

Zurich Active (insurance only super) Income Protection Target Market Determination

Date TMD is effective:	1 October 2024
Policy name:	Zurich Income Safeguard
TMD version:	3
Description:	Income protection issued under Zurich Active as an insurance option under the Zurich Insurance-only Superannuation Plan

This document contains two related Target Market Determinations (TMDs) that have been prepared to comply with the Design and Distribution Obligations (DDO) in Pt 7.8A of the Corporations Act 2001:

- **Part A** contains the TMD prepared by Zurich Australia Limited ABN 92 000 010 195 AFSL 232510 (Zurich) as the issuer of insurance cover under the Zurich Insurance-only Superannuation Plan (the Zurich Plan).
- **Part B** contains the TMD prepared by Brighter Super Trustee ABN 94 085 088 484 AFSL 230511 (Trustee) as the issuer of the Zurich Plan, a division of Brighter Super ABN 23 053 121 564 (Fund).

Although the insurance and superannuation products are related (because the insurance product may be acquired via the superannuation product), they are distinct products with separate TMDs. Where an insurance product is being acquired via the super product, distributors must have regard to both TMDs.

PART A - Insurance

1. About this document

This document is a TMD. It sets out the target market for income protection under the Zurich Active product suite (Income Protection) as an insurance option under the Zurich Plan. This TMD also sets out how the product is distributed, review periods and triggers relating to the TMD, and reporting on and monitoring of the TMD. It forms part of Zurich's design and distribution framework and is required under section 994B of the Corporations Act 2001 (Cth).

This TMD has been prepared to give consumers, distributors, and staff an understanding of the target market for Income Protection, based on the objectives, financial situation and needs of the class of consumer comprising the target market.

This document is not a Product Disclosure Statement (PDS) and is not a summary of the features or terms of the product. This document does not take into account any person's individual objectives, financial situation or needs. Persons interested in acquiring this product should carefully read the PDS for Zurich Active before making a decision to apply for this product. The PDS can be

found at zurich.com.au/pds. Consumers may want to consider obtaining personal financial advice to ensure the cover they select is tailored to their objectives, financial situation and needs.

Income Protection is an intermediated insurance product that can suit consumers with simple or complex needs, including consumers who either:

- have completed their own research, including having received general advice, know what type of insurance they want and seek help with the application process; or
- want insurance that is tailored to their specific circumstances through a needs analysis and a fact find by a qualified financial adviser.

Consumers who apply for this product are comfortable to provide us with information about their health, financial situation, lifestyle, and pastimes for our assessment and they understand that the outcome of the assessment may be that they are not eligible for cover.

2. Product description

Income Protection is designed for consumers with the needs and objectives set out below. It provides a monthly benefit if the life insured is unable to work solely due to a sickness or injury that causes ongoing restricted capacity for longer than the specified waiting period and satisfies a condition of release to receive a benefit amount from superannuation.

This product provides insurance protection only, so that benefits are only payable if an insured event occurs. It is not a savings product and does not accumulate a cash or surrender value.

3. Target market

Needs and objectives

Income Protection is designed to provide financial protection for a consumer who has (or envisages that in future they will or may have) regular and ongoing financial commitments that will not be met in the event of a temporary or long-term disability which prevents them from earning income.

As this cover is held in superannuation, the target market is specifically consumers who also:

- want to obtain Income Protection within the superannuation environment; and
- understand and accept the additional requirement of satisfying a condition of release to receive a benefit amount from superannuation.

When cover may be suitable

Income Protection may be suitable for consumers who:

- meet the eligibility requirements outlined below;
- are employed and have or expect to have financial commitments that will not be met in the event they suffer a sickness or injury;
- seek cover that can be tailored to meet their individual needs or circumstances (for example, by selecting the amount of cover, the benefit period and the waiting period that suits their needs);
- are working a minimum of 20 hours per week in their principal occupation;
- are willing to undergo an assessment conducted by Zurich in relation to health and medical history, occupation, pursuits and pastimes to obtain insurance cover, and are willing to accept restrictions, loadings or exclusions determined by Zurich following that assessment; or who have an eligible existing Zurich insurance policy and may wish to replace existing cover with this product without the need for a health or medical assessment;
- are engaged in an occupation for which Zurich provides insurance cover; and
- have capacity to pay premiums on an ongoing basis over the timeframe identified for financial protection.

When cover may not be suitable

Income Protection may not be suitable for consumers who:

- are engaged in an occupation for which Zurich does not provide insurance cover;
- are working less than 20 hours a week in their principal occupation;
- seek automatic insurance cover without health or medical assessment;
- are ineligible for underwritten cover on the basis of medical history, occupation (for example, hazardous occupations), pursuits or pastimes;
- already hold sufficient income protection cover or are otherwise able to meet financial commitments in the event they suffer a sickness or injury;
- are unable to fund premiums over the timeframe identified for financial protection; or
- are seeking cover for any benefit which is subject to any of the exclusions outlined below.

Financial capacity

Income Protection is designed for consumers who have the financial capacity to purchase it and to fund the cost of cover, in accordance with the chosen premium structure, selected level of cover, fees and government charges over the timeframe identified for financial protection. This is important for two reasons:

- the cost of cover will generally increase over time; and
- cover will be cancelled, and the life insured won't be covered, if premiums are not paid.

Appropriate consumers will thus be gainfully employed and able to ensure payment of insurance premiums, which may be funded by personal contributions, spouse contributions, employer contributions or by rollover from another superannuation fund.

4. Product design and key attributes

Product value

Income Protection insurance provides value to consumers because it replaces some lost income, so that the life insured can concentrate on recovery without having to worry about how to cover ongoing expenses.

The product offers a replacement income solution which can be tailored to consumer needs. Consumers can select an appropriate waiting period and benefit period, depending on the expected cash-flow impact of a temporary or long-term disability. This would also depend on accumulated savings, any other income replacement insurance, such as insurance in superannuation, and sick leave. Extra-cost options may be selected to tailor cover to consumers, based on their needs, cash-flow, willingness to self-insure and affordability.

Eligibility requirements

When applying for Income Protection, consumers must satisfy all of the following*:

- are aged between 19 and 60 (up to age 61 is permitted on exception subject to additional requirements at the time of assessment being met);
- are in gainful employment for a minimum of 20 hours per week (24 hours for fixed term contractors and casual workers) and qualify for a minimum monthly benefit of \$1,500;
- are in Australia; and
- have Australian residency or are in the process of applying for permanent Australian residency.

Income Protection provides a monthly benefit if the life insured is unable to work solely due to a sickness or injury that causes ongoing restricted capacity for longer than the specified waiting period. It replaces some lost income and the above eligibility criteria provides parameters for consumers for whom Income Protection is likely to be suitable.

Income Protection is subject to our assessment of health, financial information, occupation, and pastimes and so:

- consumers in certain occupations may not be eligible for cover or they may be subject to restrictions on the available benefit periods and waiting periods, the maximum insured monthly benefit and the maximum entry age;
- consumers with pre-existing health conditions may not be eligible for cover;
- consumers who participate in high risk pastimes may not be eligible for cover; and
- the outcome of the assessment may impact the premiums, the insured monthly benefit and the terms of the insurance policy, or cover may be declined.

* Where we issue a new policy for one of the scenarios below, the consumer will still be considered eligible and within the target market:

- replacement of existing cover as a result of a change of ownership; or
- policy reinstatement after cancellation due to non-payment of premium; or
- exercising an option to continue, convert or buy back cover, under the policy terms outlined in the PDS.

Premium structure

The product is suitable for consumers who have capacity to pay premiums on an ongoing basis over the timeframe identified for financial protection.

There are two premium types:

- variable age-stepped premium
- variable premium

Variable age-stepped premiums generally increase each year based on rates for the consumer's age. They may be lower at the start of the policy, on the basis that the customer's health has been recently assessed. Variable premiums for the benefit amount at policy outset are based on the age of the consumer when cover begins.

Variable premiums are 'averaged out' or smoothed, which means they are generally higher than variable age-stepped premiums during the initial years, but lower than variable age-stepped premiums in later years. Variable premiums may be more cost effective than variable age-stepped premiums for a consumer's longer term need for insurance.

Variable age-stepped premiums may be more suitable where there is a preference for lower upfront cost or there is uncertainty as to how long cover will be held. Variable premiums may be more suitable where cover is to be held for a duration such that the variable premiums are expected to result in lower overall cost than variable age-stepped premiums and where the consumer is comfortable with higher upfront costs, particularly in the event of early policy terminations.

Whether variable age-stepped or variable premiums apply, premium rates aren't guaranteed and can change. Detailed information on understanding premiums, what factors impact them and why they change is available in the PDS.

Key exclusions and limitations

Key exclusions

We will not pay any benefits for sickness or injury occurring as a direct or indirect result of any of the following:

- an intentional self-inflicted act;
- attempted suicide;
- illicit drug use;
- uncomplicated pregnancy or childbirth;
- an act of war, whether declared or not. War does not include acts of terrorism;
- participation in criminal activity (and during incarceration due to participation in criminal activity).

Benefits will also not be paid where a claim arises from a cause other than sickness or injury. For example, loss of a professional qualification.

Elective and donor transplant surgery is not covered in the first six months of any cover or any reinstated cover. This also applies to any increases in cover after the cover starts.

Life insurers cannot reimburse any expenses which:

- the law does not permit life insurers to reimburse; and
- are regulated by the National Health Act 1953 (Cth) or the Private Health Insurance Act 2007 (Cth).

As this cover is held in superannuation, benefits are not payable if the life insured is unemployed when a sickness or injury occurs, unless the life insured is unemployed because of a sickness or injury. However, the life insured will receive complimentary Income Protection outside of superannuation to cover them if they are in this situation.

This product may be subject to additional exclusions, based on our assessment of an application.

Key limitations

- This product provides indemnity cover, which means that the monthly benefit payable is based on the life insured's annual income at the time of the claim. The monthly benefit received may be less than the insured monthly benefit if the life insured's income has reduced, or they have periods of unemployment prior to claim. Regular review of insurance cover is important to help ensure it continues to meet consumer needs and objectives, which may change over time.
- Any Income Protection benefits payable cease at the end of the selected benefit period, even if the life insured's disability continues after the end of the benefit period.
- Any Income Protection benefits payable cease at the policy anniversary when the life insured is 65 (or 60 for certain high risk occupations). This includes benefit periods of 1, 2 and 5 years, even if the life insured continues to be disabled and the benefit period for the payment has not ended at that time.
- For policies with waiting periods of 1 or 2 years, or after 24 months on claim when the benefit period is to age 65, the occupation we use to assess working capacity is any gainful occupation the life insured is suited for by education, training, or experience, rather than assessment against their primary occupation.
- To receive a monthly benefit, the life insured must:
 - follow the advice and recommended treatment of a medical practitioner; and
 - actively participate in a rehabilitation or retraining program that they have the capacity to undertake.
- To receive a partial disability benefit, the life insured must have a reduction in income of at least 15% of pre-claim earnings in addition to meeting the definition for partially disabled.
- After 24 months on claim, benefit payments will stop when the life insured has a capacity to either:
 - earn an annual income of \$300,000 and is working at full capacity in any gainful occupation; or
 - work at full capacity for 40 hours in their primary occupation.
- Monthly benefits will be adjusted to reflect income the life insured receives or is entitled to receive, as well as other payments received in the month because of the sickness or injury. For example, where a life insured is on claim and is receiving an ongoing income, this will reduce the monthly benefit.

Full details regarding the terms and conditions of this product are available in the PDS.

5. Appropriateness of the product for the target market

The target market is consumers who have or expect to have outstanding financial commitments that will not be met in the event they suffer a sickness or injury which prevents them from earning income and who have capacity to pay premiums on an ongoing basis. As the product pays a regular income benefit it is likely to meet the needs, or go towards meeting the needs, of consumers in the target market.

6. Conditions and restrictions on distribution

Distribution conditions

In light of the obligations under Part 7.8A of the Corporations Act (product design and distribution obligations), an application for Income Protection must be submitted by a Distributor who is operating under an AFSL with appropriate authorisations. The Distributor must be authorised by Zurich to distribute the product as per the terms of the distribution agreement. The Distributor may only submit applications for consumers who:

- have received a current Zurich Active PDS and a current Zurich Insurance-only Superannuation Plan PDS;
- have been given personal or general financial advice; and
- meet the eligibility criteria set out in this TMD.

The Distributor must consider when the cover may be suitable and when the cover may not be suitable as set out in this TMD.

The Distributor should not sell this product to a consumer who is unlikely to ever be eligible to claim the benefits under the policy.

Where the product is distributed under general advice, the Distributor must also have in place, where appropriate, processes relating to general advice scripting, training, monitoring and quality assurance.

These distribution conditions for Income Protection are appropriate and will assist in distribution being directed towards the target market.

Why these distribution conditions and restrictions will make it more likely that the consumers who acquire the product are in the target market

Personal advice

Consumers that obtain personal advice are more likely to be in the target market for Income Protection because financial advisers have a duty to comply with the statutory best interests duty when providing personal advice.

The Distributor is expected to consider any relevant information obtained about the consumer's financial situation, to ensure that Income Protection is sold in accordance with this TMD. Relevant information could include (but is not limited to):

- dependants
- employment and income
- other insurance
- debts.

General advice

Consumers that obtain general advice are more likely to be in the target market providing Distributors follow Zurich's distribution conditions regarding:

- eligibility criteria;
- having considered the suitability of the product; and
- having provided general advice.

In addition, for every application, Zurich's application process will require information covering the key eligibility criteria. If the eligibility criteria is not satisfied, cover will not be provided for those applicants. This will improve the likelihood that cover has been sold to consumers within that target market.

7. Zurich's TMD review process

Review triggers

The following events and circumstances (review triggers) will trigger a review of this TMD as they may mean that it is no longer appropriate.

- The commencement of a significant change in law that materially affects the product design or distribution of the product or class of products that includes this product. This triggers a mandatory review. Zurich may choose to undertake a review even if this review trigger is not met.
- Product performance is materially inconsistent with the product issuer's expectations of the appropriateness of the product to consumers having regard to:
 - product claims ratio (i.e. the proportion of premiums returned to consumers as benefits)
 - the number or rate of paid, denied, and withdrawn claims
 - the number of policies sold
 - policy lapse or cancellation rates
 - percentage of applications not accepted.
- The use of Product Intervention Powers in relation to the distribution or design of this product where Zurich considers this reasonably suggests that this TMD is no longer appropriate.
- Significant or unexpectedly high number of complaints regarding product design, product availability, claims and distribution conditions that would reasonably suggest that the TMD is no longer appropriate.
- Zurich determines that a significant dealing in the product outside the target market (except for an excluded dealing) has occurred.
- Changes in medical advances impact product design or the market for the product.
- Distribution conditions set out in the TMD are otherwise no longer appropriate.
- Zurich makes a material change to the insurance product terms.

Maximum TMD lifespan

Subject to intervening review triggers, this TMD will be reviewed no more than two years after the effective date of the TMD. Any of the above review triggers will bring forward the two-yearly review.

Reporting period for any complaints about this product

Distributors must report complaints to us half-yearly (end of March and September), within 10 business days of the end of the relevant half-year.

Complaints data should include sufficient information to understand the substance of each complaint but should not include personal information.

How Zurich will decide if this TMD is no longer appropriate

Zurich's product manager will review the information set out below on a regular basis to ensure that the TMD is still appropriate.

- Relevant regulation, legislation and/or ASIC instruments relating to the change in law.
- During the review period, compare expected and actual data for the following:
 - product claims ratio (i.e. the proportion of premiums returned to consumers as benefits)
 - the number or rate of paid, denied, and withdrawn claims
 - the number of policies sold
 - policy lapse or cancellation rates
 - percentage of applications not accepted.
- Relevant Product Intervention order.
- Complaints and the nature of the complaints regarding product design, claims and distribution conditions.
- A significant dealing in the product which Zurich's product manager becomes aware is not consistent with the TMD (within 10 business days of becoming aware of the dealing).

The following information collected from Distributors will be considered as part of the review:

- Complaints and the nature of the complaints regarding product design, claims and distribution conditions (must be reported to us by Distributors within 10 business days of the end of the half-year).
- A significant dealing in the product which the Distributor becomes aware is not consistent with the TMD (must be reported to us by Distributors within 10 business days of becoming aware of the dealing).

Submitting data to Zurich

Distributors may submit data to Zurich in any of the accepted formats. Refer to our website for more information: zurich.com.au/tmd.

This document contains two related Target Market Determinations (TMDs) that have been prepared to comply with the Design and Distribution Obligations (DDO) in Pt 78A of the Corporations Act 2001:

- **Part A** contains the TMD prepared by Zurich Australia Limited ABN 92 000 010 195 AFSL 232510 (Zurich) as the issuer of insurance cover under the Zurich Insurance-only Superannuation Plan (the Zurich Plan).
- **Part B** contains the TMD prepared by Brighter Super Trustee ABN 94 085 088 484 AFSL 230511 (Trustee) as the issuer of the Zurich Plan, a division of Brighter Super ABN 23 053 121 564 (Fund).

Although the insurance and superannuation products are related (because the insurance product may be acquired via the superannuation product), they are distinct products with separate TMDs. Where an insurance product is being acquired via the super product, distributors must have regard to both TMDs.

PART B - Superannuation

1. About this document

This Target Market Determination (TMD) contains information on the risk only superannuation products within the Zurich Insurance-only Superannuation Plan, a division of Brighter Super (Fund) issued by Brighter Super Trustee (Trustee) as trustee for the Fund.

This TMD provides consumers, distributors and staff with an understanding of the class of consumers for which this product has been designed, having regard to the objectives, financial situation and needs of the target market.

This document is not a Product Disclosure Statement, is not to be treated as a full summary of the product's terms and conditions, does not take into account any person's individual financial objectives, situation and needs and is not intended to provide financial advice. Consumers must refer to the relevant Product Disclosure Statement (PDS) and any supplementary documents when making a decision about this product.

Product Disclosure Statement to which this target market determination applies

This TMD applies to the risk only superannuation product that is distributed and marketed as the Zurich Insurance-only Superannuation Plan, referred to in the current Zurich Insurance-only Superannuation Plan Product Disclosure Statement.

Previous target market determination review date: not applicable.

2. Class of consumers that constitutes the target market

The Target Market for the Product comprises of persons who:

- want to obtain insurance cover within the superannuation environment
- want to pay insurance premiums funded by personal contributions, spouse contributions, employer contributions or by rollover from another superannuation fund
- can afford sufficient levels of insurance cover to allow for the potential taxation consequences at claim or can afford to receive a reduced benefit amount after allowing for potential taxation consequences at claim
- understand and accept the additional risk of needing to meet a condition of release as defined in the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS Act) to receive a benefit amount

Excluded class of consumers

The product is not suitable for a person:

- seeking a superannuation product with an investment component
- who is unlikely to meet a SIS condition of release
- wishing to nominate a beneficiary that is not a financial dependant under superannuation law, or their estate
- intending to place cover through a business
- who cannot afford sufficient levels of cover to meet potential taxation consequences
- has insufficient retirement savings to meet their retirement goals

Eligibility criteria apply for each type of insurance cover and can be found in the TMD in Part A of this document.

Product description

The Product is a risk-only superannuation interest issued by Brighter Super Trustee as Trustee for the Zurich Insurance-only Superannuation Plan, which is a division of Brighter Super. It provides eligible persons the ability to obtain insurance cover within a superannuation environment and funded from eligible superannuation contributions or rollovers.

Any benefits paid under the policy will be paid to the Trustee and premiums paid for the policy are paid by the Trustee after it receives a sufficient contribution, or a rollover in respect of a member. Membership of the Fund is governed by the Fund's trust deed and superannuation laws. The underlying policy is a contract of insurance between Zurich Australia Limited and the Trustee and does not govern a person's membership of the Fund.

Any entitlements to:

- be paid a benefit received by the Trustee under the policy, and
- payment of contributions or rollover amounts to the Trustee to facilitate the payment of premiums to Zurich Australia Limited for the policy;

are subject to any restrictions or limitations that may apply under the Fund's trust deed and under superannuation law.

Key product attributes

Fees and Costs

The product provides premiums that are primarily dependant on the type of insurance, age, smoker status, gender, stamp duty, medical history, occupation and level of insurance a person is applying for.

Tax

A person who becomes a member of the Fund may be eligible to receive a range of tax concessions subject to eligibility. Further information and updated eligibility are available from www.ato.gov.au.

Insurance

This TMD describes the following insurance option available through the Zurich Insurance-only Superannuation Plan:

Zurich Active

- Income protection insurance – providing cover for ‘temporary incapacity’ where the member is unable to work to earn income due to sickness or injury

Insurance Key Attributes	Target Market Suitability
Income Protection Insurance	This may be suitable for a person who is looking to obtain insurance cover in the event of temporary or permanent disability or illness. Refer to the TMD in Part A of this document.

NOTE: Insurance may not be suitable for certain excluded occupations. You should refer to the PDS for further detail.

Consistency between target market and the product design

The Trustee considers that the product is likely to be consistent with the likely objectives, financial situation and needs of consumers within the target market because:

- the product has been designed for clients who receive personal or general advice;
- there is a range of insurance options to cater for a broad range of insurance needs (including type and level of cover);
- the product accepts the full range of contributions permitted under the law; and
- the costs associated with the product are consistent with market rates.

3. How this product is to be distributed

Distribution channels

The Product is distributed through distributors who are operating under an AFSL with appropriate authorisations. Also, the superannuation product is issued only to a consumer whose application for insurance has been accepted by the insurer.

Distribution conditions

This product should only be distributed under the following circumstances:

- Where the prospective member is resident in Australia and is eligible to contribute to superannuation; and
- Where a member is applying for insurance cover, they must:
 - meet the age, employment and residency requirements outlined in the PDS; and
 - be in an eligible occupation category for the type of insurance cover being applied for.

Distributors must also ensure that they comply with all regulatory provisions relating to financial products including but not limited to the provision of financial advice, Anti-Hawking Provisions and other legislative requirements within the Corporations Act and other relevant law.

Adequacy of distribution conditions and restrictions

The Trustee has determined that the distribution conditions and restrictions will make it likely that customers who purchase the product(s) are in the class of customers for which it has been designed. The Trustee considers that the distribution conditions and restrictions are appropriate and will assist distribution in being directed towards the target market for whom the product has been designed.

In making this determination, the Trustee has had particular regard to the following;

- a consumer must receive personal or general advice from an adviser in order to apply for the product; and
- the superannuation product will be issued to a consumer only if the consumer's application for insurance has been accepted by the insurer.

4. Reviewing this target market determination

We will review this target market determination in accordance with the below:

Periodic reviews

2 years from the effective date.

Review triggers or events

Any event or circumstances arise that would suggest the TMD is no longer appropriate. This may include (but is not limited to):

- Business performance review or adverse finding from a member outcomes assessment;
- a material change to the design or distribution of the product, including related documentation;
- occurrence of a significant dealing;
- distribution conditions found to be inadequate;
- external events such as adverse media coverage or regulatory changes that affect the product or the distribution of the product;
- significant changes in metrics, including, but not limited to, complaints, sales volumes or increase in cancellation rates during the cooling off period;
- the use of a Regulator's Product Intervention Powers in relation to the product;
- if the TMD for the underlying product is varied.

Where a review trigger has occurred, this target market determination will be reviewed within 10 business days.

5. Reporting and monitoring this target market determination

Distributors have the obligation to report the following information to us in relation to this TMD.

Complaints

Distributors must record and report all complaints that relate to the product design, claims and distribution conditions. The record should include the substance of complaints in relation to the product covered by this TMD. Where a complaint relating to the product design, claims and distribution conditions is received, the distributor must report this complaint information to the issuer at six monthly intervals (end of March and September). This will include written details of the complaints.

Significant dealings

Distributors must report if they become aware of a significant dealing in relation to this TMD within 10 business days.

Reporting for complaints and significant dealings should be directed to the issuer

Complaints

Contact the Trustee via the Zurich Plan administrator on 131 551, or write to us at the address below.

Complaints Officer

Zurich Insurance-only Superannuation Plan
C/- Zurich Australia Limited
Locked Bag 994, North Sydney NSW 2059

Significant dealings

Zurich Insurance-only Superannuation Plan
C/- Zurich Australia Limited
Locked Bag 994, North Sydney NSW 2059

Disclaimer

The information contained in this target market determination is general information only and is not intended to be construed as either personal advice or a product recommendation. You should make your own enquiries as to the suitability of this product for your personal financial needs and circumstances and obtain and read a copy of the PDS for further information on its suitability before making an investment and/or insurance decision.