Colonial

Personal Insurance

Portfolio

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Customer Information Brochure
Number Five

The Personal Insurance Portfolio products include Income Care Plus, Income Care, Business Overheads Cover, Total Care Plan and Total Care Plan Super.

You should read this brochure carefully, especially the Key Features Statements. These summarise important information you must know about each Personal Insurance Portfolio product.

This brochure is issued by:
The Colonial Mutual Life Assurance Society Limited
ABN 12 004 021 809, as the Insurer;
and in respect of Total Care Plan Super
by Colonial Mutual Superannuation Pty Ltd
ABN 56 006 831 983, the Trustee of the
Colonial Super Retirement Fund
ABN 40 328 908 469 SFN 2933/419/40

The registered address of the Insurer and the Trustee is:
Level 6, 48 Martin Place, Sydney NSW 1155

Colonial.

Contents

Income Care Plus – Key Features Statement	1
Income Care – Key Features Statement	7
Business Overheads Cover – Key Features Statement	11
Income Care Range – Further Information	14
Total Care Plan – Key Features Statement	19
Trauma Cover Policy Definitions	25
Total Care Plan – Further Information	29
Total Care Plan Super – Key Features Statement	31
Total Care Plan Super – Further Information	35
General Information About Personal Insurance Portfolio	39
Interim Accident Cover Certificates	43
Application	49

Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983 (the Trustee) and The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA') (the Insurer) are wholly owned but non-guaranteed subsidiaries of the Commonwealth Bank of Australia ABN 48 123 123 124.

The Commonwealth Bank of Australia and its subsidiaries do not guarantee the Personal Insurance Portfolio products or the performance of the Colonial Super Retirement Fund (the Fund) or the repayment of capital by the Fund. Contributions to the Fund are not deposits or other liabilities of Commonwealth Bank of Australia and its subsidiaries.

The information in this brochure was correct at the time of issue. If there is any material change in any of the information, it will be withdrawn. You should check with your adviser that the brochure is still current. You can only apply for a Personal Insurance Portfolio product by completing the Application attached to this brochure. Applications will not be accepted on an out of date or withdrawn Application.

In this brochure, 'we', 'us' and 'our' refer to CMLA and 'you' and 'your' refers to the proposed Policy Owner and/or the person to be insured (where applicable). For Total Care Plan Super, 'you' and 'your' refers to the proposed person to be insured.

Whilst every effort has been made to ensure the information in this brochure is reliable, the governing documents (Policy Document and Trust Deed, where applicable) form the basis of the contract and should be read carefully.

We will not make a payment under any Policy if the payment would cause us to be in breach of the Health Act 1973 (Cth) and/or the National Health Act 1953 (Cth).

Income Care Plus

Key features statement

This Key Features Statement follows guidelines administered by the Australian Securities and Investments Commission.

It will help you to:

- **decide whether this type of product will meet your needs; and**
- **compare this product with others you may be considering.**

Important notice

This is not a savings plan. The primary purpose of this Policy is to provide a benefit in the event of disablement through Sickness or Injury. If you terminate your Income Care Plus Policy at any time other than during the Cooling-off Period you will not get anything back.

The Plan

Income Care Plus is designed to replace a proportion of the Insured's income if the Insured is Totally Disabled through Sickness or Injury and cannot work. Income Care Plus provides top quality cover and a variety of additional benefits and features to give added protection.

You can take out cover on your own life, in which case you are the 'Insured' as well as the Policy Owner (or applicant). You can also take out cover to insure someone else's life (eg. a family member or business partner) in which case the other person is the 'Insured' and you are the Policy Owner. The proceeds of the Policy are payable to the Policy Owner/s but any Super Continuance Monthly Benefit will where specified be paid to a superannuation plan nominated by the Policy Owner/s.

At the time of Application, you have the choice of the method by which we determine any Monthly Benefit payable, between:

- Agreed Value; and
- Indemnity.

Please refer to Monthly Benefit on pages 15 and 16 for further details.

Premiums

The Premium covers the cost of the Income Care Plus Policy and is based on the Insured's age, health, gender, occupation, whether or not they smoke and any sporting or recreational activities in which they may participate. The combination of Waiting Period, Benefit Period, Policy Expiry Date, Monthly Benefit and Options selected, stamp duty and any other loadings applied to the Policy will also affect the cost of cover. Generally, the cost of cover increases as the Insured gets older.

Minimum Monthly Benefit

The minimum Monthly Benefit (including any Super Continuance Monthly Benefit) you can insure for is $1,500 per month.

Premium Payment Options

Premiums can be paid as set out in the following table:

	Cheque	Direct Debit*	Credit Card
Yearly	✔	✔	✔
Half-yearly	✔	✔	✔
Quarterly		✔	✔
Monthly		✔	✔

*There are third party charges associated with the direct debit facility.

The Policy will lapse and cover will cease if premiums are not paid within 30 days of the Premium Due Date.

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change the rates for all policies in a group.

The premiums for all benefits outlined in this Key Features Statement will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund. Income Care Plus does not acquire a surrender or cash-in value at any point.

Tables of premium rates for Income Care Plus are available on request.

Benefits

Income Care Plus is available for an Insured who is working full-time and is from the age of 17 to 59, inclusive. However, certain age restrictions apply to individual policies and Benefit Periods. The availability of cover also depends on various factors including the Insured's occupation, pastimes, financial circumstances and state of health. Income Care Plus is not available to Occupation Group 'H' (heavy risk).

The benefits, features and optional benefits available with Income Care Plus are detailed below.

In the following section, references are made to Waiting Period, Monthly Benefit, Benefit Period and Policy Expiry Date. These terms are described on pages 14-16.

Total Disability Benefit And Partial Disability Benefit

A benefit will be payable if the Insured is Totally or Partially Disabled (and a Specific Injuries Benefit or a Crisis Benefit does not apply) for longer than the Waiting Period and will continue throughout the chosen Benefit Period while the Insured continues to be Totally or Partially Disabled.

Total Disability Benefit

If the Insured is Totally Disabled after the Waiting Period has ended, the Monthly Benefit will be paid to you and any Super Continuance Monthly Benefit to a nominated superannuation plan.

Total Disability means that because of Sickness or Injury, the Insured is:

- unable to perform at least one Income Producing Duty of his/her occupation; and
- following the advice of a Medical Practitioner; and
- not working.

An Income Producing Duty is one that generates 20% or more of the Insured's Monthly Income.

Certain conditions will apply if the Insured is unemployed or on maternity, paternity or long service leave. See Cover While Unemployed Or On Leave on page 17.

Partial Disability Benefit

If the Insured is Partially Disabled after the Waiting Period has ended, a proportion of the Monthly Benefit will be paid to you and a proportion of any Super Continuance Monthly Benefit to a nominated superannuation plan, based on the reduction in the Insured's Pre-Disability Income.

Partial Disability means that, due to Sickness or Injury, the Insured is unable to work in his/her own occupation at full capacity and:

- the Insured is working in his/her own occupation in a reduced capacity, or working in another occupation; and
- the Insured's Monthly Income is less than his/her Pre-Disability Income; and
- the Insured is following the advice of a Medical Practitioner.

If the Insured has been Totally Disabled throughout the Waiting Period and then returns to work on a partial basis, we will pay the Total Disability Benefit instead of the Partial Disability Benefit for up to 3 months if the Insured is only earning 20% or less of their Pre-Disability Income.

Certain conditions will apply if the Insured is unemployed or on leave without pay. See Cover While Unemployed Or On Leave benefit on page 17.

Rehabilitation Benefit

The Rehabilitation Benefit will be payable if you are Totally Disabled while you participate in an Approved Rehabilitation Program.

Fifty percent of the Monthly Benefit and any Super Continuance Monthly Benefit will be paid to you for a maximum of 12 months. This is paid in addition to any other benefit. The Rehabilitation Benefit starts to accrue from the date you first participate in the program and is paid monthly in arrears.

An Approved Rehabilitation Program is one approved by us but excludes programs providing hospital treatment or ancillary health benefits (as defined in the National Health Act 1953).

Rehabilitation Expenses Benefit

If the Insured is Totally Disabled, we will reimburse the expenses incurred by the Insured as a direct result of:

- your participation in an Approved Rehabilitation Program; or
- engaging in or attempting to engage in an occupation,

less amounts that are reimbursed elsewhere.

Our prior approval of the expenditure is required.

Some examples of rehabilitation expenses covered by the benefit are the cost of travelling expenses to attend a rehabilitation program or the cost of structural changes to your home or office. The cost of a Rehabilitation Program is not a rehabilitation expense covered by this benefit.

The maximum Rehabilitation Expenses Benefit payable to you is 6 times the Monthly Benefit and any Super Continuance Monthly Benefit.

For details about an approved Rehabilitation Program please refer to the Rehabilitation Benefit section.

Specific Injuries Benefit

The Specific Injuries Benefit will be payable if the Insured suffers one of the specified events referred to in the table below as the result of an Injury. We will pay the Monthly Benefit to you and any Super Continuance Monthly Benefit to a nominated superannuation plan each month for up to the payment period shown, whether or not the Insured is capable of returning to work. Benefits will begin from the date of the Injury, regardless of the Waiting Period. If the Insured is Totally or Partially Disabled at the end of the payment period, then a Total or Partial Disability Benefit will be paid subject to the conditions of the Policy.

This benefit only applies if you select a Waiting Period of 3 months or less.

Covered Specific Events	**Payment Period**
Paraplegia	60 months*
Quadriplegia	60 months*
Total and permanent loss of use of:	
Both Hands or Both Feet or Sight in Both Eyes	24 months
One Hand and One Foot	24 months
One Hand and Sight in One Eye	24 months
One Foot and Sight in One Eye	24 months
One Arm or One Leg	18 months
One Hand or One Foot or Sight in One Eye	12 months
Thumb and Index Finger from the Same Hand	6 months
Fracture requiring a plaster cast or other immobilising device of the following bones:	
Thigh (shaft)	3 months
Pelvis (except Coccyx)	3 months
Skull (except Bones of the Face or Nose)	2 months
Arm, between Elbow and Shoulder (Shaft)	2 months
Shoulder Blade	2 months
Leg (above the Foot)	2 months
Kneecap	2 months
Elbow	2 months
Collarbone	1½ months
Forearm, between Wrist and Elbow (Shaft)	1½ months

*If your Benefit Period is 2 years, the maximum payment period is 24 months.

The Specific Injuries Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit. If one Injury causes more than one of the listed events above, we will only pay for the event with the longest payment period.

Similarly, if you are eligible to claim a Crisis Benefit (see below) at the same time as a Specific Injuries Benefit, you will only be paid for the one with the longest payment period.

Crisis Benefit

The Crisis Benefit will be payable if the Insured suffers one of the specified medical conditions listed below. We will pay the Monthly Benefit to you and any Super Continuance Monthly Benefit to a nominated superannuation plan for up to a period of 6 months, whether or not the Insured is capable of returning to work. The Crisis Benefit payment will commence from the date the condition occurs, regardless of the Waiting Period. This benefit only applies if you select a Waiting Period of 3 months or less.

- Cancer
- Stroke
- Heart Attack
- Coronary Artery Disease Requiring By-Pass Surgery
- Replacement of a Heart Valve
- Surgery for a Disease of the Aorta
- Cardiomyopathy
- Primary Pulmonary Hypertension
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Chronic Kidney Failure
- Major Organ Transplant
- Severe Burns
- Major Head Trauma
- Multiple Sclerosis
- Hemiplegia
- Diplegia
- Loss of Independent Existence

Full definitions of these conditions can be found in the 'Trauma Cover Policy Definitions' section on pages 25-28 apart from the definition for Loss of Independent Existence which can be found on pages 17-18.

The Crisis Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit. You can only claim a Crisis Benefit once in any 12 month period. If you are eligible to claim a Specific Injuries Benefit at the same time as a Crisis Benefit, you will only be paid for the one with the longest payment period.

If the Insured is Totally or Partially Disabled at the end of the 6 month period, then a Total or Partial Disability Benefit will be paid subject to the conditions of the Policy.

Accommodation Benefit

The Accommodation Benefit will be payable if the Insured becomes Totally Disabled and on medical advice remains more than 100 kilometres from home or travels to a place more than 100 kilometres from home and:

- is confined to bed; and
- an Immediate Family Member of the Insured is accommodated near the Insured and has to stay away from home.

We will pay $150 a day, for up to 30 days in any 12 month period, for each day you qualify for this benefit.

An Immediate Family Member means the Insured's spouse, de facto spouse, parent, parent-in-law or any of their children.

Family Support Benefit

This benefit is payable if, as a result of Total Disability, the Insured is totally dependent on an Immediate Family Member for their essential everyday home care needs (excluding nursing or similar services) to enable the Insured to live at home and consequently the Immediate Family Member's income is reduced. We will pay you the amount of the reduction in the Immediate Family Member's income (as calculated under the Policy) or 50% of the Monthly Benefit and any Super Continuance Monthly Benefit (whichever is less) for up to 3 months, starting from the end of the Waiting Period you select.

Immediate Family Member is defined in the Accommodation Benefit section.

Home Care Benefit

The Home Care Benefit will be payable if, after the Waiting Period, the Insured is still Totally Disabled and due to that Disability is confined to or near a bed (other than in a hospital or similar institution) and is totally dependent upon a paid professional housekeeper for their essential everyday home care needs (excluding nursing and similar services). We will pay the lesser of $150 a day or 100% of the Monthly Benefit and any Super Continuance Monthly Benefit to you for up to 6 months to help cover the cost, provided the Insured continues to qualify for the benefit and is not receiving the Family Support Benefit or Accommodation Benefit.

Bed Confinement Benefit

A Bed Confinement Benefit will be payable if the Insured is Totally Disabled and confined continuously to bed for at least 3 days during the Waiting Period and a Medical Practitioner certifies that the continuous care of a registered nurse is required. The Bed Confinement Benefit will provide 1/30th of the Monthly Benefit and any Super Continuance Monthly Benefit to you for each day (including the first 3 days) the Insured continues to meet this definition for up to a maximum of 90 days or the end of the Waiting Period, if shorter.

Transportation Benefit

The Transportation Benefit of $200 will be payable if, as the result of a condition that causes the Insured's Total Disability, the Insured must be transported to a hospital within Australia in an emergency.

Overseas Assist Benefit

The Overseas Assist Benefit will be payable if the Insured is Totally Disabled for at least a month while outside Australia and decides to return to Australia because of continuing Total Disability. We will reimburse you the cost of the Insured's return economy airfare back to Australia by the most direct route, including connecting flights, less amounts that are reimbursed elsewhere, up to a maximum of three times the Monthly Benefit and any Super Continuance Monthly Benefit.

Death Benefit

If the Insured dies while entitled to a Total or Partial Disability Benefit, Crisis Benefit or Specific Injuries Benefit, 3 times the Monthly Benefit and any Super Continuance Monthly Benefit will be paid to help meet any expenses at the time.

Recurrent Disability Benefit

If the Insured has a Benefit Period to age 60 or 65 and has returned to work on a full-time basis after receiving a Total or Partial Disability Benefit, Specific Injuries or Crisis Benefit, but suffers a recurrence of the same or related condition and it

results in Total or Partial Disability within 12 months (or 6 months for all other Benefit Periods), we will waive the Waiting Period and treat it as a continuation of the original claim.

Increasing Claim Option

This optional benefit is designed to help offset the impact of inflation. If you have continued to receive benefits for more than 12 months, we will increase the Monthly Benefit and any Super Continuance Monthly Benefit, by the lesser of the Indexation Factor and 7.5% on each anniversary of the date when benefits first started to accrue.

Accident Option

If a 14 day or one month Waiting Period is selected, and the Insured is Totally Disabled due to an Injury for 3 consecutive days during the Waiting Period, the Accident Option will pay one thirtieth of the Monthly Benefit (but not any Super Continuance Monthly Benefit) for each day that the Insured is Totally Disabled during the Waiting Period and is not entitled to a Specific Injuries Benefit, Crisis Benefit or Bed Confinement Benefit. This benefit is paid for the lesser of the Waiting Period and the period of Total Disability.

Super Continuance Option

This option pays a Super Continuance Monthly Benefit which allows you to continue superannuation contributions during periods of Total Disability and Partial Disability.

The Super Continuance Monthly Benefit that you can insure is the monthly equivalent of the lesser of:

- the annual amount of total superannuation contributions made by the Insured or their employer on their behalf; or
- 15% of the Insured's annual income,

in the 12 months immediately preceding the date of application. Any superannuation contributions exceeding 15% of the Insured's annual income can be taken into account in determining your Monthly Benefit.

The Super Continuance Monthly Benefit we will pay is the lesser of the insured amount and one twelfth of the total superannuation contributions made for the Insured in the 12 months prior to the claim. If the Insured is Partially Disabled we will pay a proportion of the Super Continuance Monthly Benefit.

If this option applies, the Super Continuance Monthly Benefit will, where specified in the Income Care Plus Policy, be paid directly to a superannuation plan nominated by you. The nominated superannuation plan must be a regulated superannuation fund or retirement savings account. This benefit will only be paid in circumstances where you nominate an appropriate plan and its payment is permitted by the prevailing laws relating to superannuation contributions.

Exclusions & Pre-Existing Conditions

There are only a few exclusions. A benefit will not be paid where it arises in connection with intentional self-inflicted Injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including threatened miscarriage.

We will not pay a benefit for any condition which first occurred before the Policy or increase in cover came into effect unless you told us about it in your Application for cover and we agreed to cover it.

Benefit Offsets

Your benefits may be reduced in certain circumstances, for instance where you are entitled to receive workers compensation or other legislative benefits (see page 16 for further details).

What Are The Charges?

All the charges of Income Care Plus are fully described in this section. CMLA undertakes not to apply any other charges without your specific written consent.

A Policy Fee is charged which covers some of the administration costs of setting up and maintaining your Income Care Plus Policy.

If you choose to pay your premiums more frequently than annually, a Frequency Charge will be applied to the annual premium amount to cover the additional cost of administration (see the following table).

Premium Payment Frequency	Policy Fee (per premium payment)*	Frequency Charge
Monthly	$5.00	8% of annual premium excluding Policy Fee
Quarterly	$15.00	8% of annual premium excluding Policy Fee
Half-yearly	$27.00	4% of annual premium excluding Policy Fee
Annually	$50.00	Nil

*as at 1 March 2002.

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

The Policy Fee may be increased in future in line with any rise in the Consumer Price Index since the last time this fee was reviewed. The Frequency Charge may be increased at our discretion. Fees and charges may also be increased to reflect new or changed government levies and taxes.

We will notify you in writing at least 3 months before any change to the Policy Fee or any change to the Frequency Charge.

Taxation

The premium for your Policy will generally be an allowable deduction from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997. This deductibility applies regardless of whether you are self-employed or an employed person.

Any Income Care Plus benefits (including any Super Continuance Monthly Benefit) will be treated as income and taxed accordingly.

We have only provided general statements on taxation. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser.

All taxation information is based on the continuance of present taxation laws and their interpretation that were current on 1 January 2002.

Cooling-off Period

After you take out Income Care Plus and receive the Policy Document from us, you have 14 days to check that the Policy meets your needs. This is known as the Cooling-off Period. Within this time you may cancel the Policy and receive all your money back. To do this, you will need to put your request in writing and send it to us with the Policy Document. Refer to the back of this brochure for contact details.

Information On Your Policy

Once we receive, assess and accept your Application, we will send you a Policy Document (which includes Policy Information Statement details) and a Policy Schedule providing full details of the Policy and the additional optional benefits selected. You should read this information carefully.

Should there be any changes to any of the benefits included in your Policy, you will be notified by mail.

Information on enquiries and complaints can be found on page 39 of this brochure.

Income Care

Key features statement

This Key Features Statement follows guidelines administered by the Australian Securities and Investments Commission.

It will help you to:

- **decide whether this type of product will meet your needs; and**
- **compare this product with others you may be considering.**

Important notice

This is not a savings plan. The primary purpose of this Policy is to provide a benefit in the event of disablement through Sickness or Injury. If you terminate your Income Care Policy at any time other than during the Cooling-off Period you will not get anything back.

The Plan

Income Care is designed to replace a proportion of the Insured's income if the Insured is Totally Disabled through Sickness or Injury and cannot work. Income Care provides basic cover and is an excellent low cost alternative to Income Care Plus.

You can take out cover on your own life, in which case you are the 'Insured' as well as the Policy Owner (or applicant). You can also take out cover to insure someone else's life (eg. a family member or business partner) in which case the other person is the 'Insured' and you are the Policy Owner. The proceeds of the Policy are payable to the Policy Owner/s but any Super Continuance Monthly Benefit will where specified be paid to a superannuation plan nominated by the Policy Owner/s.

At the time of Application, you have the choice of the method by which we determine any Monthly Benefit payable, between:

- Agreed Value; and
- Indemnity.

Please refer to Monthly Benefit on pages 15 and 16 for further details.

Premiums

The Premium covers the cost of the Income Care Policy and is based on the Insured's age, health, gender, occupation, whether or not they smoke and any sporting or recreational activities in which they may participate. The combination of Waiting Period, Benefit Period, Policy Expiry Date, Monthly Benefit and Options selected, stamp duty and any other loadings applied to the Policy will also affect the cost of cover. Generally, the cost of cover increases as the Insured gets older.

Minimum Monthly Benefit

The minimum Monthly Benefit (including any Super Continuance Monthly Benefit) you can insure for is $1,500 per month.

Premium Payment Options

Premiums can be paid as set out in the following table:

	Cheque	Direct Debit*	Credit Card
Yearly	✔	✔	✔
Half-yearly	✔	✔	✔
Quarterly		✔	✔
Monthly		✔	✔

*There are third party charges associated with the direct debit facility.

The Policy will lapse and cover will cease if premiums are not paid within 30 days of the Premium Due Date.

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change the rates for all policies in a group.

The premiums for all benefits outlined in this Key Features Statement will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund. Income Care does not acquire a surrender or cash-in value at any point.

Tables of premium rates for Income Care are available on request.

Benefits

Income Care is available for an Insured who is working full-time and is from the age of 17 to 59, inclusive. However, certain age restrictions apply to individual policies and Benefit Periods. The availability of cover also depends on various factors including the Insured's occupation, pastimes, financial circumstances and state of health.

The benefits, features and optional benefits available with Income Care are detailed below.

In the following section, references are made to Waiting Period, Monthly Benefit, Benefit Period and Policy Expiry Date. These terms are described on pages 14-16.

Total Disability Benefit And Partial Disability Benefit

A benefit will be payable if the Insured is Totally or Partially Disabled for longer than the Waiting Period and will continue throughout the chosen Benefit Period while the Insured continues to be Totally or Partially Disabled.

Total Disability Benefit

If the Insured is Totally Disabled after the Waiting Period has ended, the Monthly Benefit will be paid to you and any Super Continuance Monthly Benefit to a nominated superannuation plan.

Total Disability means that because of Sickness or Injury, the Insured is:

- unable to perform at least one Income Producing Duty of his/her occupation; and
- following the advice of a Medical Practitioner; and
- not working.

An Income Producing Duty is one that generates 20% or more of the Insured's Monthly Income.

Certain conditions will apply if the Insured is unemployed or on maternity, paternity, long service leave or leave without pay. See Cover While Unemployed Or On Leave on page 17.

If the Insured is in Occupation Group 'H' and you have selected a 5 year Benefit Period, after 2 years of Total Disability, Total Disability will mean that due to Sickness or Injury the Insured is unable to perform **any** occupation for which they are reasonably suited by education, training or experience, and they are following the advice of a Medical Practitioner, and are not working.

Your adviser can provide more information on Occupation Groups.

Partial Disability Benefit

If the Insured is Partially Disabled after the Waiting Period has ended, a proportion of the Monthly Benefit will be paid to you and a proportion of any Super Continuance Monthly Benefit to a nominated superannuation plan, based on the reduction in the Insured's Pre-Disability Income.

Partial Disability means that, due to Sickness or Injury, the Insured is unable to work in his/her own occupation at full capacity and:

- the Insured is working in his/her own occupation in a reduced capacity, or working in another occupation; and
- the Insured's Monthly Income is less than his/her Pre-Disability Income; and
- the Insured is following the advice of a Medical Practitioner.

If you became unemployed or go on leave without pay while a Partial Disability Benefit is payable, the Maximum Partial Disability Benefit payable will be 60% of the total of the Monthly Benefit and any Super Continuance Monthly Benefit.

This benefit will be paid for up to the Benefit Period you have chosen or, for Occupation Group 'H', for a maximum of 2 years after the end of the Waiting Period.

If the Insured has been Totally Disabled throughout the Waiting Period and then returns to work on a partial basis, we will pay the Total Disability Benefit instead of the Partial Disability Benefit for up to 3 months if the Insured is only earning 20% or less of their Pre-Disability Income.

Certain conditions will apply if the Insured is unemployed or on maternity, paternity, long service leave or leave without pay. See Cover While Unemployed Or On Leave on page 17.

Recurrent Disability Benefit

If the Insured has a Benefit Period to age 60 or 65 and has returned to work on a full-time basis after receiving a Total or Partial Disability Benefit, but suffers a recurrence of the same or related Sickness or Injury and it results in Total or Partial Disability within 12 months (or 6 months for all other Benefit Periods) we will waive the Waiting Period and treat it as a continuation of the original claim.

Increasing Claim Option

This optional benefit is designed to help offset the impact of inflation. If you have continued to receive benefits for more than 12 months, we will increase the Monthly Benefit and, if

any Super Continuance Monthly Benefit by the lesser of the Indexation Factor and 7.5% on each anniversary of the date when benefits first started to accrue.

This option is not available to Occupation Group 'H'.

Accident Option

If a 14 or 30 day Waiting Period is selected, and the Insured is Totally Disabled due to an Injury for 3 consecutive days during the Waiting Period, the Accident Benefit will pay one thirtieth of the Monthly Benefit (but not any Super Continuance Monthly Benefit) for each day that the Insured is Totally Disabled during the Waiting Period. This benefit is paid instead of any other benefit, and is paid for the lesser of the Waiting Period and the period of Total Disability. This option is not available to Occupation Group 'H'.

Super Continuance Option

This option pays a Super Continuance Monthly Benefit which allows you to continue superannuation contributions during periods of Total Disability and Partial Disability.

The Super Continuance Monthly Benefit that you can insure is the monthly equivalent of the lesser of:

- the annual amount of total superannuation contributions made by the Insured or their employer on their behalf; or
- 15% of the Insured's annual income,

in the 12 months immediately preceding the date of application. Any superannuation contributions exceeding 15% of the Insured's annual income can be taken into account in determining your Monthly Benefit.

The Super Continuance Monthly Benefit we will pay is the lesser of the insured amount and one twelfth of the total superannuation contributions made for the Insured in the 12 months prior to the claim. If the Insured is Partially Disabled we will pay a proportion of the Super Continuance Monthly Benefit.

If this option applies, the Super Continuance Monthly Benefit will, where specified in the Income Care Policy, be paid directly to a superannuation plan nominated by you. The nominated superannuation plan must be a regulated superannuation fund or retirement savings account. This benefit will only be paid in circumstances where you nominate an appropriate plan and its payment is permitted by the prevailing laws relating to superannuation contributions.

Exclusions & Pre-Existing Conditions

There are only a few exclusions. A benefit will not be paid where it arises in connection with intentional self-inflicted Injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including threatened miscarriage.

We will not pay a benefit for any condition which first occurred before the Policy or increase in cover came into effect unless you told us about it in your Application for cover and we agreed to cover it.

Benefit Offsets

Your benefits may be reduced in certain circumstances, for instance where you are entitled to receive workers compensation or other legislative benefits (see page 16 for further details).

What Are The Charges?

All the charges of Income Care are fully described in this section. CMLA undertakes not to apply any other charges without your specific written consent.

A Policy Fee is charged which covers some of the administration costs of setting up and maintaining your Income Care Policy.

If you choose to pay your premiums more frequently than annually, a Frequency Charge will be applied to the annual premium amount to cover the additional cost of administration (see the following table).

Premium Payment Frequency	Policy Fee (per premium payment)*	Frequency Charge
Monthly	$5.00	8% of annual premium excluding Policy Fee
Quarterly	$15.00	8% of annual premium excluding Policy Fee
Half-yearly	$27.00	4% of annual premium excluding Policy Fee
Annually	$50.00	Nil

*as at 1 March 2002.

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

The Policy Fee may be increased in future in line with any rise in the Consumer Price Index since the last time this fee was reviewed. The Frequency Charge may be increased at our discretion. Fees and charges may also be increased to reflect new or changed government levies and taxes.

We will notify you in writing at least 3 months before any change to the Policy Fee or any change to the Frequency Charge.

Taxation

The premium for your Policy will generally be an allowable deduction from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997. This deductibility applies regardless of whether you are self-employed or an employed person.

If the Policy is taken out by a trustee of a complying superannuation fund, the premium for your Policy will generally be an allowable deduction from the fund's assessable income under Section 279 of the Income Tax Assessment Act 1936 (except where the benefit payment period is greater than 2 years).

Any Income Care benefits (including any Super Continuance Monthly Benefit) will be treated as income and taxed accordingly.

We have only provided general statements on taxation. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser.

All taxation information is based on the continuance of present taxation laws and their interpretation that were current on 1 January 2002.

Cooling-off Period

After you take out Income Care and receive the Policy Document from us, you have 14 days to check that the Policy meets your needs. This is known as the Cooling-off Period. Within this time you may cancel the Policy and receive all your money back. To do this, you will need to put your request in writing and send it to us with the Policy Document. Refer to the back of this brochure for contact details.

Information On Your Policy

Once we receive, assess and accept your Application, we will send you a Policy Document (which includes Policy Information Statement details) and a Policy Schedule providing full details of the Policy and the additional optional benefits selected. You should read this information carefully.

Should there be any changes to any of the benefits included in your Policy, you will be notified by mail.

Information on enquiries and complaints can be found on page 39 of this brochure.

Business Overheads Cover

Key features statement

This Key Features Statement follows guidelines administered by the Australian Securities and Investments Commission.

It will help you to:

- **decide whether this type of product will meet your needs; and**
- **compare this product with others you may be considering.**

Important notice

This is not a savings plan. The primary purpose of this Policy is to provide a benefit in the event of disablement through Sickness or Injury. If you terminate your Business Overheads Cover Policy at any time other than during the Cooling-off Period you will not get anything back.

The Plan

Business Overheads Cover is specifically designed to help the self-employed person to ensure that the regular fixed operating expenses of the business will still be paid even if they cannot work because of Sickness or Injury. Business Overheads Cover can be added to either Income Care Plus or Income Care or can be purchased on its own.

You can take out cover on your own life, in which case you are the 'Insured' as well as the Policy Owner (or applicant). You can take out cover to insure someone else's life (eg. a family member or business partner) in which case the other person is the 'Insured' and you are the Policy Owner. In all cases, the Policy Owner/s will receive the proceeds of the Policy.

Premiums

The Premium covers the cost of the Business Overheads Cover Policy and is based on the Insured's age, health, gender, occupation, whether or not they smoke and any sporting or recreational activities in which they participate. The combination of Waiting Period, Policy Expiry Date and Business Overheads Monthly Benefit, stamp duty and any other loadings applied to the Policy will also affect the cost of cover. Generally, the cost of cover increases as the Insured gets older.

If you package Business Overheads Cover with Income Care Plus or Income Care, a 10% discount applies to the premium for Business Overheads Cover.

Minimum Monthly Benefit

The minimum Business Overheads Monthly Benefit you can insure for is $1,500 per month.

Premium Payment Options

Premiums can be paid as set out in the following table:

	Cheque	Direct Debit*	Credit Card
Yearly	✔	✔	✔
Half-yearly	✔	✔	✔
Quarterly		✔	✔
Monthly		✔	✔

*There are third party charges associated with the direct debit facility.

The Policy will lapse and cover will cease if premiums are not paid within 30 days of the premium due date.

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change these for all policies in a group.

The premiums for all benefits outlined in this Key Features Statement will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund. Business Overheads Cover does not acquire a surrender or cash-in value at any point.

Tables of premium rates for the Business Overheads Cover are available on request.

Benefits

Business Overheads Cover is available for an Insured who is working full-time and is from the age of 17 to 59, inclusive. The availability of cover also depends on various factors including the Insured's occupation, pastimes, financial circumstances and state of health. Business Overheads Cover is not available to Occupation Group 'H' (heavy risk).

You may be eligible for the Business Overheads Cover if the Insured is self-employed with special skills or expertise and does not work at home. The Insured may also be eligible if he/she is an income-generating member of a small business where there are no more than 5 income-generating employees in the company.

The benefits and features available with Business Overheads Cover are detailed below.

Business Overheads Cover benefit

For each month the Insured is Totally Disabled, we will pay, the lesser of the Business Overheads Monthly Benefit and the covered Business expenses actually incurred during that month.

Totally Disabled means that due to Sickness or Injury, the Insured is:

- unable to perform at least one Income Producing Duty of his/her occupation; and
- following the advice of a Medical Practitioner; and
- not working.

An Income Producing Duty is one that generates 20% or more of the Insured's Monthly Income.

The benefit will become payable after the Waiting Period has ended and will continue while the Insured remains Totally Disabled. The benefit will end when 12 times the Business Overheads Monthly Benefit has been paid for any one continuous period of Total Disability.

If the underlying ownership of the Business changes we may vary the amount of the Business Overheads Monthly Benefit in a way that reflects those changes.

Cover For Fixed Operating Expenses

The Business expenses covered are the usual regular fixed operating expenses incurred in running a business including: principal and interest under a mortgage and loan repayments for the purposes of the Business; business insurance premiums; rent; depreciation of the plant and equipment; rates; leasing costs; accounting fees and utility charges.

Locum Expenses

If the Insured becomes Totally Disabled and unable to work, you may have to hire a locum to take over the day-to-day operations of your Business.

Depending on the Insured's occupation, you may be eligible to include the cost of a locum as a covered Business expense.

Exclusions & Pre-Existing Conditions

There are only a few exclusions. A benefit will not be paid where it arises in connection with intentional self-inflicted Injury, any attempt at suicide, acts of war, normal and uncomplicated pregnancy or childbirth including threatened miscarriage.

We will not pay a benefit for any condition which first occurred before the Policy or increase in cover came into effect unless you told us about it in your Application for cover and we agreed to cover it.

Benefit Offsets

Your benefits may be reduced in certain circumstances, for instance if you are entitled to income of the Business derived from trading while you are Totally Disabled. We may also reduce benefits by payments received from other undisclosed business insurance (see page 16 for further details).

What Are The Charges?

All the charges of Business Overheads Cover are fully described in this section. CMLA undertakes not to apply any other charges without your specific written consent.

A Policy Fee is charged which covers some of the administration costs of setting up and maintaining your Business Overheads Cover Policy.

If you choose to pay your premiums more frequently than annually, a Frequency Charge will be applied to the annual premium amount to cover the additional cost of administration (see the following table).

Premium Payment Frequency	Policy Fee (per premium payment)*	Frequency Charge
Monthly	$5.00	8% of annual premium excluding Policy Fee
Quarterly	$15.00	8% of annual premium excluding Policy Fee
Half-yearly	$27.00	4% of annual premium excluding Policy Fee
Annually	$50.00	Nil

*as at 1 March 2002.

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

Where Business Overheads Cover is taken in conjunction with Income Care Plus or Income Care, only one Policy Fee will apply.

The Policy Fee may be increased in future in line with any rise in the Consumer Price Index since the last time this fee was reviewed. The Frequency Charge may be increased at our discretion. Fees and charges may also be increased to reflect new or changed government levies and taxes.

We will notify you in writing at least 3 months before any change to the Policy Fee or any change to the Frequency Charge.

Taxation

The premium for your Policy will generally be an allowable deduction as an expense from your assessable income under Section 8-1 of the Income Tax Assessment Act 1997.

Any benefits received will be treated as income and taxed accordingly.

We have only provided general statements on taxation. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser.

All taxation information is based on the continuance of present taxation laws and their interpretation that were current on 1 January 2002.

Cooling-off Period

After you take out the Business Overheads Cover and receive the Policy Document from us, you have 14 days to check that the Policy meets your needs. This is known as the Cooling-off Period. Within this time you may cancel the Policy and receive all your money back. To do this, you will need to put your request in writing and send it to us with the Policy Document. Refer to the back of this brochure for contact details.

Information On Your Policy

Once we receive, assess and accept your Application, we will send you a Policy Document (which includes Policy Information Statement details) and a Policy Schedule providing full details of the Policy. You should read this information carefully.

Should there be any changes to any of the benefits included in your Policy, you will be notified by mail.

Information on enquiries and complaints can be found on page 39 of this brochure.

Income Care Range

Further information

Income Care Plus, Income Care and Business Overheads Cover have some fundamental components which you should understand so that a plan can be tailored to suit your needs.

A summary of these components is below:

Waiting Period	Monthly Benefit	Benefit Period	Policy Expiry Date
– 14 days – 1 month – 2 months – 3 months – 6 months – 1 year* – 2 years*	**Income Care Plus and Income Care** ***Maximum Monthly Benefit*** 75% of the Insured's last 12 months income (including regular superannuation contributions over 15% of the Insured's annual income**), subject to a slide scale. **Super Continuance Option** ***Maximum Super Continuance Monthly Benefit*** 100% of the Insured's regular superannuation contributions up to 15% of the Insured's annual income. The maximum Monthly Benefit including any Super Continuance Monthly Benefit you can insure is $20,000 for most Occupation Groups. In certain circumstances, we may consider applications in excess of $20,000. **Business Overheads Cover** ***Maximum Business Overheads Monthly Benefit*** 100% of regular fixed operating business expenses. **Minimum Monthly Benefit***** $1,500 per month.	**Income Care Plus and Income Care** – 2 years **** – 5 years **** – To Policy Expiry Date **Business Overheads Cover** – 12 times the Business Overheads Monthly Benefit****	Policy Anniversary Date before age – 60 – 65 ***Maximum Entry Age*** – 54 – 59 (only if the Policy Expiry Date is 65)

* Does not apply to Business Overheads Cover.
** Only if the Super Continuance Option is selected.
*** Including any Super Continuance Monthly Benefit and Business Overheads Monthly Benefit.
**** We do not pay any benefit beyond the Policy Expiry Date.

Interim Accident Cover

While we are considering your Application, we will provide Interim Accident Cover for up to 90 days from when we receive your fully completed Application and the first premium payment or either a completed credit card or direct debit authority form. This covers accidental Total Disability caused directly and solely by an Injury. Before any benefit is payable, the Insured must be Totally Disabled for longer than the Waiting Period applied for.

You do not have to pay an extra premium for this cover. Interim Accident Cover does not apply if the Policy you are applying for is intended to replace another Policy you have with CMLA or a related company. Further details are set out in the Interim Accident Cover Certificate on page 43.

Waiting Period

This is the period for which the Insured has to be Totally or Partially Disabled from the same Sickness or Injury before you can qualify for a Disability benefit, subject to the following:

- The Insured must be Totally Disabled for at least 14 out of the first 19 consecutive days of the Waiting Period to qualify for a Total Disability Benefit, a Partial Disability Benefit or a Business Overheads Cover benefit (if applicable).
- If your Waiting Period is 30 days or less, the Insured can return to work at full capacity for a total of 5 days before the Waiting Period will start again. However, the Waiting Period will be extended by the number of days worked.
- If your Waiting Period is more than 30 days, the Insured can return to work at full capacity for a total of 10 days before the Waiting Period will start again. However, the Waiting Period will be extended by the number of days worked.

The Waiting Period begins on the date:

- that the Insured first consults a Medical Practitioner about the condition that is causing the Total Disability; or
- when the Insured first ceases work due to the condition that is causing the Total Disability, as long as it is not more than 7 days before the Insured first consulted a Medical Practitioner about that condition and the Insured provides reasonable medical evidence about when the Total Disability began.

Despite the above, if you take out Income Care Plus or Business Overheads Cover either alone or with Income Care Plus and the Insured's Occupation Group is 'S', 'K', 'J' or 'P':

The Insured must be Partially Disabled or Totally Disabled for at least 14 out of the first 19 consecutive days of the Waiting Period to qualify for a Partial Disability Benefit, a Total Disability Benefit, or a Business Overhead Cover benefit (if applicable).

The Waiting Period begins on the date:

- that the Insured first consults a Medical Practitioner about the condition that is causing the Total or Partial Disability; or
- when the Insured first ceases work, or works in a reduced capacity, due to the condition that is causing the Total or Partial Disability, as long as it is not more than 7 days before the Insured first consulted a Medical Practitioner about that condition and the Insured provides reasonable medical evidence about when the Total or Partial Disability began.

Monthly Benefit

How Much We Will Insure You For

For Income Care Plus and Income Care, there is a Monthly Benefit and an optional Super Continuance Monthly Benefit. For Business Overheads Cover, there is a Business Overheads Monthly Benefit.

The maximum Monthly Benefit you can insure for under Income Care Plus or Income Care is the monthly equivalent of a proportion of the Insured's annual income from personal exertion (net of business expenses but before tax) excluding superannuation. This proportion is determined according to the following scale:

75% of the first $250,000 of income per annum
50% of the next $150,000 of income per annum
25% of any additional income

If you have selected the Super Continuance Option, the maximum Super Continuance Monthly Benefit you can insure for is the monthly equivalent of 100% of annual superannuation contributions made for the Insured (excluding spouse contributions), but not exceeding 15% of the Insured's annual income. If an amount greater than 15% of the Insured's annual income is contributed as superannuation, the additional amount can be included in income for the purposes of determining the Monthly Benefit as described above.

The maximum Monthly Benefit (including any Super Continuance Monthly Benefit) you can insure is $20,000 for most Occupation Groups. In certain circumstances, we may consider applications in excess of $20,000. Please see your Adviser for details.

For Business Overheads Cover, the maximum Business Overheads Monthly Benefit you can insure is the monthly equivalent of 100% of the regular fixed operating expenses of the business.

The minimum Monthly Benefit (including any Super Continuance Monthly Benefit) or Business Overheads Monthly Benefit you can insure for is $1,500.

What We Will Pay You

Under Income Care Plus or Income Care, at the time of Application you have the choice of the method by which we determine any Monthly Benefit payable, between:

- Agreed Value; and
- Indemnity.

If you take out an 'Agreed Value' Policy, the Monthly Benefit we will pay is the insured Monthly Benefit (inclusive of any indexation increases) irrespective of any reduction in the Insured's income. However, if the Insured's average monthly income in the 12 months before the time of application was insufficient for us to have accepted you for that level of cover, then we will pay 75% of the Insured's Pre-Disability income as defined in the Policy.

If you take out an 'Indemnity' style Policy, the Monthly Benefit we will pay is the lesser of:

- the insured Monthly Benefit (inclusive of any indexation increases); and
- 75% of the average monthly income earned by the Insured in the 12 months immediately prior to the claim.

If you have taken out the Super Continuance Option under Income Care Plus or Income Care, the Super Continuance Monthly Benefit we will pay is the lesser of:

- the insured Super Continuance Monthly Benefit (inclusive of any indexation increases); and
- 1/12th of the total superannuation contributions made for the Insured (excluding spouse contributions) in the 12 months immediately prior to the claim.

If you have taken out Business Overheads Cover, the Business Overheads Cover benefit we will pay you each month is the lesser of:

- the insured Business Overheads Monthly Benefit (inclusive of any indexation increases); and
- the covered fixed operating Business expenses incurred in that month.

Benefit Period

The Benefit Period is the maximum period of time for which a Monthly Benefit and any Super Continuance Monthly Benefit will be paid for any one continuous period of Disability under Income Care Plus or Income Care.

You may choose a Benefit Period of 2 years, 5 years or, for most occupations, up to the Policy Expiry Date. For Occupations Group 'H' (heavy risk) the maximum Benefit Period is 5 years.

Benefits may also stop for other reasons, for example, if the Insured dies, the Policy Expiry Date is reached or if the Insured is no longer disabled or satisfies the relevant conditions for payment.

Benefit Offsets

Income Care Plus & Income Care

We may reduce a Disability benefit if you receive other disability payments such as workers' compensation or other legislated benefits which exceed 10% of your Pre-Disability Income.

We can also reduce a Disability benefit if you receive payments from other disability insurance policies including Group Salary Continuance that were not disclosed to us. Please see your adviser for more information.

Business Overheads Cover

We may reduce the Business Overheads Cover benefit we pay if you receive any payments from other undisclosed insurance, if the combined insurance payments would exceed 100% of your covered Business expenses. We may also reduce the Business Overheads Cover benefit by your portion of the income of the Business derived from trading during the period of Total Disability and the income generated by any employee/s hired after you became Totally Disabled to perform the work normally performed by you.

Policy Expiry Date

Depending on the Insured's Occupation Group, you can choose a Policy Expiry Date of 60 or 65, but the term to expiry must be at least 5 years. Cover under your Policy ceases on the Policy Expiry Date, which is the Policy Anniversary Date preceding age 60 or 65, as applicable.

Indexation

Your level of cover will automatically be increased each year by the greater of the indexation factor and 3%, unless you request us not to in writing. This will help ensure that your insurance keeps pace with inflation. Your premium will also be adjusted to allow for the higher level of cover. We will not index your cover if you are receiving any benefits.

Guaranteed Renewable

Provided you have paid your premiums as required and comply with the Policy conditions, the Policy is guaranteed to be renewable up until the Policy Expiry Date you have chosen.

Once your Policy is issued we will not cancel it or increase the premium rate because of the number of claims you have made or any change in the Insured's state of health, occupation or pastimes.

Elective Surgery

You will not lose your entitlement to claim that the Insured is Disabled because the Insured's Disability results from agreeing to voluntarily undergo medical treatment such as:

- cosmetic or other elective surgery; or
- undergoing surgery to transplant the Insured's body organs to the body of another person;

unless the Insured has the treatment or surgery within six months of the cover commencing or the date your Policy was last reinstated, in which case we will not pay a claim for the resulting Disability.

Waiver Of Premium

You do not have to pay any premiums while a Total or Partial Disability Benefit, Specific Injuries Benefit, Crisis Benefit or a Business Overheads Cover benefit (as applicable) is payable. If you have a Waiting Period of 3 months or less, and we agree to pay you a Total or Partial Disability Benefit or a Business Overheads Cover benefit, we will also refund any premiums which fall due and you pay during the Waiting Period.

Cover While Unemployed Or On Leave

Under Income Care Plus and Income Care, cover will continue if the Insured becomes unemployed or goes on leave, as long as you continue to pay premiums. However, the definitions of Total and Partial Disability will be altered.

If the Insured has been unemployed or on maternity, paternity or long service leave for 12 months or more immediately preceding a claim, Total Disability will then mean that because of Sickness or Injury the Insured is:

- unable to perform any occupation for which he/she is reasonably suited by education, training or experience; and
- following the advice of a Medical Practitioner; and
- not working.

Sabbatical leave will not be considered as unemployment.

If the Insured becomes unemployed, or goes on leave without pay while a Partial Disability Benefit is payable, then the definition of Partial Disability will change. Partial Disability will then mean that because of Sickness or Injury:

- the Insured is not Totally Disabled and is only capable of working in his/her own occupation in a reduced capacity or working in another occupation; and
- the Insured's Monthly Income would be less than his/her Pre-Disability Income; and
- the Insured is following the advice of a Medical Practitioner.

World-wide Cover

Once your Policy is issued, it will provide cover 24 hours a day anywhere in the world.

Upgrade Provision

Future versions of this product may be introduced. If this happens all policies in a group will be upgraded to include the improved terms and conditions within a reasonable time frame (generally on the next Policy Anniversary Date), but only if no policy in that group will be disadvantaged.

Any pre-existing conditions at the time the improvement takes place may be excluded from being eligible for payment under any policy terms and conditions.

Multiple Lives

More than one Insured life can be included in a Policy.

A Policy with multiple Insured lives can include a combination of Income Care Plus and Business Overheads Cover, or Income Care and Business Overheads Cover. It is not possible to combine Income Care Plus and Income Care on one Policy, nor is it possible to combine Agreed Value and Indemnity style policies. Business Overheads Cover can be purchased as a stand alone Policy.

Loss Of Independent Existence Definition

For the purposes of the Crisis Benefit under Income Care Plus, Loss of Independent Existence means that as a result of a disease, Sickness or Injury, there is permanent and irreversible inability to perform any four of the Activities of Daily Living without assistance.

Loss of independent existence due to alcohol or drug abuse or AIDS is excluded.

Activities of Daily Living

1. Dressing – the ability to put on and take off clothing without assistance.
2. Toileting – the ability to use the toilet, including getting on and off without assistance.
3. Mobility – the ability to get in and out of bed and a chair without assistance.
4. Continence – the ability to control bowel and bladder function.
5. Feeding – the ability to get food from a plate into the mouth without assistance.

'Assistance' means the assistance of another person.

When Will The Policy End?

The Policy will end on the date one of the following first occurs:

- the Policy Expiry Date;
- we receive a written request from you to cancel the Policy;
- we cancel the Policy, for example, if you have not paid your premium within 30 days;
- the Insured's permanent retirement from the workforce except where this is a direct result of Total or Partial Disability; or
- the Insured's death.

Occupation Groups

For the purpose of determining premiums and benefits, the Insured will be categorised in one of the following Occupation Groups.

Occupation Group	
S	Super Professional
K	Medical Occupations
J	Legal Occupations
P	Professional
G	Managerial
C	Clerical
L	Light Manual
M	Manual
H	Heavy Risk

See your Adviser for more information on specific occupations.

Total Care Plan

Key features statement

This Key Features Statement follows guidelines administered by the Australian Securities and Investments Commission.

It will help you to:

- **decide whether this type of product will meet your needs; and**
- **compare this product with others you may be considering.**

Important notice

This is not a savings plan. The primary purpose of Total Care Plan is to provide a benefit in the event of death, or in other circumstances such as Total and Permanent Disablement, or terminal illness, or in the event of a specified medical condition, as specifically described in the Policy Document.

If you terminate your Total Care Plan Policy at any time other than during the Cooling-off Period you will not get anything back.

The Plan

Total Care Plan is a comprehensive insurance Policy with three important benefits:

- Life Care, which pays a lump sum in the event of death or terminal illness;
- Trauma Cover, which pays a lump sum on the occurrence of a specified medical condition; and
- Total & Permanent Disability Cover (TPD Cover), which pays a lump sum on Total and Permanent Disablement.

You can select Life Care and Trauma Cover individually, or any combination of Trauma Cover and/or TPD Cover with Life Care, provided the amounts of Trauma Cover and TPD Cover do not exceed Life Care. See the following for the combination of benefits you can apply for.

Total Care Plan Combinations

- Life Care
- Life Care and Trauma Cover
- Life Care and TPD Cover
- Life Care, Trauma Cover and TPD Cover
- Trauma Cover

You can take out cover on your own life, in which case you are the 'Insured' as well as the Policy Owner (or applicant). You can also take out cover to insure someone else's life (eg. a family member or business partner) in which case the other person is the 'Insured' and you are the Policy Owner. In all cases, the Policy Owner/s will receive the proceeds of the Policy, except where you have nominated a beneficiary for a death benefit under Section 48A of the Insurance Contracts Act 1984.

Life Care & TPD Cover can be taken as a Superannuation policy (detailed on page 31).

Eligibility

Generally, CMLA can only accept Total Care Plan applicants who meet the entry age requirements for the type of cover selected (refer to Benefits on page 20). We require satisfactory evidence of health however, depending on the amount of cover you select, your Total Care Plan may be obtained without the need for a medical examination.

Premiums

The cost of the Total Care Plan Policy is based on the Insured's age, health, gender, whether or not they smoke, any sporting or recreational activities in which they may participate and the type and level of insurance selected. The Insured's occupation may also affect the cost of some benefits. Generally, the cost of cover increases as the Insured gets older.

Premium Payment Options

Premiums can be paid as set out in the following table:

	Cheque	Direct Debit*	Credit Card
Yearly	✔	✔	✔
Half-yearly	✔	✔	✔
Quarterly		✔	✔
Monthly		✔	✔

*There are third party charges associated with the direct debit facility.

The Policy will lapse and cover will cease if premiums are not paid within 30 days of the Premium Due Date. The minimum premium for Total Care Plan is $180 per year including the Policy Fee.

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change these for all policies in a group.

The premiums for all benefits outlined in this Key Features Statement will be placed in CMLA's No. 5 Statutory Fund and insurance benefits will be paid from that fund. The Total Care Plan does not acquire a surrender or cash-in value at any point.

Tables of premium rates for Total Care Plan are available on request.

Benefits

The benefits and options available with Total Care Plan are detailed below.

Life Care

Life Care (death cover)

Life Care provides basic life insurance which pays a lump sum in the event of the death of the Insured. Life Care is available for an Insured who is from the age of 17 to 69, inclusive.

Life Care can continue until the Policy Anniversary Date preceding the Insured's 99th birthday.

Terminal Illness Benefit

The Terminal Illness Benefit pays 100% of your death benefit (to a maximum benefit of $1 million) if the Insured should suffer a terminal illness.

To be eligible for the Terminal Illness Benefit, you will need to supply us with medical evidence satisfactory to us that the Insured has a disease or condition which will lead to their death within 12 months.

The benefit is only available until the Policy Anniversary Date preceding the Insured's 70th birthday.

If this benefit is payable to you, your cover for Life Care, Trauma Cover and TPD Cover will be reduced by the benefit payable.

This benefit does not apply to the extent the Policy is owned by a trustee of a superannuation fund.

Financial Planning Benefit

If we pay the Life Care (death cover) benefit, we will also reimburse the recipient or recipients of that benefit for the cost of approved financial planning advice obtained from an accredited adviser within 12 months after payment of the Life Care benefit.

The Financial Planning Benefit will be paid to claimants in the proportion to which they are entitled to the Life Care benefit. For each Insured, the benefit can only be claimed once and on payment of a claim the benefit ceases for the claimant and all other potential claimants. The payment of the benefit is subject to our usual claim requirements including proof of the cost of the financial planning advice for which reimbursement is claimed. We will not pay out on account of this benefit more than $2,500.

This benefit does not apply to the extent the Policy is owned by a trustee of a superannuation fund or such a trustee is a Nominated Beneficiary.

Life Care Advance Payment Benefit

The Life Care Advance Payment Benefit is a cash advance of the death benefit and pays up to $20,000 of your death benefit provided the Insured's death certificate is produced. This benefit is only available to a Policy Owner/s or Nominated Beneficiary/ies who survives at the time of claim and who would be entitled to all or part of any death benefit that may become payable. The Life Care Advance Payment Benefit will be paid to claimants in the proportion to which they would be entitled to any death benefit that may become payable. After the Life Care Advance Payment Benefit has been paid the death benefit is reduced by that payment. Payment of the Life Care Advance Payment Benefit is not an admission of our liability to pay the death benefit.

This benefit does not apply to the extent the Policy is owned by a trustee of a superannuation fund or such a trustee is a Nominated Beneficiary.

Life Care (including Life Care Advance Payment Benefit)

Exclusions

Life Care (including the Life Care Advance Payment Benefit) will not provide a payout if death is due to suicide within the first year of the commencement, reinstatement or increase of the cover.

Life Care Options

Guaranteed Insurability Option (Personal Events)

Up to the Policy Anniversary Date preceding the Insured's 46th birthday, you can increase Life Care (death cover) without further evidence of insurability on each Policy Anniversary Date following the occurrence of certain events to the Insured, ie:

- marriage;
- the birth or adoption of a child;
- the mortgaging of a home or increasing of a home mortgage.

In the event of marriage or the birth or adoption of a child by the Insured, Life Care can be increased without further evidence of insurability by up to 25% of the original benefit (plus any applied indexation increases) to a maximum of $100,000 per event.

In the event the Insured mortgages a home or increases a home mortgage, the maximum increase is limited to the lesser of the following:

- 50% of the original benefit (plus any applied indexation increases);
- the value of the new mortgage;
- the value of the latest increase to an existing mortgage;
- $200,000.

This benefit is not available for a Policy with Guaranteed Insurability for Business Events.

You can only exercise a right under this benefit by giving us written notice within 30 days of the relevant event. You must give us satisfactory proof that the event has taken place. You can only exercise this right a maximum of 5 times, then the option will end. There are some other restrictions that apply to this option. Refer to the Policy Document for details.

Guaranteed Insurability Option (Business Events)

This benefit allows the Policy Owner to apply for an annual increase in Life Care (death cover) without the requirement to supply further medical evidence. This benefit is designed to assist in keeping insurance in line with the growth in the value of businesses in which you have an interest subject to the following conditions:

- the revised valuation must be calculated by a qualified accountant or business valuer. We must agree to the financial basis for the revised sum insured, but such agreement will not be unreasonably withheld;
- the maximum increase in Life Care (death cover) is the lesser of the following:
  (1) 20% of Life Care (death cover);
  (2) $1,000,000 per annum;
  (3) the actual increase in the value of the business;
- the increase must be applied for within 30 days of the Policy Anniversary Date;
- the maximum sum insured per proprietor before medical underwriting recommences is $10 million;
- the maximum period between each increase is 3 years, after which medical underwriting may be requested;
- the maximum age at which this option can be taken out is age 59; and
- this benefit cannot be exercised on or after the Policy Anniversary Date following the Insured's 65th birthday.

This option is not available for a Policy with Guaranteed Insurability for Personal Events.

You can only increase your cover under this option a maximum of 5 times and then the option will end. There are some other restrictions that apply to this option. Refer to the Policy Document for details.

Plan Protection Option (Waiver of Premium Whilst Disabled)

For an additional premium you can add the Plan Protection Option. In the event the Insured suffers Total Disability prior to reaching age 60, we will waive all premiums payable while Total Disability continues beyond 6 months but not beyond the Policy Anniversary Date preceding age 65.

Under this option, the Insured suffers Total Disability if due to Sickness or Injury he or she:

- has been continually and substantially unable to perform his/her Own Occupation for a period of 6 consecutive months; and
- has been throughout the 6 month period, and continues to be, under the regular care and treatment of, or following treatment prescribed by, a Medical Practitioner; and
- is not engaged in any occupation for wage or profit during that time.

The Plan Protection Option is only available if a Life Care benefit applies. Plan Protection is only available for insurance accepted at standard rates for Occupation Groups 1 and 2. Please check with your adviser to determine your eligibility.

Plan Protection Exclusion

The Plan Protection Option does not apply if Total Disability is caused directly or indirectly by any intentional self-inflicted Injury or any attempt at suicide or an act of war (whether declared or not).

Total & Permanent Disability (TPD Cover)

Total and Permanent Disability

TPD Cover is available for an Insured who is from the age of 17 to 59, inclusive and pays a lump sum in the event of Total and Permanent Disablement.

TPD Cover can continue until the Insured's 65th birthday.

For some occupations, you can choose between two types of cover: 'Any Occupation' cover or, for an increased premium, 'Own Occupation' cover. These two types of cover are explained on pages 29-30.

You select the amount of insurance you need, which could be anything up to $2.5 million depending on your circumstances.

TPD Cover Exclusions

No TPD Cover benefit is payable if Total and Permanent Disablement is caused directly or indirectly by any intentional self-inflicted Injury or any attempt at suicide or an act of war (whether declared or not).

Effect Of A TPD Cover Payment

If a TPD Cover benefit is payable and you have Life Care or Trauma Cover in force, they will be reduced by the amount of TPD Cover benefit payable to you. If as a result Trauma Cover reduces to less than $25,000, Trauma Cover will cease. Life Care becomes subject to the Buy Back Benefit (refer to page 30).

Trauma Cover

Trauma

Trauma Cover is available for an Insured from the age of 17 to 59, inclusive and can continue until the Policy Anniversary Date preceding the Insured's 70th birthday.

Trauma Cover pays a lump sum on the survival of the Insured for 14 days after the occurrence of one of the medical conditions or events defined on pages 25-28.

No Trauma Cover benefit is payable if any of the following conditions:

- Heart Attack
- Coronary Artery Disease Requiring By-Pass Surgery
- Coronary Artery Angioplasty
- Stroke
- Cancer

occurs or first becomes apparent, within 3 months (known as the 'Qualifying Period') of the date Trauma Cover was added (including increases to cover) or reinstated to the Policy.

To qualify for payment of the Trauma Cover benefit the Insured must satisfy the specific Policy definition of the condition.

The Trauma Cover benefit is only paid once and after that it ceases, except where the Insured first suffers the specified condition 'Coronary Artery Angioplasty'. The amount of the Trauma Cover benefit payable for Coronary Artery Angioplasty is limited to the lesser of 10% of the full sum insured or $25,000. Where a benefit is payable for Coronary Artery Angioplasty, we will reduce the sum insured by the amount paid and the remaining benefit will remain in force. We will not be liable to pay the Trauma Cover benefit for Coronary Artery Angioplasty on more than one occasion.

You can spend your lump sum on whatever you choose, be it to help with medical expenses and the extra cost of top quality care, providing financial security for your family or simply alleviating all money worries while taking time to recover.

You select the amount of insurance you need, which could be anything up to $1.5 million depending on your circumstances.

Trauma Cover & Replacement Policies

Where we have agreed to replace cover over an existing policy and your level of cover has not increased, the qualifying period for the same events will be the lesser of:

- the qualifying period of the Total Care Plan; and
- the unexpired qualifying periods of the policy being replaced (including qualifying periods applied to the policy after inception eg. lapses and increases).

Where the qualifying period under the policy being replaced has expired then we will waive the qualifying period for the same event.

Where the benefit amount of the new policy exceeds that of the policy being replaced, the full qualifying period will apply to the increased amount.

Trauma Cover Benefit Offsets

We may reduce the amount of the Trauma Cover benefit if a benefit is payable in respect of the Insured under any other similar policies which we were not told about at the time of Application.

Trauma Cover Exclusion

No Trauma Cover benefit is payable if the insured condition is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide.

Effect Of A Trauma Cover Payment

If a Trauma Cover benefit is payable and you have Life Care or TPD Cover in force, that cover will be reduced by the amount of Trauma Cover benefit payable. If, as a result, TPD Cover reduces to less than $25,000, TPD Cover will cease. Life Care becomes subject to the Buy Back Benefit (refer to page 30).

Trauma Cover Advance Payment Benefit

This benefit pays 25% of the Trauma Cover benefit (to a maximum of $50,000) if the Insured suffers from a condition which would satisfy the definition of one of the following (refer to definitions on pages 25-28):

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Dementia and Alzheimer's Disease
- Parkinson's Disease

except for the requirement that there be a minimum degree of impairment or loss of whole body function.

To be eligible for the Trauma Cover Advance Payment Benefit the Insured must survive the specific condition for at least 14 days from diagnosis and you will need to supply us with medical evidence satisfactory to us that the Insured has been diagnosed with the specified condition.

The benefit is only available until the Policy Anniversary Date preceding the Insured's 60th birthday.

We will only pay the Trauma Cover Advance Payment Benefit once.

This benefit does not apply to the extent the Policy is owned by a trustee of a superannuation fund.

Trauma Cover Advance Payment Benefit Exclusions

No Trauma Cover Advance Payment Benefit is payable if the insured condition is caused directly or indirectly by any intentional self-inflicted Injury or any attempt at suicide.

Effect Of A Trauma Cover Advance Payment Benefit

The amount of the Trauma Cover benefit and any Life Care or TPD Cover benefit is reduced by the amount of Trauma Cover Advance Payment Benefit payable to you.

If as a result the TPD cover benefit would be less than $25,000, the TPD cover benefit will cease.

What Are The Charges?

All the charges of the Total Care Plan are fully described in this section. CMLA undertakes not to apply any other charges without your specific written consent.

A Policy Fee is charged which covers some of the administration costs of setting up and maintaining a Total Care Plan Policy. If you choose to pay your premiums more frequently than annually, a Frequency Charge will be applied to the annual premium amount to cover the additional cost of administration (see table below).

Premium Payment Frequency	Policy Fee (per premium payment)*	Frequency Charge
Monthly	$5.00	8% of annual premium excluding Policy Fee
Quarterly	$15.00	8% of annual premium excluding Policy Fee
Half-yearly	$27.00	4% of annual premium excluding Policy Fee
Annually	$50.00	Nil

*as at 1 March 2002.

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

The Policy Fee may be increased in future in line with any rise in the Consumer Price Index since the last time this fee was reviewed. The Frequency Charge may be increased at our discretion. Fees and charges may also be increased to reflect new or changed government levies and taxes.

We will notify you at least 3 months before any change to the Policy Fee or any change to the Frequency Charge.

Taxation

Generally, premiums for your Policy are not tax deductible. However, in most situations benefits paid to the Policy Owner or the estate of the Insured are not subject to personal tax.

In some circumstances it is possible to claim a tax deduction for premiums, and benefits paid could be assessable. This could apply if an employer or business is paying the premiums.

We have only provided general statements on taxation. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser.

All taxation information is based on the continuance of present taxation laws and their interpretation that were current on 1 January 2002.

Cooling-off Period

After you take out a Total Care Plan and receive the Policy Document from us, you have 14 days to check that Total Care Plan meets your needs. This is known as the Cooling-off Period. Within this time you may cancel Total Care Plan and receive all your money back. To do this, you will need to put your request in writing and send it to us with the Policy Document. Refer to the back of this brochure for contact details.

Information on Your Policy

Once we receive, assess and accept your Application, we will send you a Policy Document (which includes Policy Information Statement details) and a Policy Schedule providing full details of the Policy and the optional benefits selected. You should read this information carefully.

Should there be any changes to any of the benefits included in your Policy, you will be notified by mail.

Information on enquiries and complaints can be found on page 39 of this brochure.

Policy definitions

Benign Brain Tumour

A non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a medical practitioner who is a consultant neurologist. The tumour must result in permanent neurological deficit causing at least a permanent 25% impairment of whole person function. The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are not covered.

Cancer

Cancer means any malignant tumour characterised by the uncontrolled growth and spread of the malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable.

The following are included:

- Leukaemia;
- Hodgkin's Disease;
- Malignant Lymphoma;
- malignant bone marrow disorders; and
- melanomas which have a depth of invasion of Clark Level 3 or 1.5mm or more in thickness.

The following are excluded:

- chronic Lymphocytic Leukaemia Rai Stage 0-1;
- tumours treated by endoscopic procedures alone;
- all skin cancers including malignant melanomas which do not meet either of the minimum criteria shown above;
- tumours showing the malignant changes of 'carcinoma in situ' (including cervical dysplasia, CIN1, CIN2 and CIN3) or which are histologically described as premalignant. Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment;
- all AIDS related malignancies;
- prostatic cancers which are histologically described as TNM Classification T1 (including T1a and T1b) or other equivalent or lesser classifications; and
- Dukes A Stage colorectal cancer.

Stroke

A cerebrovascular accident or incident producing neurological sequelae. This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, or embolisation from an extracranial source. Transient ischaemic attacks, reversible ischaemic neurological deficit and cerebral symptoms due to migraine are excluded.

Heart Attack

The death of part of the heart muscle (myocardium) as a result of inadequate blood supply. The diagnosis is based on clinical electrocardiogram (ECG) and biochemical assessments with the following criteria being present:

(i) an electrocardiogram showing changes resulting from this occurrence; and

(ii) a pathology test which confirms that cardiac enzymes have been elevated above generally accepted laboratory levels of normal.

Simple angina pectoris is excluded.

Coronary Artery Disease Requiring By-pass Surgery

The actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft/s) for the treatment of coronary artery disease. Any other operations are specifically excluded from this definition.

Coronary Artery Angioplasty

This means the undergoing for the first time of angioplasty, atherectomy, laser therapy or insertion of a stent to the coronary arteries that is considered necessary by a cardiologist to treat coronary artery disease.

Other intra arterial procedures or non surgical techniques are specifically excluded.

Replacement Of A Heart Valve

The undergoing of open heart surgery to replace or repair heart valves as a consequence of heart valve defects or abnormalities.

Surgery For Disease Of The Aorta

The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta means the thoracic and abdominal aorta but not its branches. Traumatic Injury of the aorta is excluded.

Cardiomyopathy

Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, ie. Class 3 on the New York Heart Association Classification of cardiac impairment.

Primary Pulmonary Hypertension

Primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Open Heart Surgery

Open heart surgery for treatment of cardiac defect(s), cardiac aneurism or benign cardiac tumour(s).

Out Of Hospital Cardiac Arrest

Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- cardiac asystole; or
- ventricular fibrillation with or without ventricular tachycardia.

Aplastic Anaemia

This means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

Blindness

The permanent loss of sight in both eyes due to Sickness or Injury to the extent of 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less.

Chronic Liver Disease

This means permanent liver failure, together with permanent jaundice, ascites and encephalopathy. Disease related to alcohol abuse or intravenous drug use is excluded.

Chronic Lung Disease

This means permanent respiratory failure, with FEV1 test results of consistently less than 1 litre, requiring permanent oxygen therapy.

Chronic Kidney Failure

The terminal stage of renal disease requiring permanent renal dialysis.

Major Organ Transplant

The human to human organ transplant from a donor to the Insured of one or more of the following organs:

- kidney;
- lung;
- pancreas;
- heart;
- liver; or
- the transplantation of bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded.

Severe Burns

Tissue Injury caused by thermal, electrical or chemical agents causing third degree burns to at least:

- 20% or more of the body surface area as measured by 'The Rule of 9' of the Lund & Browder Body Surface Chart, or
- both hands, requiring surgical debridement and/or grafting; or
- the face, requiring surgical debridement and/or grafting.

Loss Of Hearing

This means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Sickness or Injury, as certified by an appropriate medical specialist.

Loss Of Speech

The complete and irrecoverable loss of the ability to speak as a result of Sickness or Injury which must be established and the diagnosis reaffirmed after a continuous period of 3 months of such loss.

Major Head Trauma

Injury to the head causing neurological deficit causing functional impairment of at least 25% as certified by a consultant neurologist.

Motor Neurone Disease

This means Motor Neurone Disease diagnosed by a consultant neurologist, with persistent neurological deficit resulting in the permanent loss of 25% of whole body function.

Multiple Sclerosis

The unequivocal diagnosis of Multiple Sclerosis by a consulting neurologist. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities resulting in a permanent loss of at least 25% whole body function.

Muscular Dystrophy

Means the unequivocal diagnosis of Muscular Dystrophy resulting in a permanent 25% impairment of whole body function.

Paraplegia

The permanent loss of use of both legs, or both arms, resulting from spinal cord Sickness or Injury.

Quadriplegia

The permanent loss of use of both arms and both legs resulting from spinal Sickness or Injury.

Hemiplegia

The total loss of function of one side of the body due to Sickness or Injury, where such loss of function is permanent.

Diplegia

The total loss of function of both sides of the body due to Sickness or Injury where such loss of function is permanent.

Tetraplegia

Means the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain Sickness or Injury or spinal cord Sickness or Injury.

Dementia And Alzheimer's Disease

Clinical confirmation of Dementia (including Alzheimer's Disease) as confirmed by a consultant neurologist, psychogeriatrician, psychiatrist or geriatrician, that results in 25% whole body impairment. Dementia related to alcohol, drug abuse, or AIDS is excluded.

Parkinson's Disease

The unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where:

- the Insured is following the advice and treatment of a specialist neurologist; and
- the condition shows signs of progressive impairment, and results in 25% whole body impairment.

Coma

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for at least 4 consecutive days and resulting in a neurological deficit which is of a permanent nature.

Encephalitis

Severe inflammation of brain substance which results in significant, permanent neurological sequelae. Encephalitis occurring in patients with HIV infection is excluded.

Loss Of Limbs Or Sight

During the currency of this Policy, the Insured has sustained, as a direct result of Injury, the complete and irrecoverable loss of use of both hands or both feet, or one hand and one foot, or Blindness in both eyes, whether aided or unaided, or one foot and Blindness in one eye, whether aided or unaided, or one hand and Blindness in one eye, whether aided or unaided.

Occupationally Acquired HIV

This means infection with Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident occurring during the currency of the Policy. The accident must occur during the course of carrying out normal occupationa

duties, with sero-conversion indicating HIV infection occurring within 6 months of the accident. Infection in any other manner, including sexual activity or recreational intravenous drug use, is specifically excluded.

A HIV antibody test must be taken within 7 days after the accident and reported within 30 days and produce negative results. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

The benefit will not apply if:

- before the Injury the Australian Government has recommended an HIV vaccine for use in the occupation of the Insured but the Insured has not taken this vaccine; or
- the Australian Government has approved a treatment which renders the HIV virus inactive and non-infectious to others.

Medically Acquired HIV

Accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Insured in Australia by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the Insured;
- assisted reproductive techniques; or
- a procedure or operation performed by a medical/paramedical practitioner or dentist.

Loss Of Independent Existence

As a result of a disease, Sickness or Injury, there is permanent and irreversible inability to perform any two of the Activities of Daily Living without assistance.

Loss of independent existence due to alcohol or drug abuse or AIDS is excluded.

Activities of Daily Living

1. Dressing – the ability to put on and take off clothing without assistance.
2. Toileting – the ability to use the toilet, including getting on and off without assistance.
3. Mobility – the ability to get in and out of bed and a chair without assistance.
4. Continence – the ability to control bowel and bladder function.
5. Feeding – the ability to get food from a plate into the mouth without assistance.

'Assistance' means the assistance of another person.

Total Care Plan

Further information

Interim Accident Cover

While we are considering your Application, we will provide Interim Accident Cover for up to 90 days from when we receive your fully completed Application and the first premium payment or either a completed credit card or direct debit authority form. This covers each of the following events, if the result of an accident:

- if you have chosen Life Care, in the event of the death of the Insured;
- if you have chosen Trauma Cover, on the survival of the Insured for 14 days after he or she suffers a specified medical condition;
- if you have chosen TPD Cover, on the Total and Permanent Disablement of the Insured.

You do not have to pay an extra premium for this cover. Interim Accident Cover does not apply if the Total Care Plan cover you are applying for is intended to replace a policy on your life issued by CMLA or a related company. Further details are set out in the Interim Accident Cover Certificate on page 45.

Indexation

Your level of cover will automatically be increased each year in line with the movement in the Consumer Price Index unless you request us not to in writing. This will help ensure that your insurance keeps pace with inflation. Your premium will also be adjusted to allow for the higher level of cover. Automatic indexation will not apply while premiums are waived under Plan Protection.

Guaranteed Renewable

Provided you have paid your premiums as required and comply with the Policy conditions, the Policy is guaranteed to be renewable up until the Policy Expiry Date.

Once your Policy is issued we will not cancel it or increase the premium rate because of the number of claims you have made or any change in the Insured's state of health, occupation or pastimes.

World-wide Cover

Unless otherwise provided for under the Total Care Plan Policy, once your Policy is issued it will provide cover 24 hours a day anywhere in the world.

Total and Permanent Disablement Definitions

For the purposes of TPD cover the Total and Permanent Disablement definitions are detailed below.

Total and Permanent Disablement – Any Occupation

Total and Permanent Disablement means the Insured:

- has been absent from active employment as a result of Sickness or Injury for a period of 6 consecutive months; and
- is under the regular treatment, and following the advice of, a Medical Practitioner; and
- has been throughout that time unable to engage in (whether or not for reward) any occupation for which he/she is reasonably suited by education, training or experience; and
- will be so disabled for life;

OR

- has suffered the permanent loss of use of two limbs, or the loss of sight in both eyes or the permanent loss of use of one limb and the sight in one eye. A limb means a leg, arm, an entire hand or entire foot.

Home-makers

If the Insured has been engaged in full-time domestic duties or child rearing at the time of the Sickness or Injury that causes Total and Permanent Disablement, then we will only pay a TPD Cover benefit if the Insured:

- has been through Sickness or Injury unable to perform domestic duties or child rearing and confined to the home for a period of 6 consecutive months; and
- is under the regular treatment, and following the advice of, a Medical Practitioner; and

- continues to be so incapacitated to the extent that he/she is unable to engage in (whether or not for reward) any occupation for which he/she is reasonably suited by education, training or experience; and
- will be so disabled for life;

OR

- has suffered the permanent loss of use of two limbs, or the loss of sight in both eyes, or the permanent loss of use of one limb and the sight in one eye. A limb means a leg, arm, an entire hand or entire foot.

Total and Permanent Disablement – Own Occupation

Total and Permanent Disablement means that:

- the Insured has been absent from active employment as a result of Sickness or Injury for a period of 6 consecutive months; and
- is under the regular treatment, and following the advice of, a Medical Practitioner; and
- at the end of 6 months, the Insured continues to be incapacitated to such an extent that he/she will not be able to engage in his/her Own Occupation again;

OR

- the Insured has suffered the permanent loss of use of two limbs, or the loss of sight in both eyes, or the permanent loss of use of one limb and the sight in one eye. A limb means a leg, arm, an entire hand or entire foot.

However, if the Insured has been unemployed or on leave without pay for 6 months or more prior to the event causing the claim then the 'Total and Permanent Disablement – Any Occupation' definition on page 29 will apply in assessing the claim.

If the Insured has been engaged in full-time domestic duties or child rearing at the time of the Sickness or Injury that causes Total and Permanent Disablement, the 'home-makers' definition on pages 29-30 will apply.

Buy Back Benefit

If you include Trauma Cover and/or TPD Cover with Life Care (death cover) on your Policy, and you are paid a Trauma Cover or a TPD Cover benefit, then the amount of your Life Care (death cover) will be reduced by the amount of the benefit paid. However 100% of the amount of any Life Care (death cover) reduced by such a claim will be reinstated, one year from the date we accepted your Trauma Cover or TPD Cover claim. The Buy Back Benefit does not apply to the Trauma Cover Advance Payment Benefit.

Upgrade Provision

Future versions of this product may be introduced. If this happens all policies in a group will be upgraded to include the improved terms and conditions within a reasonable time frame (generally on the next Policy Anniversary Date), but only if no policy in that group will be disadvantaged.

Any pre-existing conditions at the time the improvement takes place may be excluded from being eligible for payment under any policy terms and conditions.

Multiple Lives

More than one Insured life can be included in a Total Care Plan Policy as long as:

- all the Insured lives have Life Care; and
- where stand alone Trauma Cover is selected, all the Insured lives have Trauma Cover only.

Policy Variation

We may vary the provisions of a Total Care Plan Policy or any benefit in certain circumstances outlined in the Policy Document.

Total Care Plan Super

Key features statement

This Key Features Statement follows guidelines administered by the Australian Securities and Investments Commission.

It will help you to:

- **decide whether this type of product will meet your needs; and**
- **compare this product with others you may be considering.**

Important notice

This is not a savings plan. The primary purpose of Total Care Plan Super is to provide a benefit in the event of your death or Total and Permanent Disablement, as specifically described in the Policy Document. If you terminate Total Care Plan Super at any time other than during the Cooling-off Period you will not get anything back.

The Plan

Total Care Plan Super is a life insurance product of the Protection category of membership in the Colonial Super Retirement Fund (the 'Fund'). Purchasing life insurance through the Fund can be tax effective.

Total Care Plan Super is designed for persons who are self-employed, employed or 'eligible spouses' and who wish to obtain an insurance benefit:

- in the event of death; or
- in the event of sickness or injury causing total & permanent disablement.

How does Total Care Plan Super work?

When you apply for Total Care Plan Super, you select the amount of death cover and disability cover you need. If your application is accepted, you become a Member of the Protection Category of the Fund and an Insured under Total Care Plan Super.

The Trustee effects a Total Care Plan Super life insurance policy (referred to as the 'Policy') on behalf of each Member. The Policy is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA') out of its No. 1 Statutory Fund. Any benefit under the Policy will be paid to the Trustee. Your entitlement to receive that benefit is subject to any preservation requirements under superannuation law and the Fund's Trust Deed.

Eligibility

Generally, the Trustee can only accept Total Care Plan Super applicants who meet the entry age requirements for the type of cover selected (refer to Benefits on page 32) and who are eligible to contribute to superannuation. We also require satisfactory evidence of health, however depending on the amount of cover you select, Total Care Plan Super may be obtained without the need for a medical examination.

Who can contribute to superannuation?

Generally, the Trustee can only accept contributions to the Fund which are made by or on behalf of a person:

- who is aged less than 65 and has been gainfully employed for at least 10 hours during any week in the last two years; or
- who is aged 65 or over but less than 70 and is gainfully employed for at least 10 hours per week; or
- who is aged less than 65 and has ceased gainful employment due to ill-health; or
- who is aged less than 65 and is on authorised leave from their employer for less than seven consecutive years to raise their children and was a member of the Fund before their leave commenced.

In addition, mandated employer contributions (such as those paid under an Award) may be made on behalf of a person regardless of their age.

Spouse contributions can be made on behalf of any individual aged less than 65 years.

If, after you join Total Care Plan Super, you cease to be eligible to contribute to the Plan your insurance cover under the Policy will lapse for non-payment of premiums (see Contributions on page 32).

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Contributions (Premiums)

All contributions are used by the Trustee to pay insurance premiums for you, therefore contributions are based only on the amount needed to provide insurance. However, the Trustee reserves the right to seek further contributions to take account of the Trustee's liability for the superannuation surcharge.

The cost of Total Care Plan Super is based on the Insured's age, health, gender, whether or not they smoke, any sporting or recreational activities in which they participate and the type and level of insurance selected. The Insured's occupation may also affect the cost of some benefits. Generally, the cost of cover increases as the Insured gets older.

The minimum premium required for Total Care Plan Super is $180 per year, including the Policy Fee.

Premiums can be paid yearly, half-yearly, quarterly or monthly, depending on the method of payment. They will be adjusted each year on the Policy Anniversary Date in line with your age.

Contributions (Premium) Payment Options

Premiums can be paid as set out in the following table:

	Cheque	Direct Debit*	Credit Card
Yearly	✔	✔	✔
Half-yearly	✔	✔	✔
Quarterly		✔	✔
Monthly		✔	✔

*There are third party charges associated with the direct debit facility.

The Total Care Plan Super Policy will lapse and cover will cease if premiums are not paid within 30 days of the Premium Due Date.

Future premium rates are not guaranteed to be the same as current rates. We reserve the right to change these for all policies in a group.

The premiums for all benefits outlined in this Key Features Statement will be placed in CMLA's No. 1 Statutory Fund and insurance claims will be paid from that Fund. The Policy does not acquire a surrender or cash-in value at any point.

Tables of premium rates for Total Care Plan Super are available upon request.

Benefits

Life Care (Death Cover)

Life Care provides basic life insurance whereby the Insurer pays a lump sum to the Trustee in the event of the death of the Insured. Life Care is available for an Insured who is from the age of 17 to 69, inclusive. Life Care can continue until the Policy Anniversary Date preceding the Insured's 80th birthday.

Life Care Exclusion

Life Care will not provide a payout if death is due to suicide within the first year of the commencement, reinstatement or increase of the cover.

Total & Permanent Disability (TPD) Cover

You can only select TPD Cover with Life Care. The amount of TPD Cover cannot exceed the amount of Life Care.

TPD Cover is available for an Insured from the age of 17 to 59 inclusive and pays a lump sum to the Trustee in the event of Total and Permanent Disablement.

TPD Cover can continue until the Insured's 65th birthday.

Total and Permanent Disablement means:

- you have been absent from active employment as a result of Sickness or Injury for a period of 6 consecutive months; and
- throughout that time you have been unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience;
- you are under the regular treatment of, and following the advice of, a Medical Practitioner; and
- you will be so disabled for life;

OR

- you have suffered the permanent loss of use of two limbs, or the loss of sight in both eyes or the permanent loss of use of one limb and the sight in one eye. A limb means a leg, arm, an entire hand or entire foot.

Home-makers

Where you have been engaged in full-time domestic duties or child rearing at the time of the Sickness or Injury that causes Total and Permanent Disablement, then we will only pay a benefit under the TPD Cover if:

- you have been through Sickness or Injury unable to perform domestic duties or child rearing and have been confined to the home for a period of 6 consecutive months; and
- you are under the regular treatment of, and following the advice of, a Medical Practitioner; and
- you continue to be so incapacitated to the extent that you are unable to engage in (whether or not for reward) any occupation for which you are reasonably suited by education, training or experience; and
- you will be so disabled for life;

OR

- you have suffered the permanent loss of use of two limbs, or the loss of sight in both eyes, or the permanent loss of use of one limb and the sight in one eye. A limb means a leg, arm, an entire hand or entire foot.

TPD Cover Exclusions

No TPD Cover benefit is payable if Total and Permanent Disablement is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).

Effect Of A TPD Cover Payment

If a TPD Cover benefit is payable to the Trustee, the Life Care benefit will be reduced by the amount of the TPD Cover benefit payable. TPD Cover will cease when a benefit becomes payable. Life Care becomes subject to the Buy Back Benefit (refer to page 35).

Preservation of a TPD Cover Payment

Where a TPD Cover benefit becomes payable under the Policy by the Insurer it must be preserved in the Fund until superannuation law permits it to be released. See page 37 for further details.

Plan Protection Option (Waiver of Premium Whilst Disabled)

For an additional premium you can add the Plan Protection Option. In the event the Insured suffers Total Disability prior to reaching age 60, we will waive all premiums payable while Total Disability continues beyond 6 months but not beyond the Policy Anniversary Date preceding age 65.

The Insured suffers Total Disability if due to Sickness or Injury he or she:

- has been continually and substantially unable to perform his/her Own Occupation for a period of 6 consecutive months; and
- has been throughout the 6 month period, and continues to be, under the regular care and treatment of, or following treatment prescribed by, a Medical Practitioner; and
- is not engaged in any occupation for wage or profit during that time.

The Plan Protection Option is only available for insurance accepted at standard rates for Occupation Groups 1 and 2. Please check with your adviser to determine your eligibility.

Plan Protection Exclusion

The Plan Protection Option does not apply if Total Disability is caused directly or indirectly by any intentional self-inflicted injury or any attempt at suicide or an act of war (whether declared or not).

What Are The Charges?

All the charges of Total Care Plan Super are fully described in this section. No other charges will be deducted without your specific written consent.

A Policy Fee is charged which covers some of the administration costs of setting up and maintaining the Policy. If you choose to pay your contributions (premiums) more frequently than yearly, a Frequency Charge will be applied to the annual premium amount to cover the additional cost of administration (see table below).

Premium Payment Frequency	Policy Fee (per premium payment)*	Frequency Charge
Monthly	$5.00	8% of annual premium excluding Policy Fee
Quarterly	$15.00	8% of annual premium excluding Policy Fee
Half-yearly	$27.00	4% of annual premium excluding Policy Fee
Annually	$50.00	Nil

*as at 1 March 2002

Your premium also includes stamp duty where charged. The overall premium charged will reflect the duty we believe is payable, having regard to stamp duty laws and practices in force at the time the premium is paid.

The Policy Fee may be increased in future. Any increase will be based on the rise in the Consumer Price Index over the period since the Policy Fee was last reviewed. We may increase the Frequency Charge at our discretion.

We may also increase fees and charges to reflect new or changed government levies and taxes.

We will notify you in writing at least three months before any such change to the Policy Fee or the Frequency Charge.

Taxation

Your ability to claim a deduction for your personal contributions to the Fund will depend on a number of factors including whether you receive superannuation support from another person.

The taxation treatment of any benefits paid to you as a consequence of a claim against the Total Care Plan Super policy will depend on the circumstances of the claim. As a general rule, any taxation which is imposed on benefits is calculated at concessional rates.

We have only provided general statements on taxation. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser.

All taxation information is based on the continuance of present taxation laws and their interpretation that were current on 1 January 2002.

(Refer to page 35 for further details on taxation.)

Cooling-off Period

After you take out Total Care Plan Super and receive a copy of the Policy Document, you have 14 days to check that Total Care Plan Super meets your needs. This is known as the 'Cooling-off Period'. Within this time you may cancel Total Care Plan Super without paying any charges.

Subject to preservation rules, any premiums paid will be refunded less any applicable tax.

To cancel Total Care Plan Super in the Cooling-off Period you must request the cancellation in writing and send your copy of the Policy Document to us.

Information On Total Care Plan Super

You should keep this brochure for future reference, as it explains how Total Care Plan Super works.

While you are a Member of the Protection Category of the Fund, we will keep you regularly informed about your cover. In addition to this brochure you will also receive:

- A copy of the Policy Document (which provides Policy Information Statement details) held by the Trustee on your behalf. You should read this information carefully.
- An Annual Statement which shows full details of your current insurance under the Policy and any changes to contributions (premiums) and the Policy Fee.
- An Annual Report to Members which provides you with information on the management and financial condition of the Fund. A copy of the most recent Annual Report to Members can be provided free of charge by contacting one of our Customer Service Consultants.
- Further Information – A copy of the Fund Trust Deed is available on request from one of our Customer Service Consultants.

Information on enquiries and complaints can be found on pages 39-40 of this brochure.

Further information

Interim Accident Cover

While we are considering your Application, we will provide Interim Accident Cover for up to 90 days from when we receive your fully completed Application and the first premium payment or either a completed credit card or direct debit authority form. This covers each of the following events, if the result of an accident:

- in the event of your death (Life Care); and
- if you have chosen TPD Cover, on your Total and Permanent Disablement.

You do not have to pay an extra premium for this cover. Interim Accident Cover does not apply if the Total Care Plan Super cover you are applying for is intended to replace a policy on your life issued by CMLA or a related company. Further details are set out in the Interim Accident Cover Certificate on page 47. A benefit under Interim Accident Cover will be paid by CMLA to you or your estate and will not form part of your superannuation benefits.

Indexation

Your level of cover will automatically be increased each year in line with the movement in the Consumer Price Index unless you request us not to in writing. This will help ensure that your insurance keeps pace with inflation. Your premium will also be adjusted to allow for the higher level of cover. Automatic indexation will not apply while premiums are waived under Plan Protection.

Guaranteed Renewable

Once your first premium has been received and you have been accepted as a Member of the Fund, CMLA will not cancel or increase your premium because of any change to your health, occupation or pastimes or as a result of the number of claims made.

Upgrade Provision

Future versions of this product may be introduced. If this happens all policies in a group will be upgraded to include the improved terms and conditions within a reasonable time frame (generally on the next Policy Anniversary Date), but only if no policy in that group will be disadvantaged.

Any pre-existing conditions at the time the improvement takes place may be excluded from being eligible for payment under any policy terms and conditions.

World-wide Cover

Once a Total Care Plan Super Policy is issued, it will provide cover 24 hours a day anywhere in the world.

Buy Back Benefit

If you include TPD Cover with Life Care (death cover) and a TPD Cover benefit is payable, then the amount of your Life Care (death cover) will be reduced by the amount of the TPD Cover benefit payable. However, 100% of the amount of any Life Care (death cover) reduced by such a claim will be reinstated, one year from the date we accepted your TPD Cover claim.

Taxation

Death Benefits

The amount of tax payable on any money paid as a lump sum on death depends on who receives the money. If the lump sum is paid to a dependant (under tax law), there is no tax payable as long as the amount is within the deceased's pension RBL. Any amounts distributed which are greater than the RBL will be taxed at the highest marginal tax rate (whether paid to a dependant or a non-dependant), plus the Medicare levy. For tax purposes, a person will qualify as a dependant if that person is:

- your legal or de facto spouse or former spouse;
- your child and under age 18 (including an adopted child, step child or ex-nuptial child); or
- a person financially dependent on you.

A child over age 18 is not generally considered a dependant under tax law, therefore death benefits paid to children over age 18 are not usually tax free.

If the lump sum is paid to someone who is not a dependant, then it will be taxed as a normal lump sum, except for the post June 1983 component which is taxed at a maximum rate of:

- 15% plus Medicare levy on the taxed element; and
- 30% plus Medicare levy on the untaxed element.

Reasonable Benefit Limits

Reasonable Benefit Limits ('RBLs') are the limits set by the Government on the maximum amount of money you can withdraw from superannuation at the concessional tax rates shown in this section. You can withdraw more than the limit, however amounts over the limit, called excessive components, are not eligible for tax concessions, and will be taxed at the highest marginal tax rate, plus the Medicare levy.

Your RBL depends on whether all of your superannuation money is received as a lump sum, or whether at least 50% is used to purchase a 'complying pension or annuity'. The limits for the year ending 30 June 2002 are:

Lump sum RBL	Pension RBL
$529,373*	$1,058,742*

*Indexed annually with AWOTE at 1 July.

If benefits are received before age 55 and the lump sum RBL is applicable, the lump sum RBL will be discounted by 2.5% per annum for each year (or part thereof) that the benefit has been received prior to the recipient's 55th birthday. The pension RBL is not subject to discounting. Some Members may have higher amounts as previously approved by the regulatory authority.

Death Benefits Above The Pension Reasonable Benefit Limit

Members with a potential death benefit (includes all superannuation and retirement benefits which may become payable as a consequence of death or have already been paid) above the pension RBL can select a category of membership under the Super Estate Choices facility.

This facility allows for death benefits to be paid in a tax effective way as a combination of a lump sum and pension payments to the Member's spouse and minor children (children under 18 years of age) depending on the category of membership they select.

If your potential death benefit is in excess of the pension RBL (currently $1,058,742 for the year ending 30 June 2002) and you would like to select one of the categories of membership, you should complete a Category Selection Form found in the Super Estate Choices Information Brochure. You can obtain a brochure from your adviser or by calling one of our Customer Service Consultants on **13 10 56**, between 8am and 8pm (Sydney time), Monday to Friday.

If you do not select a Super Estate Choices category, your death benefit will be paid to your dependants and/or legal personal representative as determined by the Trustee.

Tax File Numbers

The application requests your Tax File Number (TFN). You are not obliged to quote your TFN to the Trustee but if you choose not to do so you may pay more tax on your benefits than you have to and the Surcharge Tax (which may not have been payable if you had provided your TFN) may be payable on contributions made by or for you.

We have only provided general statements on taxation. As your individual circumstances may be quite different, you should discuss any taxation issues with your tax adviser.

All taxation information is based on the continuance of present taxation laws and their interpretation that were current on 1 January 2002.

What Happens If You Die?

If you die while you are a Member of the Fund, any benefit will be paid as a lump sum or pension, to your dependant(s) and/or your estate, in the proportions determined by the Trustee.

Under the Trust Deed, a 'dependant' includes your legal or de facto spouse, child, or any other person the Trustee believes was financially dependent on you at the time of your death. See this page if the benefit payable on your death is in excess of the pension Reasonable Benefit Limit.

To ensure that the Trustee can make an informed decision as to who a death benefit should be paid on your death, it is important that you nominate the dependants to whom you would like your death benefit paid and keep details of your nominated dependant(s) up to date. You can do this by completing the Nomination of Dependant(s) section in the Application form at the back of this brochure. If your personal circumstances change, for example if you marry, divorce or

have a child, you may need to update your nomination of dependants. Whilst the Trustee will give consideration to any nomination made, it has the sole discretion as to who a death benefit will be paid.

What Happens To Your Insurance If You Leave The Fund?

If you leave the Fund, your Life Care and TPD Cover will automatically continue for 31 days but will cease on the 32nd day.

If you cease cover under Total Care Plan Super at any time or cease to be in the Fund, you may choose to continue insurance by taking out an individual life insurance policy from CMLA subject to the terms of the Policy. If you elect to do this within 31 days and you are less than age 60 for your Life Care and less than age 55 for TPD Cover, you may not need to supply any health evidence. If you wish to take up this offer please contact your adviser or one of our Customer Service Consultants for details.

Other Information About Insurance

- The payment of a benefit is subject to the terms of the Policy and the Trustee will not pay a benefit in excess of the benefit received by it under the Policy from CMLA. Further, no ancillary benefit will be provided by the Trustee if not provided by CMLA.
- The Trustee can vary the contractual arrangements for insurance at any time.
- If a benefit is payable under the Policy, the benefit will be paid to the Trustee and then paid in accordance with the Trust Deed.

Restrictions On When You Can Get Access To Your Benefits

The Government has placed restrictions (known as 'preservation rules') on when you can get access to your benefits. In general, you cannot get your preserved benefits paid to you until you have reached age 65 or you have reached your Preservation Age and have permanently retired.

Your Preservation Age is determined according to your date of birth as follows:

Date of Birth	Preservation Age
Before 1 July 1960	55
1 July 1960 – 30 June 1961	56
1 July 1961 – 30 June 1962	57
1 July 1962 – 30 June 1963	58
1 July 1963 – 30 June 1964	59
1 July 1964 or after	60

It is possible to access preserved money in other limited circumstances including:

- if you have ceased gainful employment after reaching age 60 (except in the case of certain spouses who have never worked);
- if having ceased gainful employment due to ill health, you can satisfy the Trustee that you are permanently incapacitated (as defined in superannuation law);
- if you die;
- if the Trustee believes you satisfy the severe financial hardship criteria;
- if the Australian Prudential Regulation Authority ('APRA') approves payment on specified grounds; or
- if other circumstances occur which are approved by APRA.

Preserved amounts within a superannuation arrangement can also be transferred to another complying superannuation arrangement which will continue to preserve these amounts.

The Trustee

The directors of the Trustee as at 1 January 2002 are:

Mr J F Mulcahy *(Chairman)*
Mr G D Austin
Mr N G Basile
Mr P D Beck
Mr J K Evans
Mr M J Ullmer

The Trustee has been approved for the purposes of the Superannuation Industry (Supervision) Act ('SIS').

The Trustee is responsible for holding the Fund's assets and looking after your rights. It must act according to the rules of the Fund, as set out in the Trust Deed, general law and in compliance with SIS.

The Trustee is covered by professional indemnity insurance, protecting it against most liabilities incurred on behalf of the Fund. If the Fund suffers a loss, the Trustee is not liable as long as it did not act dishonestly, or intentionally or recklessly failed to carry out its responsibilities appropriately. The Trustee is generally entitled to be indemnified from the Fund assets for liabilities incurred whilst acting as Trustee.

As required by superannuation law, the Trustee has an approved guarantee for $5 million from the Commonwealth Bank of Australia in respect of its activities as trustee. The guarantee is available for inspection on request.

The rules governing the Fund are contained in the Trust Deed which sets out the rights and obligations of the Trustee and Members.

Policy Variation

The terms of the Policy through which benefits are provided may be varied from time to time. You will be notified of any variation which affects you.

Selected Eligible Rollover Fund

The Trustee has selected the SuperTrace Eligible Rollover Fund ('SuperTrace') as the fund to which member benefits will be transferred in certain circumstances. Member benefits may be transferred if we lose contact with you. On transfer, you cease to be a Member of the Fund and become a member of SuperTrace.

All assets of SuperTrace are invested in insurance policies held with CMLA. From 30 June 2000, these policies were invested solely in the Colonial Stable Fund in CMLA's No. 2L Statutory Fund.

SuperTrace currently levies the following fees and charges:

- an asset charge of 1.5% p.a. is deducted from the earnings of SuperTrace prior to the crediting rate being declared; and
- a benefit payment fee of $25 on each withdrawal from SuperTrace is deducted subject to member protection provisions.

These fees may be changed from time to time.

Contact details of SuperTrace

SuperTrace Customer Service Officer	1300 788 750 (for the cost of a local call – excluding mobiles)
Address for SuperTrace	Locked Bag 5429 Parramatta NSW 2124
Fax number	(02) 9947 4184
Name of Trustee	Colonial Mutual Superannuation Pty Ltd
Registered address of the Trustee	Level 6, 48 Martin Place Sydney NSW 1155

Insurance portfolio

Enquiries And Complaints

Non Superannuation Products

For the following products:

- Income Care Plus
- Income Care
- Business Overheads Cover
- Total Care Plan

If you have an enquiry, you should first contact the adviser you deal with or one of our Customer Service Consultants on **13 10 56** between 8am and 8pm (Sydney time) Monday to Friday.

Our Customer Service Consultant will either deal with the matter personally or refer the matter to the appropriate person.

Alternatively, if you have a complaint you should write to the following address:

Customer Relations Department
Commonwealth Bank Group
GPO Box 41
Sydney NSW 2001

Your complaint will be handled by the Complaints Manager.

We will strive to ensure that your enquiries or complaints are resolved fairly and promptly.

The maximum time we will take to resolve a complaint is 45 days except in special circumstances. You will be notified in writing of a decision concerning your complaint.

If after contacting us, your complaint has not been resolved to your satisfaction or within 90 days, you can contact the Financial Industry Complaints Service.

The Financial Industry Complaints Service

The Financial Industry Complaints Service is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint. The Financial Industry Complaints Service will advise you of any complaints it cannot consider when you contact them.

You can contact the Service by writing to:

The Financial Industry Complaints Service
PO Box 579
Collins Street West
Melbourne VIC 8007

Toll Free 1800 335 405 or
Telephone 9629 7050 if you live in the Melbourne metropolitan area.
Fax (03) 9621 2291

Superannuation Product

- Total Care Plan Super

The Trustee has arrangements in place to deal with member enquiries or complaints about the operation or management of the Fund.

If you have an enquiry, you should first contact the adviser you deal with or one of our Customer Service Consultants on **13 10 56** between 8am and 8pm (Sydney time), Monday to Friday. If you have a complaint your correspondence should be forwarded to:

Customer Relations Department
Commonwealth Bank Group
GPO Box 41
Sydney NSW 2001

Upon receipt of your enquiry or complaint, we will investigate, on behalf of the Trustee, the cause of your concern and respond to you as quickly as possible.

If your complaint has not been resolved to your satisfaction you can contact the Superannuation Complaints Tribunal.

The Superannuation Complaints Tribunal

The Superannuation Complaints Tribunal is an independent body established by the Commonwealth Government to provide a service to members to consider complaints about certain decisions of Trustees which may be unfair or unreasonable.

If the Tribunal accepts your complaint, it will attempt to resolve the matter through conciliation which involves assisting you and the Trustee to come to a mutual agreement. If conciliation is unsuccessful the complaint will be referred to the Tribunal for a determination which is binding.

You can contact the Tribunal by writing to:

The Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001
Telephone 1300 884 114
Fax (03) 9248 5170

About The Group

In June 2000, the Colonial group of companies merged with the Commonwealth Bank of Australia, creating the most diversified financial services organisation in Australia. The Commonwealth Bank of Australia and its subsidiaries ('the Group') constitute one of the largest financial organisations in Australia with over 10 million customers and is, as at 1 January 2002 the country's largest fund manager, largest superannuation fund manager and third largest life insurer. It has a presence in 16 markets around the world and operates core business in insurance, banking, investments and superannuation.

The Insurer

The directors of CMLA as at 1 January 2002 are:

Mr J F Mulcahy *(Chairman)*
Mr G D Austin
Mr N G Basile
Mr P D Beck
Mr J K Evans
Mr M J Ullmer

What Happens Next?

Once we receive your Application, it will be assessed by our underwriters. They will take into account the Insured's health, occupation, lifestyle and sporting activities and will determine whether the Insured is eligible for the amount of cover chosen. In some cases, we will require more information to help make an accurate assessment, in others we may have to exclude some dangerous pastimes or health problems in order to offer you cover for all other situations.

If your application is accepted, we will send you a Policy Document (which includes a Policy Schedule). If for example you have chosen both an Income Care Range product and Total Care Plan product, you will receive two Policy Documents. Once you receive the documentation, you begin the 14 day Cooling-off Period.

We suggest that you discuss how a plan can be tailored to your exact needs with your adviser.

How Do You Make A Claim?

If you believe you are eligible for payment of a benefit, contact the adviser you deal with or one of our Customer Service Consultants. You will be forwarded the required forms to be completed.

Once you have returned the appropriate form to us, your claim will be dealt with promptly.

We will let you know if we need any further information to assist us in the assessment of your claim.

How Do You Make Changes?

At some stage you may need to change your personal details. All you need to do is notify one of our Customer Service Consultants by letter at the address at the back of this brochure.

Privacy Of Your Personal Information

Collection of Personal Information

We (CMLA and the Trustee) collect personal information (including customers' full name, address and contact details) so that we may administer our customer relationships and provide customers with the products and services they request as well as information on the Commonwealth Bank Group's ('the Group') products and services.

Where it is necessary to do so, we also collect information on individual's such as company directors and officers (where the company is our customer), as well as customers' agents and persons dealing with us on a 'one-off' basis.

The law can also require us to collect personal information.

You need to provide us with accurate and relevant information

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products and services you are seeking.

Other members of the Group

We are permitted by the *Privacy Act* to disclose personal information to other members of the Group. This enables the Group to have an integrated view of its customers.

Other Disclosures

Personal information may be communicated to:

- your advisers, brokers and agents who refer business to us;
- claims investigators, medical practitioners, reinsurers, insurance reference agencies;
- other insurers to which your insurance is transferred by you;
- organisations to whom we outsource certain functions. This may include overseas organisations. For greater detail on outsourcing, please refer to 'the Group' Privacy Policy Statement, which is available at www.commbank.com.au or on request from any branch of the Commonwealth Bank.

In all circumstances where contractors and agents become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our agents and contractors for our purposes.

We may also disclose personal information to other financial institutions and organisations at their request if you seek credit from them.

We may be allowed or obliged to disclose information by law, eg, under Court Orders or Statutory Notices pursuant to taxation or social security laws.

Access

You may (subject to permitted exceptions) access your information by contacting: Customer Relations, Commonwealth Bank Group, Reply Paid 41, Sydney NSW 2001. We may charge you for providing access.

Checklist

Before lodging your Application, please make sure that you:

- complete the relevant Interim Accident Cover Certificate(s) on pages 43 to 47.
- read your 'Duty of Disclosure' on page 49.
- complete each relevant section of the Application form beginning on page 50. If you wish to nominate a beneficiary (where applicable), also complete the Nomination of Beneficiaries section on page 52.
- complete the Personal Statement starting on page 61 and both Medical Authorities on page 69.
- Where there are multiple lives to be insured, please attach an additional Personal Statement and Medical Authorities for each Insured person.
- complete the Total Care Plan Super section of the Application Form on page 55 when applying for Total Care Plan Super.
- If applying for Total Care Plan Super also please complete the tax file request on page 59.

Arrange premium payment:

- Direct Debit
  Read the Direct Debit Request Customer Service Agreement on page 75 and complete the Direct Debit request on page 73; or
- Credit Card
  Complete the Credit Card Authority on page 73; or
- Cheque
  Attach a cheque made payable to 'CMLA Personal Insurance' and no other person; and send to the adviser you normally deal with or the nearest CMLA office shown on page 49 of the Application.

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Interim Accident Cover Certificate
Personal Insurance Portfolio
Income Care Range (Income Care Plus, Income Care and Business Overheads Cover)

Colonial.

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

Name of Person to be Insured 1

Name of Person to be Insured 2

Name of Policy Owner 1

Name of Policy Owner 2

Application Date / /

We provide Interim Accident Cover (Cover) whilst we are considering your application for Income Care Plus, Income Care or Business Overheads Cover (Application).

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this Cover. To the extent that they are relevant, the conditions relating to payment of a claim in the Income Care Plus, Income Care or Business Overheads Cover policy you applied for, apply to your Cover.

This Cover does not apply to you:

- if the Income Care Plus, Income Care or Business Overheads Cover policy you are applying for is intended to replace another policy you have with CMLA or a related company; or
- if, at the time this Certificate is issued, cover of the same type exists in respect of the Person to be Insured and that cover relates to an application for a policy which is the same as, or similar to, the policy the subject of the Application to which this Cover relates.

1. Commencement of Cover

Cover commences on the date your fully completed Application and your first premium, or an effective Direct Debit Request/Credit Card Authority, have been received at any CMLA office. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2. Period of Cover

Your Cover will automatically end on the earliest of the following dates:

- 90 days from the date this Cover commences;
- the date we accept your Application on standard or special terms;
- the date we decline your Application;
- the date your Application is withdrawn; and
- the date we advise you that this Cover is cancelled.

3. Monthly Accident Benefit

Income Care/Income Care Plus

If your Application is for Income Care or Income Care Plus, we will on a monthly basis pay you a Monthly Accident Benefit if the Person to be Insured suffers Total Disability as a result of an Accident. We will start paying the Monthly Accident Benefit if Total Disability as a result of the same Accident continues after the Waiting Period selected in your Application for the relevant policy and the benefit will only be paid for the period of Total Disability or 6 months, whichever is the lesser. The Monthly Accident Benefit is payable for only one period of Total Disability and is not payable for any subsequent period.

The Monthly Accident Benefit in this case is the lesser of the following amounts:

- $5,000;
- the total of the Monthly Benefit and any Super Continuance Monthly Benefit you applied for in your Application for the relevant policy in respect of the Person to be Insured;
- the total of the Monthly Benefit and any Super Continuance Monthly Benefit which would normally be offered by us based on underwriting rules.

Business Overheads Cover

If your Application is for Business Overheads Cover, we will on a monthly basis pay you a Monthly Accident Benefit if the Person to be Insured suffers Total Disability as a result of an Accident. We will start paying the Monthly Accident Benefit if Total Disability as a result of the same Accident continues after the Waiting Period selected in your Business Overheads Cover Application and the benefit will only be paid for the period of Total Disability or 6 months, whichever is the lesser. The Monthly Accident Benefit is payable for only one period of Total Disability and is not payable for any subsequent period.

The Monthly Accident Benefit in this case is the lesser of the following amounts:

- $5,000;
- the Business Overheads Monthly Benefit you applied for in your Application for the policy in respect of the Person to be Insured;
- the Business Overheads Monthly Benefit which would normally be offered by us based on underwriting rules.

We will pay the Monthly Accident Benefit in the month immediately following the month during which you became entitled to it. Where the benefit is payable for part of a month, the Monthly Accident Benefit is divided by 30 to arrive at a daily benefit.

4. Definitions

For the purposes of this Cover:

- 'Accident' means bodily injury which is caused solely and directly by accidental and visible means, independent of any other cause and which occurs while this Cover applies.
- 'Total Disability' has, to the extent relevant, the meaning set out in the policy you applied for, but must be the result of an Accident.
- 'Waiting Period' is the waiting period you selected in your Application for the relevant policy and otherwise has, to the extent relevant, the meaning set out in that policy.

5. Exclusions

A Monthly Accident Benefit will not be paid under this Cover if the Total Disability is caused directly or indirectly by:

- suicide or any attempt at suicide;
- self-inflicted injury or infection;
- the taking of drugs other than prescribed by a medical practitioner;
- the taking of alcohol;
- a physical condition which you knew about before this Cover commenced;
- engaging in any pursuit or occupation that we would not normally cover on standard terms;
- participation in criminal activity; or
- an act of war (whether declared or not).

6. Application for Insurance

If you are eligible to make a claim under this Cover, it may not prevent your Application from being accepted. However, we will take into account the change in the health of the Person to be Insured when assessing your Application and we may decline your Application or apply special loadings, conditions and exclusions.

Name of Adviser

Signature of Adviser

Date / /

This Certificate must be retained by the Applicant/Person to be Insured.

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Interim Accident Cover Certificate

Personal Insurance Portfolio Total Care Plan

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

Name of Person to be Insured 1

Name of Person to be Insured 2

Name of Policy Owner 1

Name of Policy Owner 2

Application Date / /

We provide Interim Accident Cover ('Cover') whilst we are considering your Application for a Total Care Plan Policy.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this Cover. To the extent that they are relevant, the conditions in the Total Care Plan Policy you applied for relating to payment of a claim apply to your Cover.

This Cover does not apply to you if the Policy you are applying for is intended to replace another policy you have with CMLA or a related company.

1. Commencement of Cover

Cover commences on the date your fully completed Application and payment of the first premium, or an effective Direct Debit Request/Credit Card Authority, have been received at any CMLA office. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2. Period of Cover

Your Cover will automatically end on the earliest of the following dates:

- 90 days from the date this Cover commences;
- the date we accept your Application on standard or special terms or decline your Application;
- the date your Application is withdrawn; and
- the date we advise you that this Cover is cancelled.

3. Cover provided

The circumstances in which we will pay a benefit under this Cover and the amount of the benefit varies according to the benefits you applied for in your Application, as set out below. A benefit is payable only once under this Cover.

Life Care

If you applied for Life Care, we will pay a benefit if the Person to be Insured dies as a result of an Accident. Death must occur within 90 days of the Accident. The amount of the benefit is the lesser of:

- $500,000; and
- the amount of Life Care you applied for.

Trauma Cover

If you applied for Trauma Cover, we will pay a benefit if the Person to be Insured survives for 14 days after he or she suffers one of the following medical conditions as a result of an Accident:

- Major Head Trauma
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Blindness
- Severe Burns
- Loss of Limbs or Sight

These medical conditions have the meanings set out in the Total Care Plan Policy you applied for, but the medical condition must be the result of an Accident. The amount of the benefit is the lesser of:

- $500,000; and
- the amount of Trauma Cover you applied for.

TPD Cover – Total and Permanent Disablement

If you applied for TPD Cover, we will pay a benefit if the Person to be Insured is Totally and Permanently Disabled as a result of an Accident. The Total and Permanent Disablement ('TPD') definition that applies is either 'Own Occupation' or 'Any Occupation', as you applied for in your Application. TPD has the meaning set out in the Total Care Plan Policy you applied for, but TPD must be the result of an Accident.

The amount of the benefit payable is the lesser of:

- $500,000; and
- the amount of TPD Cover you applied for.

Accident

For the purposes of this Cover, 'Accident' means bodily injury caused solely and directly by accidental and visible means, independent of any other cause.

4. Exclusions

A benefit will not be paid if death, a medical condition or disablement is caused directly or indirectly by:

- suicide or any attempt at suicide;
- self-inflicted injury or infection;
- the taking of drugs other than prescribed by a medical practitioner;
- the taking of alcohol;
- a physical condition which the Policy Owner(s) or the Person(s) to be Insured knew about before this Cover commenced;
- engaging in any pursuit or occupation that we would not normally cover on standard terms;
- participation in criminal activity; or
- an act of war (whether declared or not).

5. Application for Insurance

If you are eligible to make a claim under this Cover, it will not prevent your Application from being accepted. However, we will take into account the change in the health of the Person(s) to be Insured when assessing your Application and we may decline your Application or apply special loadings, conditions and exclusions.

Name of Adviser

Signature of Adviser

Date / /

This Certificate must be retained by the Applicant/Person to be Insured.

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Interim Accident Cover Certificate

Personal Insurance Portfolio
Total Care Plan Super

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

Name of Applicant/Person to be Insured

Application Date / /

We provide Interim Accident Cover ('Cover') whilst we are considering your Application for a Total Care Plan Super Policy.

Cover is provided on the terms and conditions set out in this Interim Accident Cover Certificate. You do not have to pay an extra premium for this Cover. To the extent that they are relevant, the conditions in the Total Care Plan Super Policy you applied for relating to payment of a claim apply to your Cover.

This Cover does not apply to you if the Policy you are applying for is intended to replace another policy you have with CMLA or a related company.

1. Commencement of Cover

Cover commences on the date your fully completed Application and payment of the first premium, or an effective Direct Debit Request/Credit Card Authority, have been received at any Office of CMLA. Cover is subject to your premium payment being credited to CMLA by the relevant financial institution.

2. Period of Cover

Your Cover will automatically end on the earliest of the following dates:

- 90 days from the date this Cover commences;
- the date we accept your Application on standard or special terms or decline your Application;
- the date your Application is withdrawn; and
- the date we advise you that this Cover is cancelled.

3. Cover provided

The circumstances in which we will pay a benefit under this Cover and the amount of the benefit varies according to the benefits you applied for in your Application, as set out below. A benefit is payable only once under this Cover.

Life Care

If you applied for Life Care, we will pay a benefit if the Person to be Insured dies as a result of an Accident. Death must occur within 90 days of the Accident. The amount of the benefit is the lesser of:

- $500,000; and
- the amount of Life Care you applied for.

TPD Cover – Total and Permanent Disablement

If you applied for TPD Cover, we will pay a benefit if the Person to be Insured is Totally and Permanently Disabled as a result of an Accident. TPD has the meaning set out in the Total Care Plan Super Policy you applied for, but TPD must be the result of an Accident.

The amount of the benefit payable is the lesser of:

- $500,000; and
- the amount of TPD Cover you applied for.

Accident

For the purposes of this Cover, 'Accident' means bodily injury caused solely and directly by accidental and visible means, independent of any other cause.

4. Exclusions

A benefit will not be paid if death or disablement is caused directly or indirectly by:

- suicide or any attempt at suicide;
- self-inflicted injury or infection;
- the taking of drugs other than prescribed by a medical practitioner;
- the taking of alcohol;
- a physical condition which the Policy Owner(s) or the Person(s) to be Insured knew about before this Cover commenced;
- engaging in any pursuit or occupation that we would not normally cover on standard terms;
- participation in criminal activity; or
- an act of war (whether declared or not).

5. Application for Insurance

If you are eligible to make a claim under this Cover, it will not prevent your Application from being accepted. However, we will take into account the change in the health of the Person(s) to be Insured when assessing your Application and we may decline your Application or apply special loadings, conditions and exclusions.

Name of Adviser

Signature of Adviser

Date / /

This Certificate must be retained by the Applicant/Person to be Insured.

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Colonial Personal Insurance Portfolio

Colonial.

1. Application

Before you sign this Application, be aware that the life company or adviser is obliged to have provided you with a brochure dated 1 March 2002 containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA'), the insurer and, in respect of Total Care Plan Super, Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983, the Trustee of the Colonial Super Retirement Fund ABN 40 328 908 469 SFN 2933/419/40.
This form is for Applications dated 1 March 2002 to 28 February 2003 and received within 21 days of the expiry date.
Any Application signed after 28 February 2003 or any withdrawn Application will be declined.
In this Application, 'you' and 'I/We' refers to the proposed Policy Owner(s)/Member or Person(s) to be Insured or both as indicated.

Section for Advisers: New Business ☐ Increase to Policy ☐ Number ______ Replacing Policy ☐ Number ______

1. Duty of Disclosure

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of a matter:
- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure
If you fail to comply with your Duty of Disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may avoid the cover within 3 years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid your cover at any time.

An insurer who has not avoided your cover may, within 3 years of issuing it, elect to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

2. Code of Practice Declaration

Please tick (✓) the most appropriate box below.

☐ I/We have provided all the information requested by my/our Adviser to complete a fact finder and needs analysis and I/we elected to purchase the product(s) recommended by my/our Adviser.

OR

By indicating one of the following alternatives, I/we understand that I/we risk making a financial commitment to a product that may not be appropriate to my/our needs and objectives:

☐ I/We elected only to receive advice about a limited range of products.

or

☐ I/We did not wish to provide all the information my/our Adviser requested.

or

☐ I/We did not wish to receive any advice or have a fact finder completed.

or

☐ I/We chose a product which differed from my/our Adviser's recommendation.

My/Our Adviser has provided me/us with a copy of the Customer Advice Record for the product to which this Application relates. ☐ No ☐ Yes

Please mail this Application to the CMLA office nearest you

Please tick (✓) the applicable box below.

☐ CSD	☐ SA and NT	☐ VIC and TAS	☐ QLD	☐ NSW	☐ WA
CMLA Underwriting Department Locked Bag 5790 Parramatta NSW 2124	Reply Paid 1766 CMLA Underwriting Department GPO Box 1766 Adelaide SA 5001	Reply Paid 783 CMLA Underwriting Department PO Box 397 South Melbourne DC VIC 3205	CMLA Underwriting Department PO Box 101 Brisbane Albert St QLD 4002	CMLA Underwriting Department Locked Bag 5790 Parramatta NSW 2124	Reply Paid 24 CMLA Underwriting Department PO Box Z5039 66 St Georges Terrace WA 6831

5. Total Care Plan - Product Details (Non-Superannuation)

Please tick (✓) where appropriate.

Person to be Insured 1

	Sum Insured
☐ **Life Care**	$
☐ **Trauma Cover**	$
☐ **TPD Cover**	$

☐ Own Occupation (for professional and clerical occupations only, ie. Group 1) or
☐ Any Occupation

Occupation Group quoted for TPD cover ______

Optional Benefits

☐ Plan Protection
☐ Guaranteed Insurability Personal Events or
☐ Guaranteed Insurability Business Events

Person to be Insured 2

	Sum Insured
☐ **Life Care**	$
☐ **Trauma Cover**	$
☐ **TPD Cover**	$

☐ Own Occupation (for professional and clerical occupations only, ie. Group 1) or
☐ Any Occupation

Occupation Group quoted for TPD cover ______

Optional Benefits

☐ Plan Protection
☐ Guaranteed Insurability Personal Events or
☐ Guaranteed Insurability Business Events

6. Income Care Range - Product Details

Please tick (✓) where appropriate.

Person to be Insured 1

☐ **Income Care** **or** ☐ **Income Care Plus** (Not available to Occupation Group H)

Type of cover ☐ Agreed Value ☐ Indemnity

Monthly Benefit $
(Refer to Benefit Maximiser on page 62 if applicable)

Super Continuance Option (SCO) ☐ No ☐ Yes

Super Continuance Monthly Benefit $
– Super Continuance Monthly Benefit cannot exceed 15% of the Insured's annual income
– Superannuation above 15% to be included in calculating the Monthly Benefit amount
– Refer to page 15 in the CIB

Occupation Group quoted ______

Waiting Period

☐ 14 days ☐ 1 mth ☐ 2 mths
☐ 3 mths ☐ 6 mths ☐ 1 yr ☐ 2 yrs

Benefit Period

☐ Age 65 ☐ Age 60 ☐ 5 yrs ☐ 2 yrs

Note - The 'maximum' Benefit Period for heavy risk occupations is 5 years.

Policy Expiry Date – Policy anniversary preceding age ☐ 60 ☐ 65

Optional Benefits
(Not available to Occupation Group H).
Increasing Claim Option ☐ No ☐ Yes

Accident Option
(only available if a 14 day or 1 month Waiting Period is selected) ☐ No ☐ Yes

Person to be Insured 2

☐ **Income Care** **or** ☐ **Income Care Plus** (Not available to Occupation Group H)

Type of cover ☐ Agreed Value ☐ Indemnity

Monthly Benefit $
(Refer to Benefit Maximiser on page 62 if applicable)

Super Continuance Option (SCO) ☐ No ☐ Yes

Super Continuance Monthly Benefit $
– Super Continuance Monthly Benefit cannot exceed 15% of the Insured's annual income
– Superannuation above 15% to be included in calculating the Monthly Benefit amount
– Refer to page 15 in the CIB

Occupation Group quoted ______

Waiting Period

☐ 14 days ☐ 1 mth ☐ 2 mths
☐ 3 mths ☐ 6 mths ☐ 1 yr ☐ 2 yrs

Benefit Period

☐ Age 65 ☐ Age 60 ☐ 5 yrs ☐ 2 yrs

Note - The 'maximum' Benefit Period for heavy risk occupations is 5 years.

Policy Expiry Date – Policy anniversary preceding age ☐ 60 ☐ 65

Optional Benefits
(Not available to Occupation Group H).
Increasing Claim Option ☐ No ☐ Yes

Accident Option
(only available if a 14 day or 1 month Waiting Period is selected) ☐ No ☐ Yes

9. General Declaration and Application for Policy (For Income Care Plus, Income Care, Business Overheads Cover and Total Care Plan Only)

I/We wish to apply to The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA') for the life insurance Policy/ies selected in this Application.

I/We have read and understood:

- the Colonial Personal Insurance Portfolio Customer Information Brochure dated 1 March 2002. My/Our decision to apply for this insurance is based on the material received and my/our understanding of the information included in the Customer Information Brochure; and
- my/our 'Duty of Disclosure' in section 1 of this Application and I am/we are aware of the consequences of non-disclosure. I/We understand that my/our duty to disclose continues after I/we have completed this Application until CMLA has accepted the Application in writing.

I/We acknowledge that my/our Duty of Disclosure applies to Interim Accident Cover and that I/we may not be entitled to Interim Accident Cover if I/we or the Person(s) to be Insured fail to comply with the Duty of Disclosure in relation to this Application.

I/We declare that:

- the answers to all questions and declarations in this Application are true and correct including those not in my/our own handwriting;
- the answers given, together with any special conditions, will form the basis of the contract of insurance; and
- no information has been withheld which may affect CMLA's decision to provide insurance.

I/We understand that:

- insurance cover will not commence until CMLA accepts the insurance proposed in writing, or receives a signed acceptance of such alternative conditions as may be offered, and the first premium is received;
- benefits provided by Income Care, Income Care Plus, Business Overheads Cover and Total Care Plan are liabilities of The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA). Commonwealth Bank of Australia and its subsidiaries do not guarantee the Colonial Personal Insurance Portfolio products.

I/We authorise:

- the insurer to refer any statements that have been made in connection with the Application and any medical reports, to other entities involved in providing or administering the insurance (for example, reinsurers, medical consultants, legal advisers); and
- the insurer and any person appointed by the insurer to obtain information on my/our medical, claims and financial history from the Insurance Reference Association and any other body holding information on me/us.

I have read and understood the section 'Privacy Of Your Personal Information' on page 40 of this brochure. I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

By ticking the box beside my signature below I indicate that I do not want to receive marketing information.

Signature of Policy Owner 1 ☐

Date / /

Position in company (if Policy Owner is a company)

Signature of Policy Owner 2 ☐

Date / /

Position in company (if Policy Owner is a company)

If the Policy Owner is a company, this declaration is to be signed by:

(a) two Directors of the Company; or

(b) a Director and a Company Secretary; or

(c) for a Proprietary Company, which has a sole Director who is also the Company Secretary, then that Director can sign the Application as owner.

Where the Policy Owner is a superannuation fund trustee, please also complete the Superannuation Fund Application on page 77.

Total Care Plan Super (Superannuation)

10. Applicants Details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

Given name(s)

Mailing address

State Postcode

Home phone number ( )

Business phone number ( )

Mobile number ( )

Email

☐ Female ☐ Male

☐ Non-smoker ☐ Smoker

Date of birth / /

Occupation

What will be your normal retirement date? / / or normal retirement age? years

11. Insurance Details

Syndicate Plan number

Life Care (Death) Cover $

TPD Cover (Total and Permanent Disablement insurance - Any Occupation only) $

Note - TPD cover can only be taken with, and cannot exceed, Life Care.

What Occupation Group was selected for TPD cover

Do you want Plan Protection ☐ No ☐ Yes

Is there a particular date from when you require the insurance? ☐ No ☐ Yes

If yes, the date is / /

Total cost of insurance in first year (including stamp duty and Policy Fee) $

12. Contribution (Premium) Details

Type of Contribution

Personal Contribution $

Employer Contribution $

Spouse Contribution $

Mode and frequency of regular contributions

☐ **Cheque** ☐ Yearly ☐ Half-yearly

or

☐ **Direct Debit** ☐ **Credit Card**

Please complete the Direct Debit or Credit Card Request attached. Direct Debit is not available on all accounts. If in doubt, please consult your bank/financial institution.

☐ Yearly ☐ Half-yearly ☐ Quarterly ☐ Monthly

If payment is to be included in an existing Direct Debit, please show existing policy number.

First Premium payment Details

☐ Nil Deposit Premium (must be Direct Debit or Credit Card ongoing premium)

or

☐ Cheque

Date collected / /

or

☐ Credit Card

Eligibility to Contribute

Are you currently working in paid employment (including self-employment)? ☐ No ☐ Yes

If yes, for how many hours per week

☐ Less than 10 hours ☐ 10-29 hours

☐ More than 29 hours

If no,

Are you a spouse who has:

- **never** worked in paid employment? ☐ No ☐ Yes
- worked in paid employment? ☐ No ☐ Yes

(give details of paid employment period)

from / / to / /

or

Are you entitled to contribute to a complying superannuation fund? ☐ No ☐ Yes

If yes, give details of eligibility

14. General Declaration and Application for Membership

I apply to the Trustee for admission as a Member in the Protection Category of Membership in the Fund and agree to be bound by the provisions of the governing Trust Deed. I also undertake to notify the Trustee in writing immediately if at any time:

- I cease to be eligible to contribute to the Fund; or
- my employer makes Award or Superannuation Guarantee contributions to the Fund on my behalf; or
- I have met the circumstances which require me to withdraw my benefits (see page 37 of the attached brochure).

I have read and understood:

- the Colonial Personal Insurance Portfolio Customer Information Brochure dated 1 March 2002. My decision to apply for membership is based on the material received and my understanding of the information included in the Customer Information Brochure; and
- my 'Duty of Disclosure' in Section 1 of this Application and I am aware of the consequences of non-disclosure. I understand that my duty to disclose continues after I have completed this Application until the Trustee and CMLA have accepted the Application in writing.

I acknowledge that my Duty of Disclosure applies to Interim Accident Cover and that I may not be entitled to Interim Accident Cover if I fail to comply with the Duty of Disclosure in relation to this Application.

I declare that:

- the answers to all questions and declarations in this Application are true and correct including those not in my own handwriting;
- the answers given, together with any special conditions, will form the basis of the contract; and
- no information has been withheld which may affect CMLA's decision to provide insurance.

I understand that:

- insurance cover will not commence until CMLA accepts the insurance proposed in writing, or receives a signed acceptance of such alternative conditions as may be offered, and the first premium is received;
- Commonwealth Bank of Australia and its subsidiaries do not guarantee Total Care Plan Super or the performance of the Colonial Super Retirement Fund or the repayment of capital by the Fund. Contributions to the Fund are not deposits or other liabilities of Commonwealth Bank of Australia and its subsidiaries.

I authorise:

- the insurer to refer any statements that have been made in connection with this Application for Insurance and any medical reports, to other entities involved in providing or administering the insurance (for example, reinsurers, medical consultants, legal advisers); and
- the insurer and any person appointed by the insurer to obtain information on my medical, claims and financial history from the Insurance Reference Association and any other body holding information on me.

I have read and understood the section 'Privacy Of Your Personal Information' on page 40 of this brochure. I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

By ticking the box beside my signature below I indicate that I do not want to receive marketing information.

Applicant's signature ☐ Date / /

Please go to page 59 and complete 'Tax File Number Notification'.

2. Tax File Number Notification

Total Care Plan Super

(A product issued through the Protection Category of Membership in the Colonial Super Retirement Fund)
Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983
The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

This form may only be used to pass on your Tax File Number to your superannuation fund.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ______

Surname ______ Given name(s) ______

Membership number ______ Date of Birth __ / __ / __

I agree to provide my Tax File Number which is ______

Member's Signature ______ Date __ / __ / __

The Superannuation Industry (Supervision) Act 1993 (the 'SIS' Act) requires the Fund's Trustee to ask you to provide your Tax File Number (TFN) but you do not have to provide your TFN to the Fund.

How the Fund's Trustee can use your TFN

If you provide the Fund with your TFN, the Fund's Trustee must safeguard it and only use it for the purposes set out in the SIS Act and the Income Tax Assessment Act. These purposes currently include:

- taxing eligible termination payments at concessional rates;
- assessment of the additional tax (referred to as the "surcharge") on deductible contributions;
- checking for, and combining, any other benefits you may already have in the Fund where other information is insufficient;
- passing your TFN to the Australian Taxation Office (the "ATO") when you receive a benefit, or if you reach age 65 without claiming any superannuation benefit which has become payable; and
- providing your TFN to any superannuation fund or Retirement Savings Account (RSA) to which your benefit is being rolled over or transferred (although you may specifically request that the Fund's Trustee not pass on your TFN to another fund or RSA and, if you wish to restrict the use of your TFN in this way, you just need to do so before your benefit is transferred to the other fund).

The consequences of not providing your TFN

It is not an offence to choose not to provide your TFN, however, if you do not do so

- more tax will probably be deducted from superannuation benefits (you may be able to reclaim the tax in your next income tax assessment);
- the surcharge tax may apply to superannuation contributions by or for you (in some circumstances the surcharge may be reclaimed from the ATO);
- it may be more difficult to identify your benefits in the Fund; and
- it may be more difficult to check for, and combine, any other benefits you may already have in the Fund.

Note: Both the lawful purposes for which your TFN can be used, and the consequences of not quoting your TFN, may change in the future because of changes to legislation.

More information can be obtained from the ATO on 131 020

3. Personal Statement

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')
Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983

Person to be Insured

Surname

Given name(s)

Date of birth / /

A. Occupation Details

The Person to be Insured must answer questions 1-5.

1. What is the principal occupation in which you are currently working

   Industry

2. Name of business/employer

   Address

   State Postcode

3. How long since you commenced in your current business/ employment?

   Years Months

   If less than one year, please give us details of your positions over the last three years?

Previous Occupation	Date from	Date to	Employed/ Self Employed

4. Briefly describe the principal income producing duties of your main occupation, the approximate percentage of time spent on each duty and the percentage of income it generates.

Duty	% Time	% Income

Are any of your duties hazardous eg. working at heights, working with explosives.

☐ No

☐ Yes Please provide details

5. Current package or salary $

Has the applicant applied for Income Care, Income Care Plus, Business Overheads Cover or TPD Cover?

☐ No Go to section 'D. General Details' on page 63.

☐ Yes Please complete questions below.

6. Are you working in a business you own or partly own?

   ☐ **No Go to question 10.**

   ☐ **Yes Go to question 7. You will also need to complete Section 'B. Benefit Maximiser' on page 62.**

7. Please provide full details of all your business/private entities.

8. What percentage of the business do you own? %

9. How many people do you employ?

   Full time

   Part time

10. Have you ever been bankrupt or has a company, in which you owned an interest, been wound up or dissolved or a liquidator appointed to it?

    ☐ No

    ☐ Yes Please give details.

11. What is the average number of hours worked each week in your main occupation?

    Currently

    Over the last 12 months

12. Do you intend changing occupations?

    ☐ No

    ☐ Yes Please give details.

13. Do you have a second occupation?

    ☐ No

    ☐ Yes Please provide details including hours worked per week and income.

14. Do you work from home?

    ☐ No Go to question 17.

    ☐ Yes Please answer questions 15 and 16.

15. What percentage of your time is spent working from home? %

16. Is your work area:

    a) open to the public? ☐ No ☐ Yes

    b) separate to your place of residence? ☐ No ☐ Yes

17. Do you have any recognised trade, professional or tertiary qualifications?

    ☐ No

    ☐ Yes Please provide details

C. Business Overheads Cover Questionnaire

1. **Are you applying for Business Overheads Cover?**

☐ No Go to section 'D. General Details'.
☐ Yes Complete this section.

Note: Personal remuneration, depreciation of real estate, cost of goods or merchandise, equipment, fixtures or fittings, cost of implements of profession, and salaries of employees who would continue to produce revenue during the disability of the Person to be Insured, cannot be covered.

Expense	**Monthly Average**
Rent	$
Mortgage/Loan payments	$
Electricity, gas, water, heating, cleaning and laundry	$
Telephone	$
Insurance premiums	$
Leasing of equipment and motor vehicle	$
Property rates and taxes	$
Depreciation expense for plant and equipment	$
Sub-total 'A'	$

Expense	**Monthly Average**
Membership fees to professional bodies	$
Accountant's and Auditor's fees	$
Salaries and associated costs (eg. superannuation contributions, payroll tax, workers' compensation) for employees not producing revenue. Details of such employees are to be included in question 3 below.	$
Other fixed expenses usually incurred in the conduct of the business. Give details.	
	$
	$
	$
	$
Sub-total 'B'	$
Total A + B = C	$
What percentage of the total business expenses are met by income earned by you? **'D'**	$
Monthly amount of Business Overheads Cover required **C x D %**	$

2. Please provide a brief explanation of what would happen with the business if you were to become disabled (including ongoing trading capacity eg. 50%).

3. Details of all Employees and/or Partners

Name of Employee/Partner	**Duties/Occupation**	**Monthly Remuneration ($)**	**% of Interest in Business**

D. General Details

1. Are there any policies, existing or proposed, that insure your life?

☐ No
☐ Yes Please provide details.

Company or Fund	**Sum Insured ($)**	**Type of Policy (death, trauma etc.)**	**Annual Premium ($)**	**Will the Policy(ies) applied for replace it?**
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes
				☐ No ☐ Yes

E. Personal and Medical Details (continued)

11. Have you ever had or sought advice or treatment for:

a) stomach, intestinal or rectal disorder, haemorrhoids, gall bladder or liver disorders, including hepatitis?

☐ No ☐ Yes

b) high blood pressure, heart, vein or circulatory disorder (eg. heart attack, high cholesterol, varicose veins, rheumatic fever)?

☐ No ☐ Yes

c) depression, anxiety, stress or nervous disorder?

☐ No ☐ Yes

d) stroke, paralysis or disorder of the brain or spinal cord?

☐ No ☐ Yes

e) arthritis, gout or rheumatism?

☐ No ☐ Yes

f) any skin disorder (eg. dermatitis, eczema or psoriasis)?

☐ No ☐ Yes

g) kidney disease (eg. renal colic), bladder disorder or diabetes?

☐ No ☐ Yes

h) any defect in sight, hearing or speech, or any other physical deformity or abnormality?

☐ No ☐ Yes

i) any blood disorder (eg. leukaemia, haemophilia, or anaemia)?

☐ No ☐ Yes

j) any sexually transmitted disease?

☐ No ☐ Yes

k) other than already stated, have you within the last five years:

- received any other medical examinations, advice, treatment or been in hospital?
- had an ECG, x-ray or other tests, including blood tests, for which you have received a consultation (excluding ailments such as cold and flu)?

☐ No ☐ Yes

l) Females: Are you currently pregnant

☐ No ☐ Yes, date due   /   /

12. Did you answer **'yes'** to question 11(a-k)?

☐ No Go to question 14.

☐ Yes Please complete question 13, below.

13. Details of **'yes'** answers in question 11(a-k).

Question Ref.	**Illness, Injury or Tests**	**Date Commenced**	**Time Off Work**	**Degree of Recovery**	**Reason For and Type of Treatment Including Date of Last Symptoms**	**Full Name and Address of Doctor or Hospital (if any)**
		/ /		%		
		/ /		%		
		/ /		%		
		/ /		%		
		/ /		%		
		/ /		%		

14. a) Are you contemplating surgery in the future?

☐ No

☐ Yes Please give details.

b) Have you regularly taken any stimulants, sedatives, tranquillisers, antibiotics, medications or drugs (not including contraceptives and medications for colds and flu) within the last five years?

☐ No

☐ Yes Please give details including reason, types taken, daily dosage and date treatment ceased.

c) To the best of your knowledge:

Have any of your parents, brothers or sisters, aunts, uncles or grandparents (living or dead) suffered from:

- heart disease (including cardiomyopathy);
- stroke;
- high blood pressure;
- diabetes;
- kidney disease;
- cancer;
- hereditary/familial disorder such as Huntington's Disease, muscular dystrophy, polycystic kidney disease, cystic fibrosis, haemophilia, etc?

☐ No

☐ Yes Please complete the following table:

Family member	**Condition**	**Age at diagnosis**	**Age at death**

F. Supplementary Risks Questionnaire (continued)

Condition/Illness 2

1. Injury or complaint?

   Date of onset of symptoms? / /

   Date symptoms ceased? / /

2. What part of the body was affected?

3. What was the cause?

4. State (if applicable):

   a) frequency of symptoms ____ per year

   b) date of your last symptoms / /

   c) severity of the symptoms

   d) duration of the symptoms

5. a) What treatment have you received? Please give details below.

   b) What treatment are you currently receiving and how often? Please give details below.

6. Dates for periods off work:

   From / / to / /

   From / / to / /

   From / / to / /

7. Have you ever been admitted to hospital for this complaint?

   ☐ No

   ☐ Yes - Please state when and what period of time

Date	**Period of time**	
/ /		days/months
/ /		days/months
/ /		days/months

   Name and Address of Hospital

   State Postcode

   Name of Doctor who provided treatment

8. Were any tests conducted?

   ☐ No

   ☐ Yes - If **yes** state type (eg. x-ray, blood tests).

   Date tests were conducted / /

9. When did you last consult your doctor for this?

   Name and Address of doctor last consulted for this.

   State Postcode

10. Have you fully recovered?

    ☐ Yes

    ☐ No - Please give details of treatment recommended and/or continuing symptoms

Next Step

Go to section 'G. Pastimes and Activities Questionnaire' on page 68.

H. Declaration

This section must be completed in all circumstances.

I have read my 'Duty of Disclosure' on page 49 of this brochure and I am aware of the consequences of non-disclosure.

I understand that my Duty of Disclosure continues after I have completed this statement until my Application has been accepted by the Trustee (for Total Care Plan Super) and The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA') in writing.

I authorise:

- the insurer to refer any statements that have been made in connection with this Application and any medical reports, to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers).
- the insurer and any person appointed by the insurer to obtain information on my medical, claims and financial history from the Insurance Reference Association and any other body holding information on me.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting);
- the answers given together with any special conditions will form the basis of the contract of insurance; and
- no information has been withheld which may affect CMLA's decision to provide insurance.

I have read and understood the section 'Privacy Of Your Personal Information' on page 40 of this brochure. I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

By ticking the box beside my signature below I indicate that I do not want to receive marketing information.

Signature of Person to be Insured ✗ ☐ Date / /

Applicant's Signature (if different to Person to be Insured) ✗ Date / /

(Please complete both Medical Authorities below)

4. Medical Authority

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited
ABN 12 004 021 809 ('CMLA')

Dear

I hereby authorise you to give to CMLA all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Signature of Person to be Insured

✗

Name of Person to be Insured

Previous Surname (if applicable)

Date / /

4. Medical Authority

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited
ABN 12 004 021 809 ('CMLA')

Dear

I hereby authorise you to give to CMLA all information with respect to any illness, injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorisation is as effective and valid as the original.

Signature of Person to be Insured

✗

Name of Person to be Insured

Previous Surname (if applicable)

Date / /

5. Pathology Request for Insurance Purposes

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

It is essential to present this form of consent to your Doctor/Pathologist if you need to undergo any pathology test.

Adviser's Instructions

1. With your client, complete the Pathologist, Client Details, Current Doctor and Adviser Details sections. Ensure the tests requested have been selected (tick (✓) boxes).
2. Give the client the pathology request and highlight the instructions below.
3. Ensure clients having an HIV antibodies ('AIDS') test read the information over page about the test.
4. If an HIV antibodies ('AIDS') test is being arranged, the pathologist should forward the test results to the Chief Medical Officer, Risk New Business, at the address shown on the next page.

☐ Total Care Plan / Super
☐ Income Care Range
☐ Other (please specify) ____________________

Agency Number ____________________

Adviser Details

To be completed by Adviser

Name ____________________

Agency number ____________________ Application number ____________________

Phone ( ) ____________________ Mobile ____________________ Email ____________________

Client's Instructions

1. Complete this form but **do not sign the Client Consent prior to attending the pathologist appointment.**
2. Telephone the pathology branch for an appointment and clarify if any special instructions apply.
3. If the Multiple Biochemical Analysis ('MBA') is to be performed, you should fast for 12 hours (overnight) before the test.

Pathologist

Name ____________________ Phone ( ) ____________________ Hours ____________________

Address ____________________ State ____________________ Postcode ____________________

Client Details

Surname ____________________ Given name(s) ____________________

☐ Male ☐ Female Date of birth / / Referral date / /

Test Requested

☐ Multiple Biochemical Analysis (MBA) – Cholesterol (High and Low Density), Triglycerides, Glucose, Creatinine, Uric Acid, LFTs and Hepatitis B & C serology.

☐ HIV antibodies (Please read important information on the back of this page).

☐ Full blood count and ESR.

☐ Other (Please specify).

____

6. Direct Debit Request

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')
Request to establish Debit Authority in the Direct Debit system.

Identified by Reference Information:

Policy Number(s) ______________________ ______________________ Client Number ______________________

I/We:

Surname or Company/Business name giving Direct Debit Request

ABN

Given name(s)

Customer's address

State Postcode

Authorise and Request The Colonial Mutual Life Assurance Society Limited ('CMLA') 115 (APCA User ID) until further notice in writing to arrange for funds to be debited from my/our account, at the Financial Institution identified and as described in The Schedule below, any amounts which CMLA may debit or charge me/us through the Bulk Electronic Clearing System.

The Schedule

Name of account to be debited

Details of Financial Institution at which your account is held

BSB - Account number - -

Name

Address

State Postcode

(Please note direct debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.)

Direct Debit Request Authorisation

I/We have read the 'Customer Service Agreement' on page 75 of this Application and acknowledge and agree with its terms and conditions.

I We/request this arrangement to remain in force in accordance with details set out in The Schedule described above and in compliance with the 'Customer Service Agreement'.

Customer(s) name ______________________ ______________________

Customer(s) signature ______________________ ______________________

Date / /

7. Credit Card Authority

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

An alternative method of paying premiums is by credit card. If you wish to pay by this method, please tick (✓) the appropriate box and complete other details.

☐ Bankcard ☐ Mastercard ☐ Visa Please charge my credit card the amount of $

(or adjusted amount as advised to me from time to time) at the frequency selected below until this ongoing authority is cancelled, in writing, by either myself or the insurer.

Frequency: ☐ Yearly ☐ Half-yearly ☐ Quarterly ☐ Monthly

Cardholder's name

Card number - - - Expiry date /

Cardholder's signature Date / /

8. Direct Debit Request Customer Service Agreement

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

We, The Colonial Mutual Life Assurance Society Limited, note our commitment to you, as follows:

- We will advise you by notice, statement or invoice of the drawings.
- Where the drawing date falls on a non-business day, we will draw the amount on the next business day.
- We will provide written notice of any proposed changes to your drawing arrangement, (other than those detailed in your policy conditions) providing no less than 14 days notice.
- We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange an alternate payment method. A fee may apply for drawings that are returned unpaid.
- We will keep all information provided by you and details of your nominated account at the Financial Institution, private and confidential. However, we may disclose information that we have about you to the extent specifically permitted by the law or for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You, the Customer, note your commitment to us as the following:

- It is your responsibility to check with your Financial Institution before completing the Direct Debit Request, that direct debiting is available on that account.
- It is your responsibility to ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the Financial Institution of the nominated account.
- It is your responsibility to ensure that at all times, sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you, to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule, by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date. Your nominated Financial Institution is unable to cancel your Direct Debit arrangement.

All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.

This form must be retained by the Customer.

9. Superannuation Fund Application

This form is not required for Total Care Plan Super

Colonial Personal Insurance Portfolio

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 ('CMLA')

Please complete only if the Policy is/ Policies are to be issued to a trustee of a Superannuation Fund.

When selecting benefits please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 ('SIS Act'). Please note, there may be situations where even though a benefit, such as a TPD benefit is paid to the trustee of the Superannuation Fund, superannuation legislation or the rules of the Superannuation Fund may prevent the release of the benefit until the preservation rules are satisfied.

Declaration

To be signed by a director/secretary in the case of a 'company trustee', or by each individual trustee.

I/We, the trustee/s of the Superannuation Fund named below, request CMLA to issue the insurance Policy/ies described on this form. The Policy Document(s) will be held subject to the trusts of the Superannuation Fund.

I/We agree to be bound by the terms and conditions set out in the Policy Document and the trust deed governing the Superannuation Fund.

I/We confirm that the Superannuation Fund of which I am/we are trustee is a complying superannuation fund within the meaning of the SIS Act and the Income Tax Assessment Act ('Tax Act').

I/We undertake to advise CMLA immediately if the Superannuation Fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.

I/We confirm that I/we have the power under the trust deed governing the Superannuation Fund to effect the Policy/ies described on this form.

Details of Policy Owner(s)

To be completed by the Trustee/s of the Superannuation Fund which will own the Policy/ies.

Full name of the Superannuation Fund

Superannuation Fund Number

Trustee's address for communications

State Postcode

Phone Home ( )

Phone Business ( )

Trustee Details

Company Trustee Name

The Common Seal of: (name of corporate trustee)

was hereto affixed in accordance with the Articles of Association of the company in the presence of:

Director

Director/Secretary

Date / /

and/or Individual Trustee names (if more than 4 individuals, please attach further names).

First Individual Trustee

Title Surname Given name(s)

Signature Date / /

Second Individual Trustee

Title Surname Given name(s)

Signature Date / /

Third Individual Trustee

Title Surname Given name(s)

Signature Date / /

Fourth Individual Trustee

Title Surname Given name(s)

Signature Date / /

Notes

Customer Service Consultant
Telephone **13 10 56**
Between 8am and 8pm (Sydney time), Monday to Friday

Postal address
Colonial Personal Insurance Portfolio
Locked Bag 5790
Parramatta NSW 2124

B4801 03/02 RIM0001

Colonial.