bonus Cover (explained on page 15) will also apply to the Accidental Death Benefit Amount.

If a Life Insured dies as the result of an Accidental Death both the Accidental Death Benefit and the Benefit Amount are payable.

For example: if the Benefit Amount is \$15,000, and you suffer an Accidental Death, a Benefit Amount of \$45,000 is payable – this includes a \$30,000 Accidental Death Benefit plus the \$15,000 Benefit Amount.

Accidental Serious Injury Benefit

The Accidental Serious Injury Benefit is three times the Benefit Amount (maximum of \$45,000).

Only one Accidental Serious Injury Benefit is payable per Life Insured. A successful claim under the Accidental Serious Injury Benefit will not reduce the Benefit Amount.

**Maximum
Benefit Limits**

To enable the insurer to manage the insurance risk on any one Life Insured, it is necessary to set a maximum limit on the cover provided for a Life Insured under all Guardian Funeral Insurance policies.

The maximum Benefit Amount for a Life Insured is \$15,000. This means that if you apply for the maximum Benefit Amount, then:

- Accidental Death Benefit is \$30,000, being two times the Benefit Amount
- Accidental Serious Injury Benefit is \$45,000, being three times the Benefit Amount

Entitlement to Bonus Cover (explained on page 15) is in addition to the Funeral Insurance Benefit and will not affect the maximum benefit limit.

If the Life Insured is covered under more than one Guardian Funeral Insurance Policy, we will apply the maximum benefit limits above to the total of the benefits payable for the Life Insured under all Guardian Funeral Insurance policies.

If you have exceeded the maximum benefit limit, we will reduce the Benefit Amount to bring it back in line with the maximum benefit limit. Any reduction in the Benefit Amount will be applied to the Guardian Funeral Insurance Policy or policies most recently commenced, and we will refund the premiums paid referable to the amount by which the Benefit Amount is reduced.

We will make reasonable attempts to contact you prior to making any reduction. If we are unable to reach you, we will:

- proceed with the reduction and provide a refund of premium if required as described above; and
- send you an updated Policy Schedule reflecting the adjustments to the Policy.

If the Funeral Insurance Benefit Amount once adjusted still does not comply with the maximum or minimum limit available on the Policy, we reserve the right to cancel the Policy from inception and treat it as though it never existed. We will notify you of the cancellation in writing.

When cover starts

If your application for Guardian Funeral Insurance is accepted by us, then cover starts on the Acceptance Date set out in the Policy Schedule. Your first premium is deducted from the Commencement Date, which is also set out in the Policy Schedule.

We guarantee to continue your Policy until your cover ends explained in "**When cover ends**" on this page, provided you pay your premiums when due.

When cover ends**Funeral Insurance Benefit**

Cover under the Funeral Insurance Benefit for a Life Insured ends on the earliest of any of the following events:

- the date of their death; or
- on their 100th Birthday; or
- the date you elect to take up the Early Cash Out Option (explained on page 16) for that Life Insured; or
- the date of a Terminal Illness payment; or
- the date you cancel the Policy; or
- the date we cancel the Policy.

Accidental Serious Injury Benefit

Cover under the Accidental Serious Injury Benefit for a Life Insured ends on the earliest of any of the following events:

- the date the Funeral Insurance Benefit ends; or
- the date of payment of an Accidental Serious Injury Benefit Amount; or
- the Policy Anniversary following their 75th birthday.

Joint plan

Where cover ends for the Key Life Insured, if there is a Partner Life Insured who wishes to retain their cover, the Benefit Amount for the Partner Life Insured can continue (provided we receive payment of the next due premium).

The Policy will be issued to the Partner Life Insured in their name as the Policyowner, issued as a single plan under the same terms as this Policy and takes effect subject to payment of the next due premium.

Additional Benefits from Age 85

Bonus Cover

From a Life Insured's 85th birthday, we will automatically add 25% Bonus Cover to the Benefit Amount in force immediately prior to their 85th birthday.

No additional premiums will be charged for Bonus Cover.

Where Bonus Cover applies, if a claimable event under the Funeral Insurance Benefit occurs after the Life Insured's 85th birthday, or they celebrate their 100th birthday, we will pay both the Benefit Amount in force immediately prior to the 85th Birthday, and the Bonus Cover.

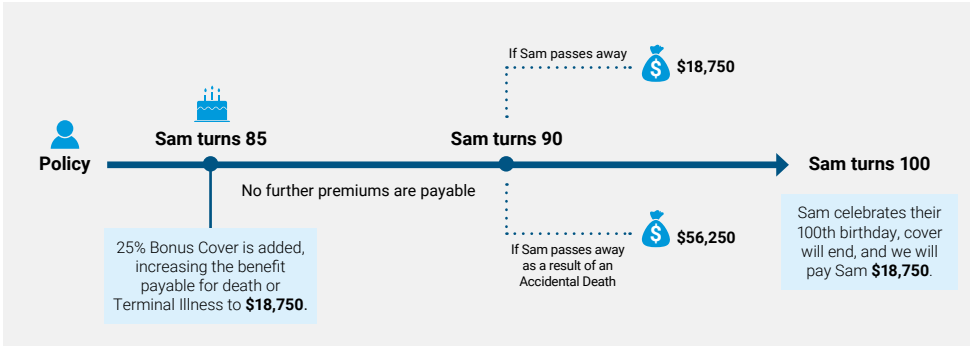
Bonus Cover is not available where the Early Cash Out Option (explained on page 16) has been elected for that Life Insured.

For example: Sam's Guardian Funeral Insurance Policy provided a Benefit Amount of \$15,000 immediately prior to their 85th birthday. From Sam's 85th birthday, premiums are no longer payable and Bonus Cover is automatically added to their Policy.

If Sam dies at the age of 90:

- we will pay \$18,750 – this includes the Benefit Amount in force immediately prior to Sam's 85th birthday (\$15,000), plus the 25% Bonus Cover (\$3,750); or
- as a result of an Accidental Death, we will pay \$56,250 – this includes:
 - the Benefit Amount (\$15,000) plus the Bonus Cover (\$3,750) which is a total of \$18,750 as described above; and
 - the Accidental Death Benefit Amount, which is two times the Benefit Amount plus the 25% Bonus Cover (\$37,500).

If Sam celebrates their 100th birthday, we will pay \$18,750.



Early Cash Out Option

At any time after a Life Insured's 85th birthday, the Key Life Insured may elect the Early Cash Out Option and end cover for that Life Insured. If the Key Life Insured elects this option, we will pay the Key Life Insured 75% of that Life Insured's Benefit Amount in force immediately prior to that Life Insured's 85th birthday.

If you have a single plan, and you elect this option, your Policy will end.

If you have a joint plan, and you terminate your cover under this option, but not your Partner Life Insured's cover, your Policy will remain in force, and we will continue to provide cover for your Partner Life Insured.

Risks associated with electing the Early Cash Out Option

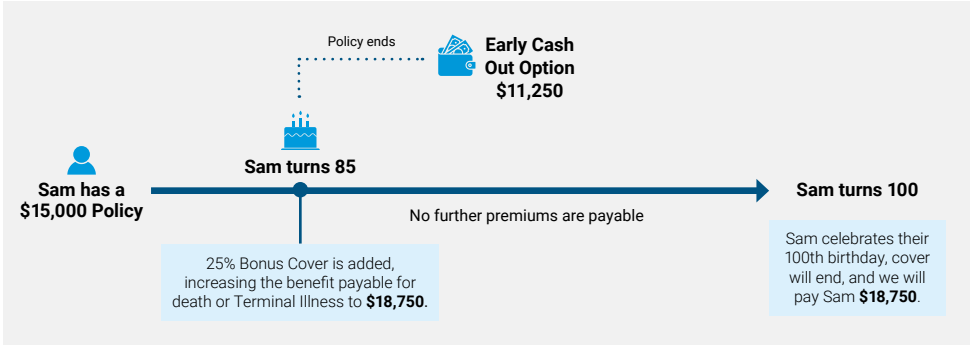
Before you elect the Early Cash Out Option, you should consider the benefits otherwise available under your Policy at that time and the risks that may apply in making this decision, including:

- the amount available upon death will exceed 75% of the Benefit Amount at the time you make your election.

For example: Sam's Benefit Amount was \$15,000 immediately prior to Sam's 85th birthday. From Sam's 85th birthday, premiums are no longer payable and the Early Cash Out Option is available.

If Sam elects to take the Early Cash Out Option, we will pay \$11,250. However, if Sam decides not to elect for the Early Cash Out Option, Sam's beneficiary will be eligible to claim \$18,750 – being the Benefit Amount (\$15,000), plus the 25% Bonus Cover (\$3,750) – on death, or Sam will be eligible to claim \$18,750 for diagnosis of a Terminal Illness, or if Sam celebrates their 100th birthday.

You can call us on **1300 709 431** to find out the amount payable on your death, or on the death of the Partner Life Insured.



Cost of Guardian Funeral Insurance

How we calculate your premiums

Premiums are the cost of your Insurance.

Your premiums are designed to stay the same year on year, but will change if you apply to change your cover, or we change the premium rates for your Policy (see the section on Premium rate changes below).

Your premium is determined at the Commencement Date and is based on the Life Insured's:

- age at the Commencement Date;
- chosen Benefit Amount; and
- Insurance Plan chosen (single or joint plan).

When a Life Insured reaches age 85, and the Policy is still in force, cover for that Life Insured will continue, and premiums for that Life Insured are no longer payable. If you have a joint plan and your Partner Life Insured is aged less than 85, premiums for your Partner Life Insured are still payable, until they reach age 85.

Payment methods, frequency & due date

The premium must be paid in Australian dollars.

You can pay your premium by automatic debit from your bank, credit union or building society account, or by credit card.

Your premium will be debited on the agreed date you have chosen, either fortnightly, monthly or annually.

You may apply at any time to change the method of payment of premiums by calling us on **1300 709 431**.

If you are having difficulty making your premium payments, please contact us and we will inform you of the options we can provide to assist you to retain your cover.

Premium rate changes

We may increase the premium rates applying to your Policy, but only if we change the premium rate applying to all (or the same group of) Guardian Funeral Insurance Policyowners/Partner Life Insured. We will send written notice of any change to you (to your last address notified to us) at least 90 days before the effective date of the change.

Tax

In most cases your premium will not be tax deductible and tax will not be payable on any Benefit Amount paid under your Policy.

This information is based on continuance of present tax laws and our interpretation of those laws. Your individual situation may differ, and you should seek qualified professional advice in relation to your particular circumstances.

Claims

Making a claim If you (or your beneficiary or your legal personal representative on your death) wish to claim under this Policy, please contact us by using one of the following:

Phone: 1300 308 578

Email: claims@guardianinsurance.com.au

Mail: Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

You will be sent a form to be completed, signed and returned. We may also require your treating doctor or specialist to complete a form at your (or your estate's) expense. The Policy and the Insurance for the benefit must be in force when the insured event occurs for a claim to be eligible under the Insurance provided.

Claims should be made as soon as possible after the event giving rise to the claim. We encourage you to lodge your claim within 120 days of the insured event, as this will assist in reducing any delays within the claim assessment.

Before a claim can be fully assessed, we must receive proof, provided at your (or your estate's) expense. This proof must be to our reasonable satisfaction, that the insured event has occurred. In addition, in some cases it will be necessary for us to obtain:

- proof to be supported by one or more appropriate Medical Practitioners (where relevant in the case of an Accident) as indicated in the **"Definitions"** on page 25; and
- all relevant information, including any test, examination, or laboratory results, to be provided to us.

To enable us to determine if a claim is payable under the terms of your Policy, we may require the Life Insured to undergo (at our expense) examinations or other reasonable tests, and where necessary, a post-mortem examination. These may be needed to confirm the occurrence of an insured event. In addition, we may conduct investigations to assess the validity of the claim. This could involve the use of investigation agents and surveillance, legal advisers and the collection of personal data.

Benefit payments

Unless a valid beneficiary nomination (explained below) applies, we make all benefit payments to you, or on your death:

- under a single plan, to your legal personal representative, or other person that we are permitted to pay under the *Life Insurance Act 1995* (the Act); or
- under a joint plan, to your surviving Partner Life Insured.

Benefits will be paid in Australian dollars.

The payment of the Benefit Amount in accordance with the above or to a nominated beneficiary in respect of a Life Insured is full and final discharge of our liability under the Policy for that Insurance benefit.

Benefit nominations

As the Policyowner, we recommend that you nominate a beneficiary or beneficiaries to receive the Benefit Amount payable under your Policy on your death.

To nominate a beneficiary you can download a **Nomination of Beneficiaries Form** from **guardianinsurance.com.au** which can be signed manually or using an electronic signature, or contact Guardian Insurance at:

Phone: 1300 709 431

Email: enquiries@guardianinsurance.com.au

Writing: Guardian Customer Support
Reply Paid 6728
Baulkham Hills NSW 2153

General Information

30-day money back guarantee

You have 30 days from the Commencement Date to decide whether you want to keep the Policy, provided you have not made a claim under the Policy. This is known as the 'cooling-off' period.

If you wish to cancel your Policy within the cooling-off period, please either send a written request providing your instruction to cancel along with your full name and Policy number to one of the following:

Mail: Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Email: enquiries@guardianinsurance.com.au

Or alternatively you can call us on **1300 709 431**.

Provided your request is received within the prescribed time we will refund any premiums you have paid within 15 business days unless you have lodged a claim with us in that time.

Insurance risks

In considering whether to buy Guardian Funeral Insurance, there are a number of insurance risks you should be aware of, including:

- you need to select the type of insurance benefit and apply for the appropriate level of cover for your needs. If you do not have the appropriate type and level of cover, it might cause you or your family to suffer financial hardship even after receiving payment of the benefit payment;
- if you are replacing a contract or policy with another contract or policy, you should consider all the terms and conditions of each policy before making a decision to change. Your new cover may not provide the same level or scope of cover and you may need to re-serve waiting periods. Your new cover may not provide the required protection if you make any errors or omissions in your new application;
- before cancelling any existing policy, you should check that you have been issued with a new policy, otherwise you risk being uninsured;
- over time, your circumstances may change and you may find that you are less able to afford to pay the premium;
- it is possible that you will pay more in total premiums than the value of the cover, depending on how long you hold cover for;
- the amount of cover may not adequately cover the Life Insured if they suffer illness or injury; and
- we may not pay a benefit in some circumstances (refer to the information for "**What is not covered under your Policy**" on page 12) because an exclusion applies under your Policy.

Guardian Funeral Insurance is an insurance policy designed purely for protection and is not a savings plan. This means that, unless the Early Cash Out Option applies (explained on page 16) if you cancel your Policy (after the 30-day cooling-off period), or we cancel your Policy, you will not receive anything back. You will also not be able to make a claim for an event arising after the date your Policy is cancelled.

Changing your Insurance

Once your Policy has been accepted by us, you can request the following changes to your Policy:

- update your personal details;
- decrease a Life Insured's Benefit Amount;
- change from a joint plan to a single plan; or
- under a joint plan, transfer ownership to your Partner Life Insured.

If this Policy is purchased as a single plan, this cannot be assigned to any other person or entity.

From the Acceptance Date of the Policy, the following changes cannot be made to your Policy:

- the addition of a Partner Life Insured
- increases to the Benefit Amount.

If you wish to discuss your Policy or make alterations to your Insurance, you can contact us on **1300 709 431**.

Any change, and the terms and conditions relating to the change, are subject to our approval and written confirmation by us.

Cancelling your Policy

If your premium remains unpaid for more than one month from when it is due, your Policy will be cancelled. Prior to cancelling your Policy, we will provide a written notice to you setting out the premium payments that are overdue and the timeframe you have to rectify any overdue payments.

Within six months of the date that the Policy is cancelled by us, you can apply to reinstate cover, however your application will be subject to the eligibility requirements as at the date of your application, may require new terms and conditions, or your application to reinstate your Policy could be declined.

Insurance for a Life Insured will be cancelled if the Life Insured is on a temporary work visa and ceases to reside in Australia.

You must tell us if the Life Insured is on a temporary work visa and ceases to reside in Australia.

If the Funeral Insurance Benefit Amount does not comply with the maximum or minimum benefit limits available on the Policy, we reserve the right to cancel the Policy from inception, refund any premiums paid and treat it as if it never existed, as outlined in '**Maximum Benefit Limits**' section on page 13.

If you wish to discuss or cancel your Policy, please send a written request providing your instruction to cancel along with your full name and Policy number to:

Mail: Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Email: enquiries@guardianinsurance.com.au

Or alternatively you can call us on **1300 709 431**.

Upon receiving your written request to cancel, we will cancel your Policy.

Where you have paid your premium on an annual basis, we will refund the annual premium less the amount which covered the period for which you were insured.

Questions or Complaints

How to contact us

We hope that you never have a reason to complain, but if you do, we will do our best to work with you to resolve it. To lodge a complaint or if you require assistance to lodge a complaint, please contact us using one of the following means:

Phone: 1300 709 431

Mail: Customer Support Complaints
Guardian Insurance
Reply Paid 6728
Baulkham Hills NSW 2153

Email: enquiries@guardianinsurance.com.au

Our complaint resolution process has three steps.

1. Initial response

Usually when you have a complaint, we can resolve it immediately on the phone. If we cannot immediately resolve your complaint to your satisfaction, we will refer your complaint to our centralised complaints team who will acknowledge receipt of your complaint within 24 hours (or one business day) where reasonable. If we are still unable to resolve your complaint within five days or your complaint is in relation to hardship or the value or decline of a claim, we will escalate your complaint for review by our Internal Dispute Resolution team.

2. Internal dispute resolution

All matters escalated to our Internal Dispute Resolution team will be responded to in writing. After full consideration of the matter, a written final response will be provided within 30 days that will outline the decision reached and the reasons for the decision.

3. External dispute resolution

In the unlikely event that your complaint is not resolved to your satisfaction, or a final response has not been provided within 30 days, you may be eligible to refer your matter to the Australian Financial Complaints Authority (AFCA) provided your matter is within the scope of AFCA's Complaint Resolution Scheme Rules. AFCA is a free, fair and independent dispute resolution scheme.

You may contact AFCA at:

Australian Financial Complaints Authority

Mail: GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678

Website: afca.org.au

Email: info@afca.org.au

Privacy Notice

In this section, ‘we’, ‘our’ and ‘us’ means Hannover and anyone (including GFS and Guardian Insurance) collecting information on our behalf and are subject to the Australian Privacy Principles under the *Privacy Act 1988* (Cth).

We collect personal information (including sensitive information) in several ways, including via telephone, our website, paper or electronic forms or email. Whenever we deal with you, we request personal information in the application for insurance directly from you and we assume that, where you disclose information about others, you have obtained their permission to do so. In some instances, we may collect information from other sources. This may include from another party involved in a claim, family members, or anyone you have authorised to deal with us on our behalf, including your representatives.

We only collect personal information that is necessary to provide products and services to you, or otherwise permitted by the law.

By applying for insurance, you consent to your personal information (including health information) being collected and used to consider your application for insurance, assess a claim, using it or giving it to related companies for research and analysis, to design or underwrite new insurance products. Your personal information may be disclosed to third parties who assist in the provision of insurance services (i.e. reinsurers, related companies, our advisers, persons involved in claims, medical service providers, external claims data collectors and verifiers, your employer, your agents and other persons where required by law). Third parties are prohibited from using your personal information for purposes other than those for which it is supplied. Your personal information may be disclosed to the Australian Financial Complaints Authority (**AFCA**) or other dispute resolution providers, government bodies, regulators, law enforcement agencies and any other parties where required by law.

Your personal information may also be used to consider any other insurance application you may make in the future with us, or to perform our administrative operations (such as responding to your enquiries, providing you with support at your request, providing you a quote for insurance, for training and quality assurance purposes) and performing internal support functions (such as risk management). If you do not consent to us collecting and using your personal information in this manner, or do not provide the requested information in full, we may be unable to provide you with all our services.

From time to time, Guardian Insurance use your personal information to assist them in developing and identifying products and services that may interest you and (unless you ask them not to by calling them on **1300 709 431**) telling you about products and services offered by Guardian Insurance.

We may disclose your personal information to parties located in other countries as listed in Hannover’s Privacy Policy.

You can read more about how we collect, use and disclose your personal information, including how to access your information or complain about a breach of your privacy by accessing Guardian Insurance Privacy Policy at guardianinsurance.com.au/privacy-policy or Hannover’s Privacy Policy at hannover-re.com/privacyau or you can request a copy. If you wish to gain access to your information (including correcting or updating it), have a complaint about a breach of your privacy, or have any other query relating to privacy, please call on **1300 709 431**.

Your Duty to Take Reasonable Care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is an answer that is false, 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, reinstating insurance and when you authorise others to apply for cover on your behalf.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your Insurance. Your Policy could be voided (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.

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

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond;
- answer every question;
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it; and
- review your application carefully, whether you or someone else helped you complete your application (for example, your interpreter or authorised third party), and any other documentation we provide you that was used in the assessment of your application.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It is important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you are having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you while speaking with us.

Definitions

Acceptance Date	means the date an application for a Life Insured is accepted by us and cover starts, as set out in the Policy Schedule.
Accident	means an event resulting in bodily injury occurring while the Life Insured is covered under this Policy, where the injury is directly and solely caused by an unintentional accidental, violent, external and visible means without any other contributing causes and where the injury is not self-inflicted.
Accidental Death	means death occurring as the direct result of an Accident and where death occurs within 90 days of the Accident.
Australian Resident	means a person who resides in Australia at the time of application and either holds Australian or New Zealand citizenship, or holds an Australian permanent residency visa, or has been in Australia continuously for six months or more on a temporary work visa and resides in Australia.
Benefit Amount	means the amount payable on the applicable insured event under this Policy in respect of a Life Insured. The Benefit Amount at the Acceptance Date for each benefit for each Life Insured is shown in the Policy Schedule.
Blindness in Both Eyes (severe and permanent, best corrected)	<p>in respect to the Accidental Serious Injury Benefit, means severe and irreversible loss of sight in both eyes due to injury with any of the following in the better eye:</p> <ul style="list-style-type: none">● best corrected visual acuity is 6/60 or less (this means that even with visual aids you need to be at 6 metres or less to see what someone with normal vision can see at 60 metres); or● visual field is reduced to 20 degrees or less of arc (this means that your field of vision is less than 20 degrees in diameter). <p>Blindness due to cataracts is excluded.</p> <p>The diagnosis must be confirmed by an appropriate Specialist Medical Practitioner in that field.</p>

Commencement Date	means the date on which your first premium payment is deducted. The date you select for the first premium deduction is set out in the Policy Schedule.
Deafness in Both Ears (profound and permanent, best corrected) – or requiring cochlear implant	<p>in respect to the Accidental Serious Injury Benefit, means a confirmed diagnosis of profound and irreversible hearing loss in both ears as a result of injury, with any one of the following:</p> <ul style="list-style-type: none"> • best corrected hearing threshold of 80 decibels in the better ear, averaged at frequencies from 500 hertz to 3,000 hertz; or • requiring or undergoing cochlear implant due to profound loss of hearing in both ears. <p>The diagnosis must be made by an appropriate Specialist Medical Practitioner in that field.</p>
Diplegia (total and permanent)	<p>means total and permanent loss of use of symmetrical parts of the body (such as both arms or both sides of the face) caused by permanent damage to the nervous system as a result of injury.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
Hemiplegia (total and permanent)	<p>means the total and permanent loss of use of one side of the body (such as one arm and one leg of the same side) caused by permanent damage to the nervous system as a result of injury.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
Insurance	means, in respect of a Life Insured, the insurance benefits that have been applied for and accepted by us as indicated on the Policy Schedule.
Insurance Plan	<p>means the Insurance Plan nominated by the Policyowner in the application, subject to acceptance by us. The Insurance Plans available under the Policy are:</p> <ul style="list-style-type: none"> • single plan – this plan applies if the Key Life Insured is the only person nominated in the application, in which case you are the Policyowner. • joint plan – this plan applies if there is a Key Life Insured and a Partner Life Insured nominated in the application, in which case the Key Life Insured is the Policyowner.

Key Life Insured	means a person named in the Policy Schedule as the Key Life Insured.
Life Insured	means, as the context requires, the Key Life Insured and, if applicable, the Partner Life Insured. The lives insured are set out in the Policy Schedule.
Medical Practitioner	means a medical practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA), who must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.
Paralysis (total and permanent) - specified	<p>in respect of the Accidental Serious Injury benefit, means total and permanent loss of use of one or more limbs caused by permanent damage to the nervous system as a result of injury. This includes but is not limited to, Hemiplegia, Diplegia, Paraplegia, and Quadriplegia/Tetraplegia.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
Paraplegia (total and permanent)	<p>means the total and permanent loss of use of both legs caused by permanent damage to the nervous system as a result of injury.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
Partner Life Insured	means a Life Insured who is not the Policyowner. A partner may be a legal spouse or de facto of the Policyowner and may be of the same gender as the Policyowner.
PDS	is an acronym of Product Disclosure Statement.
Policy	means the legal contract between you and us. This PDS, the current Policy Schedule, and amendments, or endorsements to the Policy specified in the Policy Schedule make up the Policy.
Policy Anniversary	means the applicable anniversary of the Commencement Date of your Policy.
Policy Schedule	means the Policy Schedule issued with your Policy and updated from time to time. A new Policy Schedule will replace previous Policy Schedules.

Policyowner	means when this Policy was issued, the Key Life Insured is automatically the Policyowner.
Quadriplegia (total and permanent)/ Tetraplegia (total and permanent)	<p>means the total and permanent loss of use of both arms and both legs caused by permanent damage to the nervous system as a result of injury.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p>
Specialist Medical Practitioner	means a medical practitioner who practices in a speciality field and is listed on Australian Health Practitioner Regulation Agency's (AHPRA) Specialist Register. The Specialist Medical Practitioner must not be the Policyowner or a Life Insured under this Policy, their spouse, relative or business associate.
Terminal Illness	means the diagnosis, by a Medical Practitioner, of an illness where life expectancy, after taking into account all reasonably available treatment, is 12 months or less.
Total and Permanent Loss of Use of Two Specified Limbs	<p>means, in respect to the Accidental Serious Injury Benefit, complete and irrecoverable loss of use of two limbs as a result of injury. Limb in this context means an entire arm, leg, hand or foot.</p> <p>The diagnosis must be confirmed by a Medical Practitioner.</p> <p>For the purpose of this definition 'loss of use' means the inability to use the affected limb in a meaningful or practical way, such as holding, grasping, typing, carrying, standing or walking.</p>

Direct Debit Service Agreement

This agreement is issued by Hannover to help you understand your rights and responsibilities when making a premium payment by direct debit. It allows Hannover to debit your nominated account to meet the premiums for your Policy.

This direct debit service agreement is administered by GFS on behalf of the product issuer, Hannover.

The terms of the agreement are set below.

1. Hannover Life Re of Australasia Ltd ABN 37 062 395 484 ('Debit User') will initiate direct premium debit payments in the manner referred to in the Policy Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Policy Schedule, they must either contact the Debit User on **1300 709 431** or write to the Debit User at Reply Paid 6728, Baulkham Hills NSW 2153.
5. Customer queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in this document on page 22. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to the customer's financial institution nominated in the Policy Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that their account details given in the Policy Schedule are correct by checking against a recent statement from their financial institution at which their account is held.
8. It is the customer's responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, the customer may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. Customers wishing to cancel the Direct Debit Request or to stop individual payments must give at least seven days' written notice to the Debit User at the address referred in point 4.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of the customer's account and debit payments confidential.





For more information call 1300 709 431
Or visit guardianinsurance.com.au