

# Accelerated Protection Income Protection Plan Target Market Determination (TMD)

<b>Product:</b>	Accelerated Protection – Income Protection Plan ( <b>the product</b> ), offered in the Combined Product Disclosure Statement and Policy Document ( <b>PDS</b> ) with issue date 8 September 2023
<b>Issuer:</b>	TAL Life Limited ( <b>TAL Life</b> ) ABN 70 050 109 450 AFSL 237848
<b>Date of this TMD:</b>	6 September 2024
<b>Version:</b>	2
<b>Next TMD review date:</b>	By 6 September 2026

## Important information

This TMD sets out the product description and key attributes, target market, distribution conditions, review periods and review triggers for the product. This TMD forms part of the product design and distribution arrangements of the product.

This document is **not** a product disclosure statement, and is **not** a summary of the conditions, features or terms of the product. The terms and conditions of cover provided under the product are set out in the PDS, along with any Policy Schedule (if applicable). Consumers interested in acquiring this product should carefully read those documents before deciding to purchase, or to continue to hold the product. The PDS can be obtained from [www.tal.com.au](http://www.tal.com.au).

There are a number of terms in this TMD which have a particular meaning. Where a defined term is used in this TMD, the first letter of each word is capitalised (e.g. 'Policy Owner'). These terms are defined in the PDS.

This document does not take into account any consumer's individual objectives, financial situation or needs. If a consumer has any questions about the product, please speak with a financial adviser or contact TAL Life.

Accelerated Protection is an insurance Policy, under which consumers can select a number of Plans comprising of Life Insurance, Total and Permanent Disability Insurance, Critical Illness Insurance, Child's Critical Illness Insurance and Income Protection. This TMD relates to the Income Protection Plan.

**The product is an insurance Policy, not a savings plan, which means no financial benefit is payable from the Policy unless claim eligibility conditions are met.**

Accelerated Protection may be acquired via various distributors with or without personal advice. Not all options, benefits and sum insured limits may be available from a distributor. A distributor can inform consumers of any features (such as options, benefits or sum insured limits) that are not available.

## Product description and key attributes

<b>Product description</b>	Provides a monthly Benefit Amount in the event the Life Insured is Totally Unable to Work or Partially Unable to Work solely because of Sickness or Injury. Benefit payments start after the chosen Waiting Period and continue for the period the Life Insured remains Totally Unable to Work or Partially Unable to Work or up to the chosen Benefit Period.
<b>Eligibility criteria</b>	<ul style="list-style-type: none"> <li>• Entry age for stepped and level premiums and occupation class AAA, AA+, AA and A; 19 – 60 (age next birthday);</li> <li>• Entry age for stepped and level premiums and occupation class BBB, BB, B and SRA: 19 – 55 (age next birthday);</li> <li>• In paid employment at time of application; and</li> <li>• Subject to TAL Life's Underwriting assessment including relating to health and medical history, occupation, income, lifestyle, pastimes and current and past insurance.</li> </ul>
<b>Income Protection replacement options</b>	<ul style="list-style-type: none"> <li>• Income Protection Focus.</li> <li>• Income Protection Enhance.</li> <li>• Income Protection Extend.</li> </ul>
<b>Benefit Period options</b>	<ul style="list-style-type: none"> <li>• 1, 2 and 5 year(s) for Income Protection Focus option.</li> <li>• To age 65 for Income Protection Enhance and Income Protection Extend options.</li> </ul>
<b>Waiting Period options</b>	4, 8, 13, or 26 weeks.
<b>Maximum Benefit Amount</b>	Up to \$30,000 per month (includes Super Contribution Benefit Amount if applicable).
<b>Expiry age</b>	On the Policy anniversary before the Life Insured's 65th birthday.
<b>Key exclusions and limitations</b>	<ul style="list-style-type: none"> <li>• No payment will be made under Income Protection and any included or optional benefits (if applicable), if the claim arises: <ul style="list-style-type: none"> <li>– directly or indirectly because of an intentional self-inflicted act by the Life Insured;</li> <li>– because of normal and uncomplicated pregnancy, miscarriage or childbirth;</li> <li>– directly or indirectly because of War or an act of war, even if the disability manifests itself after the War or warlike activity;</li> <li>– directly or indirectly as a result of a permanent or temporary banning, deregistration, disqualification or restriction being placed on the Life Insured from performing all or some of the duties of their Working Occupation; or</li> <li>– directly or indirectly as a result of the Life Insured participating in criminal activity.</li> </ul> </li> <li>• If the Life Insured is outside Australia, the Totally Unable to Work Benefit and/or the Partially Unable to Work benefit will be limited to three months of payments.</li> <li>• Benefit payments may be reduced or stopped: <ul style="list-style-type: none"> <li>– if the Life Insured is not working or earning to their full capability.</li> <li>– if the Life Insured is receiving other payments (including without limitation from another policy or from other sources derived from the injury or sickness).</li> <li>– if the Life Insured starts a claim after the Policy anniversary before their 60th birthday, and the claim period exceeds 24 months.</li> <li>– if the claim extends beyond 24 months, additional more stringent claim eligibility criteria apply for Income Protection Enhance and Extend.</li> </ul> </li> <li>• Special conditions determined and agreed to during Underwriting. If applicable, the special condition will be shown in the Policy Schedule.</li> <li>• Inability to work solely due to redundancy, unemployment, economic downturn or other reasons not solely related to sickness or injury.</li> </ul>

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**Premium structures**

Premiums are structured on a stepped or level basis.

Stepped premiums are based on the Life Insured's age at each Policy anniversary. This means stepped premiums will generally increase at each Policy anniversary. Stepped premiums are generally cheaper in the earlier years compared to level premiums. Stepped premiums can become more expensive than level premiums in later years. TAL Life makes no representation as to the period over which stepped premium is lower than level premium.

Level premiums are based on the Life Insured's age at the Plan start date. This means level premiums will generally be higher initially than stepped premiums. The amount a consumer pays in level premiums can be less in later years than stepped premiums. TAL Life makes no representation as to when level premium may become less than stepped premium in later years.

Both stepped and level premiums are not guaranteed to remain the same each year. Premiums and the amount consumers pay will change if:

- the Policy Owner varies the Policy, for example when the Policy Owner adds a new Plan or benefit option;
- there is a change in the Life Insured's Benefit Amount, for example when the Life Insured's Benefit Amount increases (including through the Inflation Protection Benefit and Guaranteed Future Insurability Benefit);
- a discount no longer applies or changes because the Policy Owner varied their Policy, or another policy held with us;
- government duties or charges change; or
- TAL Life changes its premium rates or Policy fees.

If premiums are not paid when due, the Policy will end (subject to the required notice periods), and the Life Insured will no longer be covered and cannot claim for events occurring after the Policy ends.

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**Insurance through superannuation**

The product can be held through superannuation. Where superannuation contributions or rollovers are used to pay for premiums, this will reduce the superannuation balance available to consumers in retirement and consumers should consider whether payment of premiums via superannuation will inappropriately erode their retirement income.

Insurance through superannuation has certain legislative restrictions that impact the product, this includes:

- Premiums must be paid from a superannuation fund or by making a contribution to a superannuation fund.
  - Any insurance benefit will be paid via the Trustee of the superannuation fund, who must also independently review and approve payment of the benefit.
  - If the consumer dies and has not made a valid binding death benefit nomination, the Trustee of the superannuation fund will determine the beneficiary or beneficiaries who will receive the death benefit.
  - The qualifying definitions under which an insurance benefit can be paid to the consumer from the superannuation fund must be consistent with legislated superannuation rules called 'conditions of release'.
  - A 'condition of release' must be satisfied before an insurance benefit can be released by the Trustee of the superannuation fund to the consumer.
  - Taxation may apply to benefit payments paid to the consumer or beneficiary.
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## Target market

<b>Eligibility of consumers in the target market</b>	<p>The target market for the product comprises of consumers who:</p> <ul style="list-style-type: none"><li>• are aged 19 – 60 (next birthday) for stepped and level premiums and occupation class AAA, AA+, AA and A;</li><li>• are aged 19 – 55 (next birthday) for stepped and level premiums and occupation class BBB, BB, B and SRA;</li><li>• are in paid employment (at time of application); and</li><li>• meet TAL Life’s Underwriting assessment, including relating to health and medical history, occupation, income, lifestyle, pastimes and current and past insurance.</li></ul>
<b>Objective of consumers in the target market</b>	<p>The target market comprises of consumers who are looking for cover that provides a monthly Benefit Amount in the event the Life Insured is Totally Unable to Work or Partially Unable to Work solely because of Sickness and Injury for longer than the chosen Waiting Period, and for the period the Life Insured remains Totally Unable to Work or Partially Unable to Work or up to the end of the chosen Benefit Period.</p>
<b>Financial situation of consumers in the target market</b>	<p>The target market of consumers who have the financial capacity to fund the costs of cover, in accordance with the chosen premium structure (for example, stepped premiums which is based on the Life Insured’s age at each Policy anniversary, or level premiums which is based on the Life Insured’s age at the Plan start date – both stepped and level premiums are not guaranteed to remain the same each year), over the period they intend to hold the cover.</p> <p>In deciding what premium structure (stepped or level) may be appropriate, consumers will need to consider what premium structure suits their financial situation.</p> <p>Stepped premiums may suit those consumers who prefer lower up-front costs or are uncertain as to how long they wish to hold their cover.</p> <p>Level premiums may suit those consumers who are comfortable paying higher up-front costs and intend to hold the cover for an extended period.</p> <p>Regardless of the premium structure consumers choose, premium rates for both stepped and level premium types are not fixed and they can increase.</p> <p>Consumers will be required to form their own assessment of their capacity to fund premiums.</p>
<b>Needs of consumers in the target market</b>	<p>The target market comprises of consumers who have a need, or may in future have a need, to pay for outstanding financial commitments in the event the Life Insured is Totally Unable to Work or Partially Unable to Work solely because of Sickness and Injury.</p>
<b>Appropriateness of the product for the target market</b>	<p>The target market comprises of those who have or expect to have outstanding financial commitments that will not be satisfied in the event the Life Insured is Totally Unable to Work or Partially Unable to Work solely because of Sickness and Injury. The target market also comprises of those who the financial capacity to fund the costs of cover in accordance with their chosen premium structure, over the period they intend to hold cover.</p> <p>As the product pays a monthly Benefit Amount in the event the Life Insured is Totally Unable to Work or Partially Unable to Work solely because of Sickness and Injury, is only available for those consumers who meet the eligibility criteria, and who have the financial capacity to fund the costs of cover (having formed their own assessment of such capacity), the product is therefore likely to be consistent with the likely objectives, financial situation, and needs of consumers in the target market.</p>

<b>Consumers who are outside of the target market</b>	<p>The target market does not include consumers who;</p> <ul style="list-style-type: none"> <li>• are under 18 years of age;</li> <li>• are 60 years of age or older;</li> <li>• are unemployed (at time of application);</li> <li>• do not meet TAL Life's Underwriting assessment;</li> <li>• do not have the financial capacity to fund the costs of cover, in accordance with their chosen premium structure, over the period they intend to hold the cover; or</li> <li>• have the capacity to and are willing to pay for outstanding financial commitments without the cover under this product.</li> </ul>
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### Distribution conditions

<b>Distribution conditions: Personal advice</b>	<p>Distribution conditions do not apply with respect to the provision of personal advice or to arranging for a consumer to apply for or acquire the product for the purpose of implementing personal advice. This is because regulated persons who provide personal advice have statutory and general law duties with respect to the provision of personal advice which apply instead of the distribution conditions.</p>
<b>Distribution conditions: General Advice</b>	<p>The following distribution conditions apply with respect to the provision of general advice:</p> <ul style="list-style-type: none"> <li>• Distributors must be authorised by TAL Life to distribute the product;</li> <li>• Distributors must obtain information required to determine whether the consumer is eligible for the product and must not permit a consumer to be issued the product if the consumer does not meet the eligibility criteria (provided that the consumer has provided all relevant information honestly and completely);</li> <li>• Distributors must draw the consumer's attention to the key features of the product, including an estimate of the applicable premium (based on the consumer's requested product benefits) to enable the consumer to determine if the product is likely to be consistent with their objectives, financial situation and needs;</li> <li>• Distributors must have in place processes in relation to call scripts, training, monitoring and quality assurance designed to ensure the appropriate distribution of the product (call centres only); and</li> <li>• Distributors must make the PDS of the product available to consumers.</li> </ul>
<b>Referrers</b>	<p>Referrers are distributors who may engage in retail product distribution conduct (such as general advice on a website) but have limited or no contact with the consumer. In these circumstances, the referrers may refer the consumer to TAL Life or another distributor who must comply with the distribution conditions as outlined above.</p>
<b>Appropriateness of the distribution conditions: General advice</b>	<p>The distribution conditions will result in the product being issued to consumers who are likely to be in the target market because:</p> <ul style="list-style-type: none"> <li>• the requirement for distributors to determine whether a consumer is eligible for the product and not permit consumers to be issued the product if they do not satisfy the eligibility criteria means the product cannot be issued to consumers who are not eligible for the product; and</li> <li>• the requirement for distributors to draw the consumer's attention to the key features of the product, including an estimate of the applicable premium (based on the consumer's requested product benefits), is likely to prompt a consumer to either proceed or not to proceed with an application based on their financial capacity to afford the applicable premiums and determination of whether the product is consistent with their likely objectives, financial situation and needs.</li> </ul>

## Review periods and review triggers

<b>Review periods</b>	<p><b>Initial review period:</b> Must be completed within 1 year from the original date of this TMD, subject to any intervening review triggers. The initial review was completed on 6 September 2024.</p> <p><b>Ongoing review period:</b> Must be completed every 2 years from the initial review, subject to any intervening review triggers.</p>
<b>Review trigger 1</b>	<p><b>Description:</b> The commencement of a significant change in law that materially affects the product design, distribution of the product or class of products that includes this product.</p> <p><b>Reporting information:</b></p> <ul style="list-style-type: none"><li>• Changes to relevant regulation, legislation and instruments.</li></ul> <p><b>Reporting period and review obligation:</b></p> <ul style="list-style-type: none"><li>• TAL Life must monitor and consider any significant relevant change in law that materially affects the design or distribution of the product.</li></ul>
<b>Review trigger 2</b>	<p><b>Description:</b> Product performance is materially inconsistent with TAL Life's expectations of the appropriateness of the product for consumers having regard to:</p> <ul style="list-style-type: none"><li>• claim ratios by cover type;</li><li>• the number of admitted, declined and withdrawn claims;</li><li>• the number of policies sold;</li><li>• policy lapse rates; and</li><li>• the number of applications not accepted.</li></ul> <p><b>Reporting information:</b></p> <ul style="list-style-type: none"><li>• Claims ratio by cover type;</li><li>• Number of admitted, declined and withdrawn claims;</li><li>• Number of policies sold;</li><li>• Policy lapse rates; and</li><li>• Number of applications not accepted.</li></ul> <p><b>Reporting period and review obligation:</b></p> <ul style="list-style-type: none"><li>• TAL Life must collect the reporting information and review these factors twice a year at the end of March and September.</li></ul>
<b>Review trigger 3</b>	<p><b>Description:</b> Significant or unexpectedly high number of complaints regarding product design, claims and distribution conditions that would reasonably suggest that this TMD is no longer appropriate.</p> <p><b>Reporting information:</b></p> <ul style="list-style-type: none"><li>• The nature of complaints and the total number of complaints received in relation to the product within the reporting period.</li></ul> <p><b>Reporting period and review obligation:</b></p> <ul style="list-style-type: none"><li>• TAL Life must review and consider the nature of complaints and the total number of complaints twice a year at the end of March and September.</li><li>• Distributors must report the complaints and the total number of complaints to TAL Life, with reports required within 10 business days of the end of March and September.</li></ul>

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**Review trigger 4**

**Description:** Significant change to the design or distribution of the product which TAL Life considers could result in a change to:

- whether the product is likely to be consistent with the likely objectives, financial situation or needs of the target market; or
- the distribution conditions required to ensure that the product is likely to be issued to consumers who are within the target market.

**Reporting information:**

- Any significant changes to the design or distribution of the product.

**Reporting period and review obligation:**

- TAL Life must monitor and consider any significant change to the design or distribution of the product.
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**Review trigger 5**

**Description:** TAL Life determines that a significant dealing in the product outside the target market (except for an excluded dealing) has occurred.

**Reporting information:**

- Any dealing in the product which the regulated person becomes aware of that is not consistent with this TMD.

**Reporting period and review obligation:**

- TAL Life must promptly review and consider any significant dealing reported to it;
  - TAL Life must also consider any dealing it considers to be a significant dealing in the product outside the target market; and
  - Any dealing outside the target market must be reported by distributors to TAL Life as soon as practicable, and in any case within 10 business days of the distributor becoming aware of the significant dealing.
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**Review trigger 6**

**Description:** The use of a product intervention power under the law in relation to the distribution or design of this product where TAL Life considers this to be a reasonable indication that this TMD is no longer appropriate.

**Reporting information:**

- The making of any applicable product intervention order which affects the distribution or design of the product.

**Reporting period and review obligation:**

- TAL Life must promptly consider any product intervention order which affects the product.
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