



NAB Cards Complimentary Mobile Phone Insurance Terms and Conditions

Effective Date: 12th June 2024

Mobile Phone Protection Insurance

AIG Australia Limited of Level 19, 2 Park Street Sydney NSW 2000 (the “Insurer”) has issued a group policy (the “Group Policy”) to the Policyholder which is subject to the terms and conditions contained herein.

I. Preamble and disclosures

This document contains important information about the Group Policy, which are available to Eligible Cardholders (“You/Your”). Cover applies to claims made on or after 12 June 2024. Eligible Cardholders are not covered for claims made for losses occurring after termination of or the expiry of the period of the Group Policy. The Policyholder will provide Eligible Cardholders with details of any replacement cover. There is no obligation to accept any of these benefits. However, if You wish to claim any of these benefits, You will be bound by the Group Policy and the terms, conditions and exclusions relevant to the cover provided.

The benefits of the Group Policy is provided to Eligible Cardholders who hold an Eligible Card.

National Australia Bank Limited (ABN 12 004 044 937), AFSL and Australian credit licence 230686) is the Policyholder under the Group Policy. The Policyholder is not the issuer of the Insurance Coverage and neither the Policyholder nor any of its related corporations guarantee any of the benefits under the Group Policy. The covers described in this document are provided for Your benefit under the Group Policy entered into between the Insurer and the Policyholder. The Policyholder is the policy owner. When eligible, You have the benefit of cover as a third party beneficiary solely by reason of the statutory operation of Section 48 of the Insurance Contracts Act 1984 (Cth). This means that subject to the terms of the Group Policy and these terms and conditions, Your right to claim under the Group Policy will be covered and paid by the Insurer.

The cover is provided at no additional cost to You and the Policyholder does not receive any commission or remuneration from the Insurer in relation to this cover.

The Policyholder does not hold anything on trust for, or for the benefit of, or on behalf of, You in relation to this Insurance Coverage.

The terms and conditions of cover found in this document only provides factual information in relation to the Insurance Coverage. The information the Insurer provides is not intended to and does not provide or imply any recommendation or opinion about such insurance. So as to make sure that the cover meets Your needs and is suitable for You and Your personal circumstances, these terms and conditions must be reviewed by You and, if necessary, You should also seek independent financial advice in relation to same.

Neither the Policyholder nor any of its related corporations are Authorised Representatives (under the Corporations Act 2001) of the Insurer. The Policyholder does not act on behalf of the Insurer or on Your behalf in relation to the Group Policy.

If the Group Policy is terminated, any claim made for losses arising prior to such date of termination will be covered by and subject to the terms of the Group Policy.

The Policyholder will give You prior written notice if the Group Policy ends.

You are able to verify the current status of Your coverage and whether the Group Policy is still current by contacting the Insurer at:

AIG Australia Limited
Level 19, 2 Park Street
Sydney, NSW 2000
Australia

Apac.partners@AIG.com

Code of Practice

The Insurer is a signatory to the General Insurance Code of Practice (“Code”). The Code sets out the minimum standards of service that can be expected from the insurance industry and requires insurers to be open, fair and honest in their dealings with customers.

The Insurer is committed to adhering to the objectives of the Code and to uphold these minimum standards when providing services covered by this Code. The Code objectives will be followed having regards to the law and acknowledging that a contract of insurance is a contract based on the utmost good faith.

The Code Governance Committee is the independent body that monitors and enforces insurers' compliance with the Code. Their purpose is to drive better Code compliance and helping the insurance industry to improve its service to consumers.

For more information on the Code please visit www.codeofpractice.com.au.

For more information on the Code Governance Committee please visit www.insurancecode.org.au

Complaints and Feedback

Learning about Your experiences with Us and our service partners helps to improve the way We do business with You. If You have feedback, or an issue You would like resolved We encourage You to make contact. Below is information on how to contact Us and how We will work together to resolve any concerns You have.

How to provide feedback

1. Speak to Our Complaints team

Our complaints team can be contacted on 1800 339 669. To get the best out of Your call with Us, please have Your policy and/or claim number available and any specific information about the issue.

2. Provide Your feedback in writing

If You would prefer to provide Your feedback or complaint in writing You can do so by lodging Your complaint on Our website, or by writing to:

The Complaints Team

AIIG Australia Limited
Level 13, 717 Bourke Street
Docklands VIC 3008

Email: aucomplaints@aig.com

What happens if You make a complaint?

If You make a complaint, We will record Your complaint and make sure that Your concerns are addressed as quickly as possible and seek to achieve a fair outcome for both parties.

We will assess Your complaint upon receipt. During the complaints process as set out in this notice, We will meet the following requirements in respect of Your complaint.

- Acknowledge Your complaint within one (1) business day.
- We will tell You who will handle Your complaint and their contact details.
- We will, where applicable, keep You informed via Your preferred method of communication of the progress of Your complaint every ten (10) business days, more frequently or necessary or as agreed by both of us.
- We will treat Your complaint respectfully and handle all personal information in accordance with Our Privacy Policy.
- Within 30 calendar days from the date We receive Your complaint, We will provide a response to Your complaint.

If We cannot meet any of the stated time frames, We will communicate to You the reasons why this has not been possible. We will also advise You when You should expect to receive a response or decision. If You are dissatisfied with the reasons provided, and Your complaint is eligible to be heard by AFCA under their rules We will advise You of Your right to make a complaint to AFCA and provide to You the AFCA contact details.

What You can do if You are not happy with Our response or handling of Your complaint

If You are not satisfied with Our response or the handling of Your complaint, You may wish to have the matter reviewed by Our Internal Dispute Resolution Committee (“Committee”).

If You wish to have Your complaint reviewed by the Committee, please telephone or write to the complaints team as per the details above. As part of Your request, please include detailed reasons for requesting the review and the outcome You are seeking. This information will assist the Committee in carrying out its assessment and review of Your complaint.

A written response setting out the final decision of the Committee and the reasons for this decision will be provided to You.

If We are unable to provide a response within 30 calendar days of receipt of the initial complaint, We will inform You of (i) the time frame for when Your complaint will be heard by the Committee, (ii) when You should expect to receive a response from the Committee; (iii) the reasons for such delay; (iv) Your right to complain to AFCA if You are dissatisfied with such reasons; and (v) the contact details for AFCA.

Your right to complain to the Australian Financial Complaints Authority (AFCA)

You can take Your complaint to AFCA at any time, including:

- if We have been unable to resolve Your complaint within 30 calendar days;
- You are dissatisfied with the outcome of Your complaint; or
- You are dissatisfied with the findings of the Committee.

AFCA provides a fair and independent financial services complaint resolution service that is free to consumers. AFCA can make decisions with which AIG is obliged to comply.

Under AFCA Rules, Your complaint may be referred back to Us if it has not gone through Our complaints process.

AFCA's contact details are:

Australian Financial Complaints Authority (AFCA)

GPO Box 3

Melbourne VIC 3001

Website: www.afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678 (free call)

The use of AFCA does not preclude You from subsequently exercising any legal rights which You may have if You are still unhappy with the outcome. Before doing so however, We strongly recommend that You obtain independent legal advice.

If Your complaint does not fall within AFCA's Rules, We will advise You to seek independent legal advice or give You information about any other external dispute resolution options where available to You.

Privacy notice

This notice sets out how the Insurer (“AIG”) collects, uses and discloses personal information about:

- You, if an individual; and
- other individuals You provide information about.

Further information about Our Privacy Policy is available at www.aig.com.au or by contacting Us on 1300 030 886 or at australia.privacy.manager@aig.com.

How We Collect Your Personal Information

AIG usually collects personal information from You or Your agents. Under the Group Policy, AIG will only collect Your personal information during a claim submission.

AIG may also collect personal information from:

- its agents and service providers;
- other insurers;
- people who are involved in a claim or assist AIG in investigating or processing claims, including third parties claiming under the Group Policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that You are a part of;
- providers of marketing lists and industry databases; and
- publicly available sources.

Why We Collect Your Personal Information

AIG collects information necessary to:

- underwrite and administer Your insurance cover;
- improve customer service and products and carry out research and analysis, including data analytics; and
- advise You of its and other products and services that may interest You.

Failure to disclose information required may result in AIG declining cover, cancelling Your insurance cover or reducing the level of cover, or declining claims.

To Whom We Disclose Your Personal Information

In the course of underwriting and administering the Group Policy, AIG may disclose Your information to:

- Your or its agents, entities to which AIG is related, reinsurers, contractors or third-party providers providing services related to the administration of the Group Policy;
- banks and financial institutions for policy payments;
- the Policyholder;
- Your or its agents, assessors, third-party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- entities to which AIG is related and third-party providers for data analytics functions;
- other entities to enable them to offer their products or services to You; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which You have a claim and such other countries as may be notified in Our Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to Your Personal Information

Our Privacy Policy contains information about how You may access and seek correction of personal information AIG hold about You. In summary, You may gain access to Your personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to Your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on

the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how You may complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

If applicable, Your application includes a consent that You and any other individuals You provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

II. Summary of cover

Subject to the terms contained in this document and the Group Policy, the Insurer agrees to provide the following coverage to Eligible Cardholders (“Insurance Coverage”):

Insurance Coverage	Benefit Amount (in Australian Dollars)
Mobile Phone Protection	Per Occurrence Limit: \$ 1,000 Annual Aggregate Limit: \$ 1,650 Excess: \$ 50

Claim Amount and Excess

We will pay up to the maximum Per Occurrence Limit per Eligible Card for each claim as stated in the Summary of Cover table above. The maximum amount We will pay per Eligible Card for all claims within a period of twelve (12) consecutive months for which the Insurer is liable during the Group Policy Period is the Annual Aggregate Limit set out in the table above.

Under Mobile Phone Protection, for each and every claim, You will be obliged to pay an Excess of AUD 50.

Under the Group Policy, the Insurer agrees to provide Insurance Coverage to Eligible Cardholders as set out in the Group Policy and based on the BINs provided by the Policyholder.

III. Definitions

Terms with a specific meaning are defined below and shall have the same meaning wherever they appear:

Accidental Damage means items that can no longer perform the function they were intended for due to broken parts or material or structural failures due to an accident.

AFSL means Australian Financial Services Licence.

Annual Aggregate Limit means the maximum amount per Eligible Card (as specified in the Limits of Liability and Summary of Cover as well as the applicable coverage sections) within a period of twelve (12) consecutive months for which the Insurer is liable during the Group Policy Period.

BIN means banking identification number.

Business Day means a day other than a Saturday, Sunday or public holiday in New South Wales.

Cardholders means all individuals who have been issued an Eligible Card, including secondary or additional cardholders on the same account, in the Territory.

Damage means items that can no longer perform the function they were intended for due to broken parts or material or structural failures due to an accident.

Eligible Card means a participating Issuer's Mastercard and/or Visa cards.

Eligible Cardholders means those Cardholders with Eligible Cards that are valid and in good standing (not cancelled, suspended or delinquent) at the time of claim who shall be entitled to receive payment or such other benefit as is provided for under these coverage conditions.

Eligible Mobile Telephone means the mobile telephone associated with the Eligible Cardholder's Monthly Mobile Plan. For the avoidance of doubt, only mobile phones and smartphones, excluding tablets, are covered under the Group Policy.

Excess means a monetary contribution You are required to pay towards a claim You make on the Group Policy.

Group Policy means the contract of insurance between the Insurer and Policyholder.

Group Policy Period means the period beginning from 12 June 2024 and until the Group Policy is terminated.

Insurance Coverage has the meaning given in section II ('Summary of Cover').

Insurer/We/Us/Our/AIG means AIG Australia Limited.

Issuer means National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686), an entity that is authorized by Mastercard and/or Visa to operate a card program in the Territory and has arranged this insurance offering to Eligible Cardholders under the Group Policy.

Monthly Mobile Plan means an Eligible Mobile Telephone subscription where the Eligible Cardholder enters into a contract with a mobile provider for a mobile telephone and SIM or SIM only plan with a monthly automatic billing arrangement.

Mysteriously Disappear or Mysterious Disappearance means the vanishing of an item in an unexplained manner where there is absence of evidence of a wrongful act by a person or persons.

Per Occurrence Limit means the maximum amount payable as specified under the Limits of Liability and Summary of Cover as well as the applicable coverage sections.

Policyholder means National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686).

Territory means the country where the Eligible Card was issued, being Australia.

Theft means the illegal act of taking an Eligible Mobile Telephone under Mobile Phone Protection belonging to the Eligible Cardholder without their consent, with intent to deprive him/her of its value.

War means any declared or undeclared war or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

You means, unless otherwise indicated, the Eligible Cardholders.

Your means belonging to or pertaining to You.

IV. Insurance coverage

The Insurance Coverage which will be provided to the Eligible Cardholder is detailed in the sections below and in accordance with the Summary of Cover set out above and Limits of Liability sections set out below.

Mobile phone protection

The Insurer will pay for loss due to Accidental Damage or Theft up to the Per Occurrence Limit and subject to the Annual Aggregate Limit per Eligible Card if the Eligible Cardholder's Monthly Mobile Plan bill for the billing cycle preceding the month in which the Accidental Damage or Theft occurred is paid in full through the Eligible Card.

Insurance Coverage shall be provided under this Section for the Eligible Mobile Telephone stolen or damaged after the Initial Effective Date of Insurance Coverage (specified below) and before the Individual Termination Date (specified below). The full payment of the Eligible Cardholder's Monthly Mobile Plan bill for the billing cycle preceding the month in which the Accidental Damage or Theft occurred using the Eligible Card must be made after the inception of the Group Policy. Insurance Coverage shall not be provided for any Eligible Mobile Telephone stolen or damaged after the Individual Termination Date.

Insurance Coverage is limited to Accidental Damage or Theft up to the Per Occurrence limit stated in the Summary of Cover and subject to the terms, conditions, exclusions, and limits of liability of this cover as well as the Excess stated in the Summary of Cover above. The Annual Aggregate Limit is also stated in the Summary of Cover.

Valuation Specific to Mobile Phone Protection

We shall be liable only for the lesser of the following amounts:

1. the actual cost to repair or replace the Eligible Mobile Telephone after the excess has first been applied to the cost to repair or replace the Eligible Mobile Telephone; or
2. the Per Occurrence Limit

Scope of Insurance Coverage Specific to Mobile Phone Protection

Our maximum liability under the Group Policy may not exceed Annual Aggregate Limit per Eligible Card per twelve-month period.

Insurance Coverage Conditions Specific to Mobile Phone Protection

1. You will only be reimbursed for Accidental Damage or Theft of an Eligible Mobile Telephone.

2. Initial Effective Date of Insurance Coverage

Insurance Coverage begins on the first day of the calendar month following the payment of Your Monthly Mobile Plan bill (the “Initial Effective Date of Insurance Coverage”). Insurance Coverage will be valid until last day of the calendar month following the payment of Your Monthly Mobile Plan bill.

3. Suspension of Insurance Coverage

Insurance Coverage under the Group Policy will be suspended on the first day of the following calendar month if an Eligible Cardholder fails to make a Monthly Mobile Plan bill payment using the Eligible Card while Insurance Coverage is in effect in the previous month.

4. Resumption of Insurance Coverage

If Insurance Coverage under the Group Policy is suspended, Insurance Coverage will resume on the first day of the following calendar month following the date of any future Monthly Mobile Plan bill payment using an Eligible Card in accordance with paragraph 2 (“Initial Effective Date of Insurance Coverage”).

For example, an Eligible Cardholder paid their Monthly Mobile Plan bill on 15 February using their Eligible Card. The Insurance Coverage starts automatically from 1 March until 31 March. If then the Eligible Cardholder does not pay their Monthly Mobile Plan bill in the month of March, there will be no Insurance Coverage in April. Should the Eligible Cardholder then pay their Monthly Mobile Plan bill in full on 5 May using their Eligible Card, the Insurance Coverage will then resume on 1 June until 30 June.

5. Insurance Coverage is excess of any other applicable insurance or indemnity the Eligible Cardholder may have.

Exclusions Specific to Mobile Phone Protection

Under this Section, We will not pay for any of the following:

1. Mobile telephone accessories other than the standard battery and/or standard antenna provided by the manufacturer.
2. Eligible Mobile Telephones that are lost or Mysteriously Disappear, as defined in this document.
3. Eligible Mobile Telephones under the care and control of a common carrier, including, but not limited to, the postal service, airlines or delivery service, and Eligible Mobile Telephone is not under the Eligible Cardholder`s possession at time of the incident.
4. Eligible Mobile Telephones stolen from baggage whilst travelling unless hand-carried and under the Eligible Cardholder`s supervision or under the supervision of the Eligible Cardholder`s traveling companion who is previously known to the Eligible Cardholder.
5. Cosmetic damage such as a dent or scratch to the Eligible Mobile Telephone or Accidental Damage that does not impact the Eligible Mobile Telephone`s operation and functions (including minor screen cracks and fractures less than 5 cm in length that does not prevent the ability to make or receive phone calls or to use other operations and functions of the Eligible Mobile Telephone).
6. Accidental Damage or Theft resulting from any intentional acts or omission by You or anyone acting on Your behalf, willful damage, destruction or misplacement of the Eligible Mobile Telephone, fraud, hostilities of any kind (including, but not limited to, War, invasion, rebellion or insurrection), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects or vermin.
7. Accidental Damage or Theft resulting from mis-delivery or non-return of the Eligible Mobile Telephone lent or voluntarily given to a third party.
8. A mobile telephone purchased for resale or commercial use. Subject to the terms of this document, Insurance Coverage is for personal mobile phone devices and for use by Eligible Cardholder for personal purposes only.
9. Electrical, electronic or mechanical defects where there is no evidence of Accidental Damage.

V. Eligible cardholders making a claim after a loss

You are required to reasonably cooperate with Us in investigating, evaluating and settling a claim. In the event of any loss which may be covered under the Group Policy, You must contact Us as soon as reasonably practicable after the discovery of such loss.

To file a claim, You may log on to <https://ba.mycardbenefits.com/> or send a notification to Us to obtain a claim form and instructions on what to do after a loss.

You are not required to contact the Policyholder in the event of a claim.

Our contact details are set out below:

AIG Australia Limited
Level 19, 2 Park Street
Sydney, NSW 2000
Australia

Tel: +61395224111

Customer Service Timing: 8:30AM to 5:30PM,
Monday to Friday

Email: Apac.partners@AIG.com

How to file a claim:

The Eligible Cardholder must file a claim as soon as reasonably practicable, and provide:

- a. completed and signed claim form as soon as reasonably practicable;
- b. Eligible Cardholder's card statement reflecting the monthly Eligible Mobile Telephone payment as soon as reasonably practicable for the month preceding the date the Eligible Mobile Telephone was subject to Theft or suffered Accidental Damage;
- c. A copy of the Eligible Cardholder's most recent mobile provider's billing statement as soon as reasonably practicable showing the payment for the Monthly Mobile Plan;
- d. If available, a copy of the original Eligible Mobile Telephone purchase receipt or other sufficient proof of the Eligible Mobile Telephone model currently

linked to the Eligible Cardholder's Eligible Mobile Telephone account as soon as reasonably practicable;

- e. If the Eligible Cardholder has an existing insurance from the mobile operator, a copy of the insurance claim to the Eligible Cardholder's mobile telephone insurance, or in the event that the claim amount is less than the Eligible Cardholder's deductible, a copy of the policy's declarations page as soon as reasonably practicable;
- f. If a claim is due to Accidental Damage, a copy of the repair estimate and photos as soon as reasonably practicable of the Accidental Damage. We may also reasonably require You to send in the damaged Eligible Mobile Telephone(s), at Your expense, for further evaluation of Your claim; and
- g. If the claim is due to Theft, a copy of the police report filed as soon as reasonably practicable.

In the event of an occurrence that may lead to a claim or loss under the Insurance Coverage set out above, You must:

- take all reasonable practicable measures to prevent and avoid further loss or damage;
- complete, sign and return the claims form within a reasonable time period together with copies of all reasonable proof of Your loss and other relevant documents such as relevant receipts, documents, letters, credit and debit card statements together with accompanying documents and such details and written proof as may reasonably be required by Us;
- disclose to Us details of any other insurance cover under which You are entitled to claim;
- upon notifying Us of the claim You cannot make any admissions, offers, promises or payment, or conduct any negotiations, without Our prior written consent;
- where reasonably necessary, grant authorization for Us to obtain Your records and other information, such as credit reports (if applicable);
- provide Your financial reports, including, but not limited to bank statements, as reasonably necessary to assess Your claim;
- reasonably co-operate with Us in investigating, evaluating and settling a claim; and
- if the loss involved theft report of the theft to the police as soon as reasonably practicable.

VI. Limits of liability

Per Occurrence: Our liability for any one incident shall not exceed the limit stated in in the Section headed “Claim Amount and Excess”.

Annual Aggregate: The total of all benefits paid or payable while the Group Policy is in force in connection with any particular Insurance Coverage shall not exceed the limit stated in in in the Section headed “Claim Amount and Excess”.

Excess: Subject to the Group Policy limits that apply, We will pay only that part of the total of all covered loss that exceeds the Excess (if any) specified in the Section headed “Claim Amount and Excess”.

Individual Termination Date

An Eligible Cardholder’s coverage under the Group Policy shall terminate on the earliest of:

1. the date the Eligible Cardholder no longer qualifies as an Eligible Cardholder;
2. the date the Eligible Card is determined to be ineligible by the Issuer;
3. the date the Issuer ceases to participate in this program; or
4. the date the Group Policy is terminated,

(such date being the “Individual Termination Date”).

Upon termination for the reasons set out above, the Issuer will as soon as reasonably practicable notify You of the same.

Subject to the terms of the Insurance Coverage (as described above in Section IV), an Eligible Cardholder may make a claim after the Individual Termination Date for losses occurring after the Initial Effective Date of Insurance Coverage and before the Individual Termination Date.

The Individual Termination Date does not affect the progress of claims made before such termination date.

VII. General policy conditions

A. Disputes

Subject to the dispute resolution process outlined above, in the event of a dispute between Us and You, the courts of New South Wales shall have non-exclusive jurisdiction to adjudicate the dispute.

B. Governing Law

The Group Policy shall be governed by the laws of the state of New South Wales.

C. Loss Prevention

You must use all reasonable means to avoid future loss at and after the time of loss.

D. Fraudulent Claims

If a claim is in any respect fraudulent, all benefits in respect of such claim shall be forfeited.

E. Payment of Claims

All payments to be made by the Insurer shall be paid to Eligible Cardholder in the Territory and such payments shall be subject to the laws and regulations then in effect in the Territory.

F. Sanctions

We shall not be deemed to provide cover and We shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Us, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America or the Commonwealth of Australia.

G. Transfer

The Policyholder or You may not transfer its interest in this insurance to anyone.

H. Changes

The Policyholder must notify Us within 15 days of any change in circumstance which will affect the Group Policy.

If the Policyholder advises Us of any change in circumstance that will affect the Group Policy, We reserve the right to amend any of the terms and conditions of the Group Policy following notice to You by the Policyholder.

No change or modification of the Group Policy shall be effective except when made by written endorsement signed by Our authorized representative.

I. Subrogation

If We settle any claim or payment or otherwise cover any loss applying under the Group Policy, We shall be subrogated to all Your rights of recovery against any other person or persons and You shall complete, sign and deliver any documents necessary to secure such rights. You shall not take any action following a loss to prejudice such rights of subrogation.

J. Compliance

The benefits of the Group Policy are subject always to Your full compliance with these terms and conditions.

K. Group Policy Term and Termination

Subject to Your rights to claim in the event of termination of the Group Policy, as detailed under Section I above ('PREAMBLE AND DISCLOSURES') and in section L below ('Consequences of termination of Group Policy'), the Insurance Coverage which is provided under the Sections detailed above, will only be provided during the Group Policy Period. The Group Policy Period begins at 12:00 a.m. on 12 June 2024 and ends when the Group Policy is terminated.

The Policyholder will give Eligible Cardholders written notice if the Group Policy ends.

L. Consequences of Termination of Group Policy

Termination of the Group Policy does not extinguish or otherwise affect an Eligible Cardholder's right to make a claim for losses occurring before the date of termination during the period of Insurance Coverage, or the progress of claims that were made before the termination date.

For more information visit

nab.com.au

or call us on **13 22 65**

Monday to Friday, 8am to 7pm (AEST/AEDT)

Saturday to Sunday, 9am to 6pm (AEST/AEDT)

or ask at your **local branch**

Help for people with hearing or speech

communication difficulties. Contact us on

13 29 28 through the National Relay Service.