

TARGET MARKET DETERMINATION

For Life Cover under Priority Protection, Priority Protection for Platform Investors insurance Products, and Professional Insurance Portfolio issued by AIA Australia Limited (ABN 79 004 837 861, AFSL 230043).



June 2023

1. About this document

When to use this target market determination

This target market determination (TMD) provides customers, distributors, and staff an understanding of the class of customers this product has been designed for, having regard to the likely objectives, financial situation and needs of the target market. Further, it sets out how the product is distributed, review periods and triggers relating to the TMD, and reporting and monitoring of the TMD.

This document is not a summary of the product's terms and conditions and is not intended to provide financial advice. Persons interested in acquiring this product should carefully read the Product Disclosure Statement (PDS) and any applicable Supplementary Product Disclosure Statement(s) which outline the relevant terms and conditions before making a decision whether to buy this product.

PDS to which this target market determination applies

This TMD applies specifically to Life Cover, Term Cover and Accidental Death referred to in the following PDSs:

- [AIA Priority Protection and Priority Protection for Platform Investors](#) PDS
- [Professional Insurance Portfolio](#) PDS

Effective date

15 June 2023

2. Class of customers that fall within this target market

The information below summarises the class of customers that fall within the target market for the insurance covers, and the likely objectives, financial situations and needs that each insurance cover has been designed to meet.

Class of customers

The customer has (or envisages that in future they will or may have) outstanding financial or financial-in-kind commitments (including financial commitments to dependents such as spouse or children) that will not be satisfied by their estate in the event of their terminal illness or death. These financial or financial-in-kind commitments include but are not limited to:

- Mortgage and other debt servicing costs, final expenses, and income replacement
- Medical costs, transportation and accommodation costs, and personal palliative care
- Ensuring that their business continues with less financial disruption upon the loss of a key person, or to ensure business succession.

Alternatively a customer who is seeking to reinstate this cover, exercise an option or make an administrative change (under this product or a different product for which AIA Australia is the issuer) that results in a policy being issued ("Existing Customer").

Excluded class of customers

The insurance covers have **not** been designed for customers who:

- are not residing in Australia at the time of application;
- are not Australian citizens or permanent residents;
- want premiums that can never be amended by an insurer in the future; and/or
- do not meet the eligibility or underwriting requirements (some underwriting and eligibility requirements may not be applicable to Existing Customers).

Likely needs and objectives

The insurance covers have been designed for customers who:

Life Cover type	Likely needs and objectives
Life Cover and Term Cover	<p>In the event of their terminal illness diagnosis or death (any of):</p> <ul style="list-style-type: none"> • want to reduce the burden of financial commitments through the receipt of a lump sum payment; • want to protect their assets, and limit exposure of liabilities; • want to leave a financial legacy or inheritance for their family or dependants in the event of their death; • want to support ongoing business management and retention strategies.
Accidental Death Cover	<p>In the event of their accidental death (any of):</p> <ul style="list-style-type: none"> • want to reduce the burden of financial commitments through the receipt of a lump sum payment; • want to protect their assets, and limit exposure of liabilities; • want to leave a financial legacy or inheritance for their family or dependants in the event of their death; • want to support ongoing business management and retention strategies.

Financial Situation

The insurance cover has been designed for customers who are employed, have savings or otherwise have financial capacity (e.g. family or other relationships) to pay premiums (which may vary from time to time) in accordance with the chosen premium structure to retain the product for the period of time it is intended to be held.

3. Product design descriptions

This product has been designed for individuals who want cover in the form of an agreed lump sum payment in the event of their death or diagnosis of a terminal illness in accordance with the terms and conditions outlined in the PDS. The product offers three main types of life insurance cover, as follows:

- **Life Cover** (Term Life) provides a lump sum for an eligible claim in the event of terminal illness or death prior to a specified expiry date (either Anniversary before 75 or Anniversary before 100 depending on your plan);
- **Term Cover** (Limited Term Benefit) provides a lump sum for an eligible claim in the event of terminal illness or death on either a 5- or 10-year coverage period;
- **Accidental Death** provides a lump sum for an eligible claim in the event of death that has solely been as a result of an accident.

Key Attributes

Eligibility

The entry age range depends on the cover type and premium structure selected, please refer to the PDS for the eligible entry age range available.

Premiums

Payment of premiums – if premiums are not paid when due, the policy may lapse in which case the policy owner would no longer be covered and cannot make a claim.

Premium structure – Premiums may vary from time to time and are dependent on age, sex, medical history, pastimes, smoking status, whether benefit indexation has been chosen, level of insurance cover chosen, and premium option chosen or available under the insurance cover. Premiums can alter based on the chosen premium structure and can change over time.

The main premium structures are:

Premium type	Summary
Stepped premiums	Stepped premiums increase each year as you get older because your chances of death, illness and injury increase with age. Stepped premiums increase over time. They are generally cheaper in the earlier years, compared to other premium structures like 'level premiums'.
Level premiums	<p>Level premiums don't increase because of age. Level premiums start higher than stepped premiums but don't go up because of your age. Level premiums are designed to be held over a long period of time. However, the amount of level premiums you pay over the life of your policy can sometimes be more than what you'd pay for stepped premiums.</p> <p>The key difference between level and stepped premiums is that level premiums start higher than stepped premiums, however, while level premiums can increase each year for a number of reasons, they don't increase each year due to your age. Please see below other reasons why premiums can change.</p>
Optimum premiums	Optimum premiums are an option which combines stepped premiums (which start low and increase each year because of your age), with level premiums (which can increase each year for a number of reasons but don't increase due to your age). If you select Optimum premiums, this means your premiums are stepped type premiums when your cover starts. The premium type typically changes from stepped type to level type at the policy anniversary when stepped premiums become greater than level premiums. Your Optimum premiums start higher than a stepped premium type.

More information

For more information go to [Life Insurance \(aia.com.au\)](https://www.aia.com.au) and read the premium information under 'Understanding premiums and cover'.

Other reasons why premiums can change - Regardless of which premium structure you choose, premiums can change for the following reasons:

1. if you choose benefit indexation, which increases your cover amount to help keep pace with inflation;
2. if we change our premium rates for a group of policies due to, amongst other reasons, unanticipated claims increases, or if the economic conditions change;
3. changes in stamp duty rates or any other legislative/regulatory requirement;
4. due to discounts that end or are reduced; and/or
5. if you make a change to your policy (e.g. a change in the sum insured).

Detailed information on the premium structures available for each insurance cover are set out in the relevant sections of the PDS.

Exclusions

- Life Cover or Term Cover benefit will not be payable in the event of suicide within the first 13 months of policy commencement date, reinstatement date or increase in the sum insured;
- Accidental Death benefit will not be payable in the event of death arising from suicide, intentional and self-inflicted injuries, alcohol, drug abuse, war, aviation activities, professional sports or unlawful activities.

Product terms and conditions that may impact your ability to claim

The following policy terms and conditions may impact your ability to claim:

- if you purchase your policy within superannuation, you'll also need to meet the relevant superannuation law conditions of release before the trustee of the superannuation fund can make a payment of claim proceeds to you
- the cover expiry date, is the policy anniversary prior to the expiry age as disclosed in the PDS.

Please refer to the PDS for the products terms and conditions.

Other information

Insurance cover can be obtained either inside or outside of the superannuation environment, a personally owned insurance policy can be linked to superannuation-owned insurance policies. Taxation laws apply to the insurance policy and/or premiums. Superannuation-owned policies can be funded from superannuation monies, which may create taxation and cash flow efficiencies, however superannuation law prescribes what benefits are available and the conditions in which claim proceeds can be received. For further information refer to the PDS.

Appropriateness explanation

Broadly, the target market comprises those who have or expect to have outstanding financial commitments that will not be satisfied in the event of their own or another person's (i.e. the life insured's) death or terminal illness and who have a capacity to pay potentially variable premiums on an ongoing basis. As the product pays a lump sum on death or terminal illness it is therefore likely to meet the needs, or go towards meeting the needs, of those in the target market.

4. How this product is to be distributed

Distribution channels

The insurance cover must only be distributed through the following means:

- **Distribution under a personal advice model** – Australian Financial Services Licence (AFSL) holders authorised by AIA Australia to distribute the product will provide customers with personal advice in relation to the product. Under this model, the AFSL holder can also distribute the product via a platform, where there is a valid agreement between the platform provider and AIA is in place.
- **Distribution under general advice** – AFSL holders authorised by AIA Australia to distribute the product under general advice. This includes online and telephone direct channels, including online aggregators. Under this model, the AFSL holder can also distribute the product via a platform, where there is a valid agreement between the platform provider and AIA is in place.
- **Distribution directly by AIA Australia** – AIA Australia reinstates or issues the product for Existing Customers through completion of the relevant process and form.

Distribution conditions

This product must only be distributed under the following circumstances.

Distribution under Personal Advice:

Distributors must ensure:

- the product is distributed under an appropriate AFSL and authorised by AIA to distribute the product per the terms of a Distribution Agreement
- to provide the customer personal financial advice in relation to the product
- to provide the customer a copy of the current PDS prior to making a decision to purchase the product, and
- the customer meets the product's age, residency and eligibility requirements.

Customers that obtain personal advice are more likely to be in the target market for this product because advisers have a duty to act in their best interest when providing personal advice.

Distribution under General Advice:

Distributors must ensure:

- the product is distributed under an appropriate AFSL and the distributor is authorised by AIA to distribute the product per the terms of a Distribution Agreement
- the distributor has authorised scripting, training and/or quality assurance standards
- the customer is provided with a copy of the relevant PDS prior to making a decision to purchase the product
- the customer meets application screening questions, and
- the customer meets the product's age, residency and eligibility requirements.

Customers are more likely to be in the target market if distributors distribute the product in alignment with the issuer's distribution conditions.

Distribution directly by AIA Australia

AIA Australia must ensure Existing Customers complete the relevant process and form.

Customers are more likely to be in the target market if AIA Australia utilises the relevant process whereby the Existing Customer must either consult an adviser or alternatively the Existing Customer must confirm that the product meets the Existing Customers likely needs.

5. Reviewing this target market determination

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

Initial review	Within 12 months after the effective date.
Periodic reviews	At least every three years from the initial review.
Review triggers or events	<p>Review Trigger 1: The commencement of a significant change in law that materially affects the product design and/or distribution of the product or class of products that includes this product.</p> <p>Review Trigger 2: Product performance is materially inconsistent with the product issuer's expectations of the appropriateness of the product to consumers having regard to:</p> <ul style="list-style-type: none"> a) Product claims ratio b) Claim payment ratios c) The number of policies sold d) Policy lapse or cancellation rates e) Percentage of applications not accepted. <p>Review Trigger 3: The use of Product Intervention Powers in relation to the distribution or design of this product where the product issuer considers this reasonably suggests that this TMD is no longer appropriate.</p> <p>Review Trigger 4: 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.</p> <p>Review Trigger 5: The product issuer determines that a significant dealing in the product outside the target market (except for an excluded dealing) has occurred.</p>
Information needed for review triggers or events	<p>Issuer:</p> <p>Review Trigger 1: Relevant regulation, legislation and/or ASIC instruments relating to the change in law.</p> <p>Review Trigger 2: During the review period, the expected and actual number of:</p> <ul style="list-style-type: none"> a) Product claims ratio b) The number or rate of paid, denied, and withdrawn claims c) The number of policies sold d) Policy lapse or cancellation rates e) Percentage of applications not accepted. <p>Review Trigger 3: Relevant Product Intervention order.</p> <p>Review Trigger 4: Complaint data and the nature of the complaints regarding product design, product availability, claims and distribution conditions.</p> <p>Review Trigger 5: The product governance/incident management process determines that a significant dealing has occurred.</p> <p>All Distributors:</p> <p>Review Trigger 4: Reports of complaints and the nature of the complaints regarding product design, product availability, claims, and distribution conditions.</p> <p>Review Trigger 5: Reports of significant dealings to the issuer.</p>

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

6. Reporting and monitoring

We will collect and report on the following information:

Complaints

We will receive reports from the distributors on all complaints in relation to this financial product half-yearly (within 10 business days of the end of March and September). If any such complaints have been received by distributors in the reporting period, we require the number of complaints received.

In addition, where complaints are received during the reporting period that relate to product design, product availability, claims or distribution conditions, we require for each complaint:

- the date complaint was received
- a description of the complaint.

AIA may request additional information from the distributor to further understand the underlying complaint issue.

Significant dealings

We will receive reports if our distributors become aware of a significant dealing in the product that is inconsistent with the TMD within 10 business days.
