



MACQUARIE

# Insurance Guide

Macquarie Investment Management Limited

We believe in providing you and your adviser with choice to ensure you select the cover most appropriate for your needs. This guide has information on your insurance cover, the insurance providers and products available in your super account, how to cancel your cover, claim procedures, and other important details you should know about your cover.

For specific details about your insurance product, you should refer to the product disclosure statement (PDS) issued by your insurer.

The information contained in this Guide is not personal financial product advice. It has been prepared without reference to your particular investment objectives, financial situation, taxation position and needs. It is important that you read this Guide in its entirety as well as the PDS for your superannuation and insurance products. You should consider your own objectives, financial situation and needs before making any decision in relation to your insurance. If you are in any doubt in relation to these matters, you should consult your investment, financial or other professional adviser.

## Contents

Contents	1
Why we offer insurance	2
Insurance through a platform product	3
Risks of holding insurance through superannuation	3
Insurance products available	3
The Code which we are bound by	3
Types of cover	3
Cost of your cover	5
Fees and commissions	5
Applying for cover	5
Change or cancel your cover	6
Cancellation of insurance for inactive accounts	7
Continuation option	7
Claims philosophy	7
Claims handling process	7
Complaints and dispute resolution	8
Managing Members in Hardship	9
Further information	9

## Why we offer insurance

Even the best-laid investment plans can come undone if you lose your ability to earn an income.

For peace of mind that you and your dependants will be looked after in the event of the unexpected, Macquarie Wrap offers a range of insurance cover options through a range of insurance providers. Insurance products aim to protect your income or provide a lump sum payment on your death or permanent incapacity.

The flexibility of the insurance solutions available through your super account means you can focus on living, knowing that if illness, injury or unexpected death happened to you, your family and assets are protected.

### Benefits of holding insurance within your wrap account

Insurance is an optional feature of your wrap account, and any insurance benefits will be paid into your super account. If you elect to take out insurance through your wrap account, you can:

- Pay premiums from your superannuation cash hub, rather than your take home pay. This may have a tax benefit, as you pay the premium from pre-tax superannuation contributions
- Set up automatic payment of your premiums on a frequency that works for you
- Access integrated reporting, which covers both insurance and investments. Your insurance details will be displayed on your annual statements and you can track the premiums which have been paid to your insurer.

### Understanding how it works – insurance policy vs product

Macquarie Investment Management Limited (MIML) is the trustee of the Macquarie Superannuation Plan, which is the super fund used in Macquarie Wrap. As trustee, MIML is the legal owner of any **insurance policy** you arrange via the super fund. We are not an **insurance product** provider.

Your insurance product is issued under its own Product Disclosure Statement (PDS) from the insurer.

That PDS will set out the benefits, options, cost and policy definitions that determine when a benefit is payable. To the extent of any inconsistency with your insurance product PDS and this guide, the terms of the insurance product PDS should prevail.

### Accessing insurance with financial advice

To access a superannuation product issued by us and to apply for insurance, it's necessary for your application to be made by a financial adviser. As a choice product, our membership base is diverse and members may also hold insurance outside of the fund. We provide insurance benefits that suit you with the flexibility to tailor your insurance cover (if obtained) to meet your needs.

Any insurance arrangements made available through one of our funds has been designed to meet the needs of members who are making a choice based on advice received from their financial adviser.

### Insurance should be carefully considered

We don't facilitate cover that applies automatically to all members. Our insurance philosophy relies upon members actively making a choice as to what type, level and cost of insurance is appropriate to their individual needs. You, with the assistance of your adviser, are in the best position to assess which types and levels of cover are appropriate to you, taking into account your entire superannuation situation and overall financial situation.

For further information on the benefits of insurance on your superannuation, please speak with your adviser.

### Insurance premiums

We recognise that premiums can have an adverse impact on your retirement income and encourage you to maintain your contributions to your account to ensure your retirement income doesn't unnecessarily decrease.

It's important to remember that the premiums you pay will reduce the amount of money which can be invested, which in turn may impact the amount of money that you'll have when you reach retirement. The cost of your insurance should be carefully considered before you take out your policy and you should review the cost with your adviser at least annually to ensure it's appropriate.

## Insurance through a platform product

Where insurance is held through your Macquarie superannuation account, you'll have access to consolidated reporting through the online client portal. Your insurance details will also be included on any statements we provide.

Where insurance is provided through a Macquarie superannuation account, there may be a tax benefit to the Macquarie Superannuation Plan related to the premium paid to the insurer. Where a tax benefit is received, we'll pass this benefit back to your account the day after the premium is paid.

As Trustee, we're the owner of any insurance policies and we'll work constructively with insurers to guide you and your adviser through the claims process. We'll also take action on behalf of our members to ensure that any claim with a reasonable prospect of success is pursued.

We recognise that you may prefer to fund insurance through a separate 'insurance-only' product which is administered by a separate fund. We'll facilitate rollovers to assist you in maintaining this cover, however there may be limitations on the services you receive such as online reporting. It'll also be necessary to confirm whether you intend to claim a deduction for certain contributions made to your superannuation account prior to the rollover. This is because once the rollover is complete, it's not possible to claim a deduction that you may have otherwise been eligible for.

## Risks of holding insurance through superannuation

There are risks you should consider before deciding to hold insurance through superannuation, including:

- An insurance benefit paid through superannuation is a superannuation benefit for tax purposes and may be subject to more tax than would otherwise apply if the benefit was paid from the same insurance held outside of superannuation
- There is an annual cap on the amount you can contribute to superannuation. Any superannuation contributions you make to pay premiums will count towards your superannuation contributions cap. This may reduce the amounts you may be able to contribute to superannuation for retirement savings purposes
- Using your superannuation to pay the premiums for insurance in superannuation will reduce your retirement savings, so you may have less available to you on retirement than otherwise may have been the case
- Taxation or superannuation law may change in the future, altering the suitability of holding insurance in superannuation, and
- Cooling-off rights generally don't apply.

## Insurance products available

We offer multiple insurance solutions from a range of insurers to enable you to select the product which best suits your circumstances. The investment menu for your wrap product will set out the insurance products available to you.

For the Trustee to release insurance benefits from the Fund, you must meet a condition of release. It's important to understand that there may be circumstances in which the Trustee will be unable to release the benefit at the time of claim under superannuation laws.

## The Code which we are bound by

The Insurance in Superannuation Working Group (ISWG) Code of Conduct came into effect from **1 July 2018**. It is a first for the industry and sets standards that will provide greater understanding, clearer accountability and consistency of delivery for insurance benefits provided in superannuation across the industry. The Code aims to improve superannuation member value and protections and is a strong step towards enhancing member interests and helping build confidence in life insurance through superannuation.

We will regularly review our compliance with the Code and will publish on our website an annual Code compliance report.

## Types of cover

The types of cover available within superannuation are outlined below.

### Income protection

Income protection provides a regular benefit amount payment of a percentage of your pre-disability income for an agreed period of time if you become totally or partially disabled (e.g. for 2 years, 5 years or until you turn 65). It is designed to replace a percentage of lost income during a period of disability.

How your level of cover is calculated as well as the waiting period and any loading or exclusions are set out in your policy schedule, which was provided to you by your insurer when you first received cover. It's important to review both the policy terms and the policy schedule before making a claim as it'll set out the terms on which you are able to claim.

Income protection benefits are paid monthly and require ongoing assessment to determine your eligibility. The insurer will require you to complete personal statements, as well as provide medical certification that you are either totally or partially disabled. Any delay in providing these forms may result in your payment also being delayed.

Please note that Pay As You Go ('PAYG') tax may be deducted from your benefit. The insurer will provide you with an annual statement which sets out the amount of PAYG which has been withheld at the end of each financial year.

If you are receiving income from other sources such as other income protection policies, Centrelink and workers' compensation, your benefit payment may be off-set. This means that your benefit payment may be reduced. If we become aware of this impact we will provide you with information about the factors you may want to consider to determine the best financial outcome for you.

The insurer may offer rehabilitation or other support services to assist in returning to work. Any rehabilitation services require the pre-approval of the insurer rather than being an automatic benefit. We will support the insurer to:

- seek to identify ways to support your recovery as quickly as possible to maximise the health outcomes
- promote best-practice rehabilitation and injury management where these are consistent with the terms of the policy.

Income Protection cover may stop when you reach a certain age.

## Total and Permanent Disability (TPD)

TPD insurance is a lump sum payment paid into your superannuation account should you meet the definition of disability as defined by your insurance product PDS.

The TPD definitions that apply to you can vary between insurance products and some are easier to meet than others so it's important to understand the definition before applying for cover. For example, it's more difficult to satisfy a definition which requires you to be 'unable' to do your own occupation again than merely being 'unlikely' to do your own occupation.

Similarly, definitions relating to permanent loss of intellectual capacity or activities of daily living are more difficult to meet than definitions related to being 'unlikely' to do your own occupation.

If you have combined Death and TPD cover, you can only claim on either the Death or TPD component of the policy and the sum insured will reduce to zero for the remaining benefit.

For the benefit to be released from superannuation, you must also satisfy a condition of release. The condition of release which enables funds to be paid out of your superannuation account may be different to the TPD definition that applies under your policy. This means that whilst you may be paid a benefit by your insurer, it cannot be released from your superannuation account until you meet a superannuation condition of release. For more information, please contact your adviser.

If you request the Trustee to release part of your superannuation due to permanent incapacity, it is important to ensure that you leave enough money in your account to cover any insurance premiums.

TPD cover may stop when you reach a certain age.

## Health Events

This insurance provides a lump sum payment paid into your super if you suffer a specified Health Event such as a heart attack, stroke or cancer which results in permanent incapacity.

Health Events cover is only available under a split policy arrangement, whereby only the part of the Health Events cover that aligns with the Superannuation Industry (Supervision) Act 1993 definition of permanent incapacity is held within superannuation.

## Death and terminal illness

Death cover provides a benefit when you die or become terminally ill. The amount of cover or your 'sum insured' is chosen by you and your adviser when cover is taken out.

A representative of the estate of a life insured who has deceased can begin the claims process by contacting the Trustee. The Trustee will request that the insurer provide the representative with the necessary information to lodge the claim.

The Death benefit will form part of the life insured's superannuation balance. This balance is subject to any binding nomination made by the life insured and does not form part of the estate of the life insured. We will pay the Death benefit to the person(s) that are nominated so long as the nomination remains binding and effective.

The Death benefit may also be paid out when you are diagnosed with a terminal illness. What constitutes a terminal illness will be defined in your insurance product PDS. This benefit is then paid into your superannuation account and you can apply to the Trustee to have this amount released.

If you request the Trustee to release part of your superannuation due to terminal illness, it is important to ensure that you leave enough money in your account to cover any insurance premiums.

Death cover may stop when you reach a certain age.

## Linked Cover

Other types of cover which cannot be offered within superannuation may be offered by your insurer, which are held under another 'linked' policy document. Please see the PDS relevant to the insurance product to determine what alternative types of insurance are available.

Whilst the types of cover available will be the same across each of the insurers available through your account, the design and policy terms will be different. It is useful to review and compare the PDS for each available option to ensure the insurance meets your needs.

## Cost of your cover

The cost of your cover (also known as a premium) will depend on a range of factors including your age, gender, level of cover, type of cover (e.g. income protection), general health, occupation, and smoking status. The insurer will require this information before offering you cover.

Premiums are paid from the cash hub in your superannuation account for an amount and at a frequency agreed between yourself and your insurer. Please contact your insurer or your financial adviser if you want to:

- know your premium rates
- change the frequency which your premiums are paid, or
- reduce the cost of your cover.

You or your adviser can compare quotes from the different insurers available to ensure your premiums are competitive.

It's important to consider the impact of premiums paid on your potential retirement income. Paying premiums which are higher than contributions made to your superannuation fund will result your account balance declining and potential erosion of your retirement income.

Where your premium is more than 10% of the contributions being made, there is a heightened risk of inappropriate erosion and your insurance should be reviewed regularly to ensure it remains appropriate. If we stop receiving contributions to your account, we'll remind you about the potential impact of premiums on your retirement income.

We'll work with your insurer to ensure that you're provided with information about any change in your premiums and general information about the impact of insurance premiums on retirement income.

## Fees and commissions

A policy administration fee may either form part of the premium you pay or be charged in addition to the premium. No other payments will be made by you in relation to insurance.

The administrator of the fund may receive a fee from the insurer for services relating to the provision of insurance on the platform. The trustee doesn't receive any payments related to the claims experience of the fund.

Further, the insurer may have agreed to pay your adviser an upfront or ongoing commission. We encourage you to speak to your adviser about what commissions (if any) are paid in relation to your insurance.

## Applying for cover

To apply for cover, your adviser will need to be registered with the insurer which you want to engage and apply directly with the insurer. Your adviser will complete the application on your behalf and may assist you in completing the underwriting questions asked by the insurer. After the insurer reviews the application, it'll determine whether to:

- accept your application
- issue you a policy, and
- if any special conditions will apply.

Details of your insurance cover will then become available online and be included in your annual statement and other online reporting.

### Your duty of disclosure

It's important that you complete all questions honestly and completely. The information which you disclose to the insurer is used to determine the terms on which they'll offer you cover.

As part of the underwriting process where the insurer reviews your application form, you'll be asked a series of questions relevant to the insurers' decision to accept the risk of insuring you. You need to answer these questions honestly and completely as your answers may impact the terms on which the insurer provides cover.

If you don't comply with your duty of disclosure, the insurer may amend the terms of your policy or avoid your policy. The duty of disclosure continues until the risk commencement date, which includes any period after the underwriting is completed.

### Replacing cover

If you already have insurance, you shouldn't cancel that insurance cover until your new application is accepted.

If you're replacing cover, there may be exclusions, loadings or other restrictive policy terms that could apply to your new policy based on the answers you provide at the underwriting stage. It's important that you review any exclusions or limitations on the new policy before cancelling your existing policy.

If you have an existing medical condition, it may not be beneficial to replace your existing cover. If you don't answer all underwriting questions honestly and completely, the insurer may be able to avoid your policy for non-disclosure and you won't be able to claim for a condition which you may have been able to claim for under your existing policy.

Once your cover is accepted, if you don't cancel your previous cover, you may be unable to claim on multiple insurance covers (depending on the terms of your policies).

## Getting covered

To apply for an insurance product, your adviser will need to apply directly with your preferred insurer.

The insurer will then begin the underwriting process and will let you know if there are any loadings or exclusions that would apply to your policy. Your adviser may also provide personal advice on the level of cover which is appropriate for you.

We offer multiple insurance products through Wrap to ensure you have access to the most appropriate cover for your needs. We don't recommend any particular insurer or insurance product.

## Outcome of the underwriting assessment

If cover is offered on alternative terms based on your personal circumstances, such as:

- a higher premium (called a 'loading')
- the exclusion of specific events or activities, or medical conditions which aren't covered
- alterations to any waiting periods that apply before benefits can be accessed
- alterations to the benefit period that applies, including the term of the insurance cover, or
- any other specific terms or conditions that may be applicable to the policy.

We'll work with the insurer to ensure it is clear to you what alternative terms are being offered.

If cover isn't offered, or is offered on alternative terms, your insurer will let you know (or your doctor, where appropriate) the reasons for the decision, and that you can request copies of the documents and information relied on in line with the ISWG Code.

If you disagree with the underwriting decision, or if you think that the information relied on to make the decision is incorrect or out of date, you can contact us and we'll ask the insurer to review the decision.

Following the review, if you aren't satisfied with the outcome, we'll tell you how to make a complaint.

As required by the ISWG Code, should we become aware after the cover is issued that information relied on for your application for insurance was incorrect or incomplete at the time the cover was issued, we'll notify the insurer, and if we consider the information to be important for your cover, we'll ask you to provide an explanation, including giving you an opportunity to review any relevant documents about you, before any decision is made such as changing the terms or cancelling your cover.

Once a decision has been made, we'll advise you of the decision and any actions to be taken, and the process to have this reviewed or make a complaint if you disagree with the decision.

## Limits and exclusions

Your insurance product's PDS and your policy schedule issued by your insurer will set out limits or exclusions which you can't claim for. For example, your policy may not pay a benefit if you aren't working a certain number of hours per week or may exclude any self-inflicted injuries.

## Beneficiary nomination

The nominated beneficiary for your superannuation fund would also receive any insurance benefits paid into the fund. If you don't nominate a beneficiary, the Trustee may determine where to pay your superannuation balance which would include your insurance benefit.

## Insufficient funds

Your premiums will be deducted at the agreed frequency with your insurer. You or your adviser need to ensure that there are adequate funds available in your cash hub to enable the premium to be paid to the insurer.

If the premiums are requested by the insurer, and the cash hub has insufficient funds, your insurer will notify both you and your adviser. The insurer will then try and collect the outstanding premiums.

Prior to cancelling your policy for the non-payment of premiums, the insurer will provide you with written notice. If your insurance is cancelled, you may be able to reinstate your policy without going through underwriting. Please review the insurance product PDS for further information on reinstatement.

## Change or cancel your cover

It's very important that you understand the value of insurance and choose an adequate level of insurance to cover your needs. Your adviser can discuss this with you and tailor a package of insurance cover based on your own individual circumstances. Your adviser can explain:

- the benefit of estate planning options, including nominating beneficiaries
- the tax treatment of insurance premiums and benefits paid from the Fund, and
- the benefit of arranging insurance through a superannuation fund.

The level of cover you select should reflect your individual needs, which can vary based on factors such as whether you have dependents, expenses, income, your age and whether you have other insurance in place.

## Changing your cover

You can increase or decrease your level of cover by contacting your insurer at any time. Any increase in the level of cover may be subject to underwriting by your insurer.

## Cancelling your cover

You can cancel your cover by contacting us on **1800 025 063**, or emailing [wrapsolutions@macquarie.com](mailto:wrapsolutions@macquarie.com).

You won't be able to make a claim for insurance benefits for events or conditions that arise after your cover has cancelled. You may be able to claim if you meet a disability definition prior to your policy being cancelled.

After your policy is cancelled, we'll no longer deduct insurance premiums from your account. If you are owed a refund of premiums, this amount will be paid back into your superannuation account. If you have closed your superannuation account, the refund will be paid to the account which your balance was paid to or to an Eligible Rollover Fund.

Should you decide to reinstate your cover, you may have to go through the underwriting process and cover may be declined by the insurer. You may also no longer be covered for conditions that you would've otherwise been covered for.

We or your insurer will provide confirmation of the cancellation in writing.

Your adviser will be able to help you to make a decision on cancellation. If you request a cancellation form, we will send it to you within 5 business days.

## Cancellation of insurance for inactive accounts

In line with legislative requirements, if your superannuation account has been inactive for 16 months the Trustee will not offer or maintain insurance attached to that account. The exception to these requirements is if you've made an explicit written election to maintain that cover in your inactive account, in which case your policy will be maintained. Elections must be made in writing and from you rather than from your adviser.

Prior to cancelling your cover, the Trustee will send written communication to you 1, 3 and 6 months prior to your account being inactive for 16 months. At 16 months of inactivity, the Trustee will stop paying premiums for your cover. Your cover will be cancelled at the end of the period for which premiums have been paid if the Trustee does not receive an election or a contribution.

Where an election is received, no further communications will be sent to you and your insurance will not be cancelled. Should a contribution be made to the superannuation account and you haven't previously made an election regarding your insurance, then the 16 month period will start again.

After an election is made by you, confirmation that the election was received will be sent within 2 weeks of the election being processed.

You'll also receive a notice about your rights to cease insurance which will include the date the election was made, the manner the election was made and explaining what you need to do if you wish to cancel your insurance.

## Continuation option

If you're cancelling your cover because you're closing your account, you should consider whether a continuation option is available. Details of this option would be available within the insurance product PDS and may allow you to continue to hold the same cover outside of superannuation or transfer your cover to a new superannuation fund.

Any loadings or exclusions which applied on your cover will continue to apply after the transfer.

## Claims philosophy

We understand that claim time may be an emotional time for you and our aim is to provide a service that's fair and transparent for all parties and is as straight-forward as possible for you.

Our philosophy is to manage claims in the following way:

- We'll treat you with respect and compassion
- We'll seek to understand your situation without judgement and identify any cover held within our fund under which you may be entitled to claim
- We won't discourage you from making a claim
- We'll handle claims with empathy and professionalism
- We'll oversee the claims process and your insurer in a thoughtful and proactive manner, helping you to navigate this process
- We'll proactively engage with other parties in the claims process, such as any representative that you engage, to minimise delays and remove unnecessary duplication from the process
- We'll adopt a continuous improvement approach, solving any problems as they arise, and
- If we don't agree with the insurer's decision, we'll advocate on your behalf.

## Claims handling process

Below are the steps to our claims process.

### 1. Contact us

If you'd like to lodge a claim or if you're unsure if you should apply for a claim, call us on **1800 025 063** or email [wrapsolutions@macquarie.com](mailto:wrapsolutions@macquarie.com)

If you're not sure if you should apply, call us and we'll help you work out the next steps.

### 2. Eligibility check

As the trustee of the superannuation fund, we're available to assess your initial eligibility to claim and provide you with assistance in lodging your claim with the insurer.

We'll also answer any questions you have about the claims process, including what information the insurer may require, how the process will work and provide you with contact details of your claims contact.

We'll keep a record of your claim request, which is available to you on request.

### 3. Claims form

If you qualify, we'll notify the insurer that you wish to submit a claim and request they send you a claim notification pack which contains claim forms and other supporting information.

We will only ask for and rely on information and assessments that are relevant to the claim and policy, and you can ask us to give you an explanation of the relevance of the information requested. If you disagree with the relevance of any requested information, the request will be reviewed.

Information which may be required by an insurer to assess your claim includes:

- Medical information from your treating practitioners
- Financial records (including ATO records)
- Personal Statement
- Occupational or workplace assessments
- Independent Medical Exams with specialists chosen by the insurer

The claim pack will also provide you with the contact details of the insurer's claims assessor. In addition to your insurer's claims assessor, you can also get information about your claim from your claims contact.

### 4. Claims assessment

Once completed claims pack and supporting documentation is received by your insurer, they will then conduct a comprehensive assessment of your claim.

The time it takes to assess a claim depends on the type of benefit you are applying for, the complexity of your claim and the speed at which relevant information can be requested by the insurer.

As a guide, the Financial Services Council (FSC) Life Insurance Code of Practice provides that income protection claims, terminal illness claims and death claims should be assessed within three months and TPD claims within six months subject to exceptional circumstances. If this timeframe cannot be met or your condition has not stabilised, we'll tell you the revised timeframes.

You can access the FSC Life Insurance Code of Practice at [www.fsc.org.au](http://www.fsc.org.au)

We'll work together with your insurer to ensure a consistent and efficient process for you, complying with the timeframes provided in the FSC Life Insurance Code of Practice.

### 5. Claims review

Your insurer will review all the information you have provided and form a view whether the claim is to be approved or declined.

Before declining your claim, the insurer will provide you with a list of all the information it's relying on to decline your claim. You'll have an opportunity to respond to this material before the insurer makes any decision on the claim.

If the insurer determines that you don't meet the conditions of the policy, it'll provide us with the reasons for the decline of your claim. We'll review all the information the insurer has relied on to make their decision and determine whether we agree with the insurer's decision. If we don't agree, we'll advocate on your behalf and return the claim to the insurer to consider further.

### 6. Confirmation

We or your insurer will send you a letter to let you know our final decision and confirm any payments if, and when they're due.

Any payment of a benefit is dependent on the insurer accepting your claim. Further, the release of the benefit to you outside of superannuation is dependent on satisfaction of a condition of release. To request release of funds from your superannuation account, complete a withdrawal form available at [macquarie.com/yourwrap](http://macquarie.com/yourwrap)

We'll assess whether you've met a condition of release within 5 days of the insurer confirming that it intends to make a payment to us. We'll have a process in place to review the amount paid to ensure it is correct.

In each circumstance there may be financial or tax implications when an insurance benefit is paid to your superannuation account and you may wish to speak with your adviser.

## Complaints and dispute resolution

You can get in contact with us at any time to discuss your claim, your cover or any issues you're having with your insurance. We'll work with the insurer to ensure any complaints are considered and reviewed as quickly as possible. If you're unhappy with our products or our service, please tell us about it and let us know how you think we can fix it.

### How to lodge a complaint?

If you have a complaint about the service provided to you, you should:

- contact your adviser, or
- contact our Client Service Centre on 1800 899 485

Alternatively, if you prefer to submit a written complaint, please do so to:

The Complaints Officer  
GPO Box 4294  
Sydney NSW 1164  
Email: [complaints@macquarie.com](mailto:complaints@macquarie.com)

We will assess your complaint and advise you of the outcome, either by telephone or in writing.

## What happens after a complaint is lodged?

1. We'll let you know the name and contact details of the person who'll handle your complaint. Your complaint contact will answer any questions you have about the process and explain any relevant timeframes. We may also provide your complaint to the insurer for review.
2. Your complaint contact may require additional information from you or the insurer. Only information relevant to your complaint will be requested.
3. We'll then review the available information and provide a written response. We'll address any issues identified promptly.
4. We'll provide a final response to your complaint in writing within 45 calendar days of receiving your complaint. Our response will provide the reasons for our decision and you can request copies of documents which were relied on in coming to that decision.

In exceptional cases, we may need more time to investigate and respond to your complaint. If so, we'll tell you that we need more time, and will clearly communicate our revised expected timeframe, which won't exceed 90 calendar days.

On the occasion when our clients are not satisfied with our handling of a matter, you have the option to request your complaint to be reviewed free of charge by either the Customer Advocate or contact an external dispute resolution scheme. The Customer Advocate's role, should you decide to pursue this avenue, is to review the reasonableness and fairness of the outcome of your complaint.

You may contact our Customer Advocate via the following:

### **The Customer Advocate**

Macquarie Bank Limited  
GPO Box 4294  
Sydney NSW 1164  
Tel: 1800 898 307  
Email: [customeradvocate@macquarie.com](mailto:customeradvocate@macquarie.com)

## What if you aren't satisfied with our response?

If any issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers.

You may lodge a complaint with the AFCA if:

- your complaint relates to a Macquarie product or service, and
- you are not satisfied with our response after 45 days.

MIML is a member of AFCA. You can contact AFCA via the following, quoting membership number 10635:

Australian Financial Complaints Authority  
GPO Box 3, Melbourne VIC 3001  
Tel: 1800 931 678 (free call)  
Email: [info@afca.org.au](mailto:info@afca.org.au)  
Website: [afca.org.au](http://afca.org.au).

## Managing Members in Hardship

We recognise that lodging an insurance claim can be an emotional time. We'll take reasonable measures to assist you wherever possible. These measures include taking a flexible approach to managing claim requirements, such as identification, and considering the impact of claim requirements on people in regional and remote areas.

We're available to assist you in understanding the claims process and will work with the insurer to provide a solution wherever possible.

We'll also provide access to an interpreter on request, who may be a member of staff or an external interpreter.

Please be aware that if you're under the care of a guardian, we'll take instructions solely from your guardian.

## Further information

If you would like to request a hardcopy of this guide please call us on **1800 025 063** or email [wraolutions@macquarie.com](mailto:wraolutions@macquarie.com)

This insurance guide was issued in July 2019 by Macquarie Investment Management Limited ABN 66 002 867 003 AFSL 237 492 RSEL L0001281 (MIML).

MIML is the Trustee of the Macquarie Superannuation Plan and Definitive Superannuation Plan. The information contained within this Insurance Guide is general information only. We have not taken into account your objectives, financial situation and needs. Before making a decision about your insurance or your superannuation you should consider your own financial requirements, consider obtaining personal financial advice and read the relevant Product Disclosure Statement, available at [macquarie.com.au/yourwrap](http://macquarie.com.au/yourwrap).