

# LifeTime Insurance

LifeTime Insurance

Smart Thinking!

Contents



**Protection for  
your family  
for Life**



**...Smart Thinking!**

## Customer Information Brochure

Issued 1 October 2002  
Expiry 30 September 2003

You should read the enclosed material carefully, especially the Key Features Statement. This contains important information you should know about these products.

Citicorp Life Insurance Limited ABN 75 004 274 882

2 Park Street, Sydney NSW 2000

None of the obligations of Citicorp Life Insurance Limited are guaranteed by Citigroup Inc. (Incorporated in the USA) or by Citibank Pty Limited ABN 88 004 325 080, or any other member of Citigroup.

A member of  citigroup

 **citi**insurance

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### Citicorp Life Insurance Limited. A subsidiary of one of the world's leading financial institutions.

Citicorp Life Insurance Limited is a wholly owned subsidiary of Citibank Limited and part of the Citigroup Inc. (Citigroup) Global Financial Services Organisation. Citigroup Inc operates in over 100 countries throughout the world with assets over A\$1,097 Billion.

In Australia, the Citigroup group of companies specialises in banking, life insurance and investment management. The Group in Australia currently has assets of approximately A\$20 Billion.

Citicorp Life Insurance Limited became part of Citigroup in the 1970's changing to its current name in 1984.

LifeTime Insurance is a non-participating life insurance policy, which does not share in any of the profits of Citicorp Life or its statutory funds.

The obligations of Citicorp Life Insurance Limited are not guaranteed by any other member of Citigroup.

### Directors of Citicorp Life Insurance Limited

**Robert Glading**  
**Graham C Briggs**  
**Thomas O'Callaghan**  
**Tracey Perkins**  
**Michael Barker**  
**Mark Jones**  
**Phil Collins (alt.)**

LifeTime Insurance is issued from the No.1 Statutory Fund of Citicorp Life Insurance Limited ABN 75 004 274 882.

## Terms and Conditions applying to Direct Debit

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this with your records.
2. Citicorp Life Insurance Limited will initiate debits to your nominated bank account in accordance with your application form.
3. Citiinsurance agrees to provide not less than 14 days notice to you if it proposes to vary the above arrangements.
4. You may request deferment of or alteration to the agreed drawing schedule by writing to Citicorp Life Insurance Limited, GPO Box 4528, Sydney NSW 2001. Citicorp Life Insurance Limited reserves the right to decline this request.
5. You can stop individual debits or cancel a Direct Debit Request (DDR) by writing to Citiinsurance, GPO Box 4528, Sydney NSW 2001.
6. In the event that you should disagree with any debit under the arrangement with Citiinsurance, you should call Citiinsurance on 1300 134 669 or write directly to The Resolutions Manager, Citiinsurance, GPO Box 4528, Sydney NSW 2001.
7. When the due date for payment falls on a day that is not a business day, Citiinsurance will debit your account on the last business day prior.
8. In the event that your Financial Institution refuses to pay any debit made under the arrangement, Citiinsurance will write to you requesting alternative payment arrangements.
9. Any information supplied by you will remain confidential and will only be disclosed if authorised by you or where required by law.
10. Direct Debiting may not be available on the full range of accounts with Financial Institutions and you should check directly with your Financial Institution before submitting the Direct Debit Request form.
11. It is your responsibility to have sufficient cleared funds available in the relevant account by the due date to permit the payment of debits.
12. Initially, you should direct all queries and requests for stops or cancellations to Citiinsurance in writing.

## Key Features Statement

## Key Features Statement

**This Key Features Statement follows requirements set by the Australian Securities and Investments Commission. It will help you to:**

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

**Important Notice:**

**LifeTime Insurance is not a savings plan. The primary purpose of this product is to provide a benefit in the event of death, terminal illness or total and permanent disability, if selected. If you terminate this plan at any time, you will not get anything back.**

**The Plan**

LifeTime Insurance provides protection for your family or business by paying a lump sum in the event of your death, diagnosis of a terminal illness, or you suffer from one of our listed trauma events, should you wish to select the Trauma Option. Alongside of this, you can take out additional cover to insure against extra costs incurred if you became totally and permanently disabled.

LifeTime Insurance protects you 24 hours a day, anywhere in the world. So long as you pay the required premium and policy fees when due, we guarantee to renew your cover until your annual renewal date after your 99th birthday.

You select the amount of cover and this is called your sum insured. The maximum sum insured available is \$500,000.

**Premiums**

The premium you need to pay will depend on your age, sex, and sum insured and, in some cases, your medical history, occupation and any options you require.

Insurance is provided initially for one year, with your first premium payable in advance. Premiums can be paid monthly, half yearly or annually. The date you first join is your commencement date. The anniversary of your commencement date is your annual renewal date. You will be given the opportunity to renew your cover from this date.

The premium payable will be calculated each year based on your sum insured and your age.

**A premium rate chart is available on request.**

**Guaranteed Renewal**

Regardless of any deterioration in your health, we guarantee to renew your cover each year once you have taken out LifeTime Insurance with Citiinsurance. The only condition is that your premium is paid when it is due.

**Minimum Premium**

The minimum annual premium payable is \$200, which includes a \$50 policy fee. This minimum premium also applies to policies under which two lives are insured.

**Variable Premium**

Your premium rate is not guaranteed. This means it may vary. If we do vary the premium rates, we will write telling you about the changes, which will only take place on your next annual renewal date. A variation will only be made where it is applied to all LifeTime Insurance policies. It will not be limited to individual policies.

**Premium Discounts and Loadings**

We offer discounts on your premium rates if you are a non-smoker. Loadings may be applied to premium rates depending on your medical history and in some cases, your occupation.

**CPI Adjusted Cover**

To counter the effects of inflation on your cover, we will automatically increase your sum insured each year, in line with the Consumer Price Index, unless you select otherwise. **CPI increases are available each year until your policy expires.**

**Increasing your cover**

You can apply to increase your cover at any time. These increases are subject to meeting our financial and medical requirements.

**Payments**

You can choose to pay your premiums by either of the following payment methods as shown below:

|             | Cheque | Direct Debit | Credit Card |
|-------------|--------|--------------|-------------|
| Monthly     |        | ✓            | ✓           |
| Half Yearly | ✓      | ✓            | ✓           |
| Yearly      | ✓      | ✓            | ✓           |

Your first yearly instalment premium is payable in advance. You can do this by forwarding a cheque or completing a valid direct debit request or credit card authority. If you choose to pay either monthly, or half yearly, you will incur a small administration fee. The details are explained in the section, "What are the charges?"

**Non-payment of premiums**

To maintain your cover you need to pay your premium within 30 days of the due date. Your policy will be cancelled if you do not pay your premium within this period.

**Benefits****Death and Terminal Illness**

We will pay your life cover sum insured if you die or are diagnosed as terminally ill while the insurance cover is current. You will be considered terminally ill under this policy if you are diagnosed as having less than 12 months to live. The sum insured will be paid to the policy owner. If you are both the life insured and policy owner, on your death, the life cover sum insured will be paid to your estate.

**Total and Permanent Disability (TPD) Option**

You can choose to extend your cover under this policy by selecting the Total and Permanent Disability (TPD) Option. This option provides you with a payment if sickness or injury prevents you permanently from being able to work. The TPD sum insured you choose must be equal to, or less than, the life cover sum insured you select.

If you choose to extend your policy by purchasing the TPD option, we will pay the sum insured on either your total and permanent disability or, on diagnosis of a terminal illness or upon your death. If your life cover sum insured differs from your TPD sum insured, the amount that will be paid in a claim situation is the actual sum insured for the event giving rise to the claim.

**Definition of Total and Permanent Disability**

You will be considered totally and permanently disabled if, after considering medical and other evidence, we find you fit into any of the following three categories:

1. You have suffered the loss of either:
  - two limbs, or

- sight of both eyes, or
  - loss of one limb and loss of the sight of one eye (a limb is defined as being the whole hand or whole foot), or
2. You have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation, or any gainful occupation for which you are reasonably qualified; and provide Citiinsurance with sufficient proof regarding your incapacity to work.
3. As a Homemaker you are totally and permanently disabled if;
- You suffer an injury or illness at a time when you had been engaged full time in normal domestic duties in your own home for more than six months, and
  - You have been unable to perform any normal domestic duties because of the injury or illness for a continuous period of at least six months, and after consideration of medical and any other evidence the insurer believes, that you are incapacitated to such an extent that you are unlikely ever to be able to perform normal domestic duties and engage in any occupation for which you are suited by education, training or experience.
  - "Normal domestic duties" are the duties performed by a person who remains at home and is not working in regular employment for income. These normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and when applicable, caring for children.

If your TPD claim is based on the second or third category of the Total and Permanent Disability definition, the benefit we pay will be the TPD sum insured on the first day of the six (6) consecutive months of your absence from your occupation, or normal domestic duties.

**Continuation Benefit**  
**- Total and Permanent Disability**  
**- Trauma Option**

If we have not already paid a TPD benefit, on the annual renewal date after your 65th birthday, or a Trauma

Benefit on the annual renewal date after your 70th birthday, your cover under these options will switch to the following definition.

We will pay your TPD or Trauma sum insured if, before your first annual renewal date after your 99th birthday, because of injury or illness you become permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed:

- Bathing - to shower or bathe;
- Dressing - to dress or undress;
- Toileting - to use the toilet including getting on and off;
- Feeding - to eat and drink;
- Mobility - to get out of bed or chair or wheelchair; or
- Continence - to control bladder and bowel function.

Please note: If you can perform the activity on your own by using special equipment you will not be considered unable to perform that activity.

If a TPD benefit is paid, your life cover sum insured (if higher than the TPD sum insured) will be reduced by the amount paid for your total and permanent disability and the remainder will be paid upon your death.

**Trauma Option**

If you take out the Trauma option, we will pay the trauma sum insured if any of the events listed below occur;

| Insured Events           | Immediate cover | 3 month waiting period* |
|--------------------------|-----------------|-------------------------|
| Accidental HIV Infection | ✓               |                         |
| Alzheimer's Disease      | ✓               |                         |
| Aplastic Anaemia         | ✓               |                         |
| Benign Brain Tumour      | ✓               |                         |
| Blindness                | ✓               |                         |
| Cardiomyopathy           | ✓               |                         |
| Chronic Liver Failure    | ✓               |                         |
| Chronic Lung Failure     | ✓               |                         |

Continued on following page

Continued from previous page

| Insured Events                 | Immediate Cover | 3 month waiting period* |
|--------------------------------|-----------------|-------------------------|
| Chronic Renal Failure          | ✓               |                         |
| Coma                           | ✓               |                         |
| Coronary Artery Bypass Surgery |                 | ✓                       |
| Coronary Artery Angioplasty**  |                 | ✓                       |
| Diplegia                       | ✓               |                         |
| Encephalitis                   | ✓               |                         |
| Heartattack                    |                 | ✓                       |
| Hemiplegia                     | ✓               |                         |
| Loss of Hearing                | ✓               |                         |
| Loss of Independent Existence  | ✓               |                         |
| Loss of Speech                 | ✓               |                         |
| Major Head Trauma              | ✓               |                         |
| Major Organ Transplant         | ✓               |                         |
| Malignant Cancer               |                 | ✓                       |
| Motor Neurone Disease          | ✓               |                         |
| Multiple Sclerosis             | ✓               |                         |
| Muscular Dystrophy             | ✓               |                         |
| Open Chest Surgery             |                 | ✓                       |
| Paraplegia                     | ✓               |                         |
| Parkinson's Disease            | ✓               |                         |
| Primary Pulmonary Hypertension | ✓               |                         |
| Quadruplegia                   | ✓               |                         |
| Severe Burn                    | ✓               |                         |
| Stroke                         |                 | ✓                       |

## Key Features Statement

The Trauma sum insured is the amount selected by you in your application, up to a maximum of the life cover sum insured.

If we pay a trauma benefit under your policy, no further Trauma benefit will be payable in respect of the same person and that Trauma option will end.

The payment of a Trauma benefit will not affect the sum insured for any other benefit under the policy.

No Trauma benefit will be payable if after diagnosis, the insured person is unable to survive for 14 days, however, the death benefit may be payable.

### Policy Exclusions

For LifeTime Term Life Insurance there will be no entitlement to a death benefit if the person insured commits suicide within the first 13 months of the commencement or reinstatement date.

If you have chosen the Trauma option the exclusions are limited to trauma events arising out of or in connection with Self-inflicted injury or any other event referred to in your policy as a special condition.

### What are the charges?

**All the charges of the plan are fully described in this section. Citiinsurance undertakes not to apply any other charges without specific consent.**

There is an annual policy fee of \$50, which covers our administrative costs. If we increase this fee, it will be in line

\* No payment will be made for these conditions if the insured event occurs within 3 months of the commencement or reinstatement date of the policy. If one of these insured events occurs after the 3 months period and it is not related to the first occurrence, a benefit will then be paid. The 3 month waiting period will not apply where this policy is replacing an existing policy that covered the same events and had been in place for at least 3 months. Note that the 3 month waiting period will only be waived for a sum insured level equal to or less than the sum insured level under the replaced contract for insurance.

\*\* To be entitled to a benefit for coronary artery angioplasty you must have a minimum sum insured of \$100,000. Payment under this benefit will be limited to 10% of your sum insured, up to a maximum of \$25,000. Your sum insured under the Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty.

with inflation and will apply from your next annual renewal date. If you choose to have a second person insured under this policy, only one annual fee will be charged (see page 2 for details about including a second person).

If you choose to pay your premium monthly, there is a processing fee of 6% of your total premium per annum. For half yearly payments, the processing fee is 3% of your total premium per annum.

If we decide to alter any of the fees and charges which apply to this insurance, we will give you at least three months written notice.

### Taxation

Under most circumstances, lump sum payments to individuals are not assessable for income tax purposes, and premiums are not tax deductible. However, premiums may be tax deductible where the insurance is for business purposes.

This information is based on our interpretation of the present laws. These laws may change; and as individual circumstances may differ, you should seek advice from a suitably qualified professional in relation to your particular circumstances.

GST does not apply to your LifeTime Insurance premiums. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST.

### Cooling-off period

After you receive your Policy Document and Policy Schedule, you have 14 days to decide if the insurance really meets your needs. This is known as the "cooling-off" period.

During this time you may cancel the insurance simply by writing to us and returning the documents. We will then refund the premium and the administration fee you have paid. There will be no charges.

### Information about Your Insurance

After we have accepted your application for LifeTime Insurance, we will send you a Policy Document and Policy Schedule containing information about your policy and the options you have selected. Please ensure that these documents are read carefully.

We will also send you a notice each year telling you the amount of your indexed sum insured, the new premium and annual policy fee you need to pay to maintain this level of cover.

If you have any questions or complaints concerning your **LifeTime Insurance**, please call us on **1300 134 669**.

We will work with you to resolve your concerns. You may also wish to write to us.

#### Our Postal Address is:

The Resolutions Manager  
LifeTime Insurance  
Citiinsurance  
GPO Box 4528  
SYDNEY NSW 2001

#### Our Business Address is:

Citiinsurance  
2 Park Street  
SYDNEY NSW 2000

If you are still not satisfied with how we respond to your complaint, you can contact the **Financial Industry Complaints Service** which will then investigate the matter.

Their telephone numbers are:  
**(03) 9629 7050 or 1800 335 405 (toll free)**

#### Their address is:

The Manager  
Financial Industry Complaints Service  
31 Queen Street  
MELBOURNE VIC 3000

The Financial Industry Complaints Service is an independent and impartial body.

**For the purposes of this brochure any reference to 'you' assumes you are both the life insured and the policy owner.**

**Minimum age at entry:**

Death & Terminal Illness - 16 Next Birthday  
 Total & Permanent Disability Option - 16 Next Birthday  
 Trauma Option - 16 Next Birthday

**Maximum age at entry:**

Death & Terminal Illness - 79 Next Birthday  
 Total & Permanent Disability Option - 64 Next Birthday  
 Trauma Option - 64 Next Birthday

**Benefit Payments**

The sum insured will be paid to the policy owner, or if you are both the life insured and the policy owner to your estate upon your death, or if you suffer one of our listed trauma conditions (if you have selected Trauma cover).

**Maximum Insurable Ages**

We will renew your cover for death, terminal illness and trauma up to your annual renewal date after your 99th birthday and your cover for total and permanent disability up to your annual renewal date after your 99th birthday.

**Multiple Lives**

Provision can be made for up to 2 people to be insured under the one policy. Only one policy fee of \$50.00 applies.

**Guarantee of Immediate Cover**

Immediately upon receipt of a completed application, the first premium or your authority to deduct premiums from a nominated account or credit card, you are covered against death by accident prior to acceptance or rejection of your application, for up to 90 days. Cover is for your requested sum insured.

**Cancellations**

You may cancel your insurance at any time by giving notice in writing to Citiinsurance. Such cancellation will be effective from the next premium due date and there shall be no entitlement to a rebate of premium.

Your insurance may be cancelled by us at any time if the premium or any instalment of premium has not been paid within 30 days of its due date.

**Medical Requirements**

A Medical Exam by the Life Insured's Doctor will be required where:

**Term Life**

- the life insured is 61 years of age and over; or
- the life insured is 56 years of age and over and requests cover over \$100,000; or
- the life insured is 51 years of age and over and requests cover for over \$250,000.

**Trauma**

- the life insured is 51 or over and requests cover for over \$100,000; or
- the life insured is 61 years of age or over.

Further medical tests may also be required at the discretion of Citiinsurance.

**How to Apply**

Application for LifeTime Insurance can only be effected after completion of the current application form contained within this Customer Information Brochure. This Customer Information Brochure is for the general public and provides information of a general nature outlining the benefits and conditions of this policy. The policy wording explaining the benefits, definitions and exclusions are available on request.

The information contained in this Customer Information Brochure is only current until the expiry date and must not be used after that date. Any applications received on an expired form will not be accepted.

**Guarantee of Upgrade**

If features of this product are enhanced in future, your policy will be automatically upgraded to reflect these enhancements. This will occur on your policy anniversary date.

**Claims**

If you make a claim under this policy we may conduct investigations to assess the value and validity of the claim. This may involve the use of investigation agents, legal advisors and the collection of personal data that Citiinsurance may collect.

**Privacy Statement**

This Privacy statement explains the purposes of collection, the uses and disclosures of your personal information.

**1. Purposes of collection**

We will only collect personal information necessary for the product/service. The information we collect from you on the insurance application form and related attachments and which we acquire from you or other people during the course of managing your policy is required for us to process your application, assess the risk, issue the policy, assess claims, administer the policy and to deliver the benefits of the product to you and to us. We store information about you in databases which may be maintained outside Australia. With your consent, we may share information with other Citigroup companies so that they can advise you of other products, services and special offers that may be of interest or benefit to you.

| To:   | For:   |
|---|--|
| Mailhouses  | Statement production and other mail related services                             |
| Administration Services   | Data entry and data processing, account maintenance documentation and settlement |
| Market research   | Product development, planning, risk assessment and modelling                     |
| Investigators, medical attendants, professional & financial advisors, other insurers and reinsurers | Assessing your application, underwriting and claims assessment                   |
| Insurance industry bodies   | Claims matching and cross referencing  |
| Organisations wishing to acquire an interest in any part of Citibank's business                     | Assessment of any proposed acquisition   |

**2. Organisations to whom information may be disclosed**

We may disclose your information on a confidential basis to unrelated organisations for the purposes set out on the left.

**3. Any law that requires the particular information to be collected**

We are required by law to collect certain information in order to provide life insurance, for example, under the Insurance Contracts Act. Financial information is also required under the Income Tax Assessment Act for some types of insurance.

**4. Main consequences of not providing the information.**

If we are unable to collect all the information requested in the insurance application process, or requested during the currency of the policy, we may be unable to provide, or to continue to provide, the insurance or process a claim.

**Your Privacy Preferences**

If you have not indicated that you wish to opt out of marketing communications, you authorise us to share information about you (including your dealings with us) for marketing purposes with other Citigroup companies. The nature of the products, services and offers which Citigroup companies may inform you about are as follows:

- Credit cards, personal loans, home loans, specialist banking services
- Insurance and investment products, including deposits, life insurance, superannuation and investment funds
- Charge card services
- Investment services, including share purchases, margin lending, financial planning
- You may choose to opt out by including your preferences on the application form.

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For enquiries call  
**1300 134 669**  
(Monday to Friday 8.00am to 6.00pm EST)

[www.citibank.com.au](http://www.citibank.com.au)

 **citi**insurance

Citicorp Life Insurance Limited ABN 75 004 274 882  
2 Park Street, Sydney NSW 2000  
Citibank Pty Limited ABN 88 004 325 080

Lifetime Insurance Application Form

Before you sign this Application Form, be aware that Citiinsurance or your adviser is obliged to have provided you with a Customer Information Brochure containing a summary of the important information in relation to the product you are applying for. This information will help you to understand the product and to decide whether the product is appropriate to your needs.

Issued 1 October 2002 Expires 30 September 2003

Mail to: Citiinsurance, GPO Box 4528, SYDNEY NSW 2001

**First Life Insured**

Miss  Ms  Mrs  Mr  Dr  Other

Surname  First Name  Initial

Street

Suburb/Town/City  State  Postcode

Telephone  /  /  Age Next Birthday

Height  cm  ft  ins  Weight  kg  lbs

Occupation

Please describe exact nature of duties

**Second Life Insured**

Miss  Ms  Mrs  Mr  Dr  Other

Surname  First Name  Initial

Street

Suburb/Town/City  State  Postcode

Telephone  /  /  Age Next Birthday

Height  cm  ft  ins  Weight  kg  lbs

Occupation

**Details of the Policy Owner**

Miss  Ms  Mrs  Mr  Dr  Other

Surname or Company Name and ABN  First Name  Initial

Street

Suburb/Town/City  State  Postcode

Relationship to the Insured

**Sum Insured, Premium and Payment Method**

|                            |                                   |                                       |  |
|----------------------------|-----------------------------------|---------------------------------------|--|
| <b>Sum Insured Premium</b> | Life Cover                        | TPD                                   | Trauma                                       |
| First Life Insured         | \$ <input type="text"/>           | \$ <input type="text"/>               | \$ <input type="text"/>                      |
| Second Life Insured        | \$ <input type="text"/>           | \$ <input type="text"/>               | \$ <input type="text"/>                      |
| <b>Payment</b>             | <input type="checkbox"/> Cheque   | <input type="checkbox"/> Direct Debit | <input type="checkbox"/> Credit Card         |
|                            | <input type="checkbox"/> Annually | <input type="checkbox"/> Half Yearly  | <input type="checkbox"/> Monthly             |
| <b>Frequency</b>           |                                   |                                       | Policy Fee \$ 50.00                          |
| <b>Adviser Details</b>     |                                   |                                       | \$ <input type="text"/> <b>Total Premium</b> |

Adviser Group  Adviser Number

**Commission Options**

A1  A3  A5

A2  A4  B1

Mail to: Citilife Insurance, GPO Box 4528, SYDNEY NSW 2001

| Personal Statement  |  |  |  | First Insured  | Second Insured   |
|---|--|--|--|--|--|
| These questions must be answered by the First & Second Insureds   |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 1. Have you any intention to engage in aerial travel other than as a fare paying passenger, or in pursuits or pastimes considered hazardous by the average person, e.g. motor racing, hang gliding, rock climbing?  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you ever had or do you now have any disease or disorder of the heart, lungs, stomach or bowels, kidney, liver, nervous system, or any disorder of the back or neck or disorder of the joints, muscles or connective tissues; or high blood pressure, diabetes, cancer, tumour or growth of any kind, stroke, epilepsy, mental or nervous disorder; or any other departure from good health? |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Do you have any physical defects, impaired sight or hearing?   |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has a proposal for Life, Accident, or Sickness Insurance on your Life ever been declined, deferred or withdrawn from any company or accepted with a loading or otherwise, than as submitted?   |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you received attention from a hospital, clinic or specialist, including any blood test, in the last five years?   |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Have you ever received medical advice, counselling or treatment in connection with AIDS, any HIV disorder or an AIDS related disorder?   |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Are you aware of any circumstances which make you more susceptible than normal to contracting AIDS, any HIV disorder or an AIDS related disorder?  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. During the last 12 months have you smoked tobacco or any other substance in any form? Please specify type and amount?  |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Has your mother, father, or any sister or brother had cancer, diabetes, Huntington's disease, stroke, heart problems, poly cystic kidney or mental disorder prior to age 60 or any other hereditary disease?   |  |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you have answered 'Yes' to any of the questions please provide FULL DETAILS in section provided below. Too little information may only delay acceptance. If the space is insufficient please attach a page showing further details.

| Full Details         |                   |                       |                                      |                      |                    |
|----------------------|-------------------|-----------------------|--------------------------------------|----------------------|--------------------|
| Name of Life Insured | Name of Condition | Duration of Condition | Name & Address of Doctor or Hospital | Details of Treatment | Degree of Recovery |
|                      |                   |                       |                                      |                      |                    |
|                      |                   |                       |                                      |                      |                    |
|                      |                   |                       |                                      |                      |                    |
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|                      |                   |                       |                                      |                      |                    |
|                      |                   |                       |                                      |                      |                    |

**Doctors Details**

Doctor's Name

Doctor's Address

Date and Reason for Last Consultation

**Duty of Disclosure**

**INSURANCE CONTRACTS ACT, 1984**

**Your Duty of Disclosure**

Before you enter into 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, 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 vary or reinstate a contract of life 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 business, ought to know; 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 entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but 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. **Please note that your Duty of Disclosure continues until a Policy has been issued.**



Direct Debit Request Form

Your Authority to Citicorp Life Insurance

I/We  (Given Name or ABN/ARBN)

(Surname or Company Business Name)

(Surname or Company Business Name)

(Surname or Company Business Name)  (Given Name or ABN/ARBN)

authorise Citicorp Life Insurance Limited (the User) (User ID No. 11238) to instruct the Financial Institution described below to debit my/our account, as described in The Schedule, any amount which you may charge me/us in accordance with the Application Form.

Customer Address

Bank/Financial Institution

Signature  X Signature  X

Date  /  /  Date  /  /

Full name of Account (Account Holder)

Address

Account Type  Cheque  Non-Passbook Savings

Bank/State/Branch No.

Account/Member No.

**If paying by Credit Card:**  Mastercard  Visa Card  Bankcard  Diners

Cardholder Name  Card Expiry Date

Card Number  X  -  -

**Application Declaration**

Did you provide all the information requested by your Life Insurance Adviser to form the basis of a complete fact find and needs analysis?  Yes  No  
 Did you elect to purchase this policy based on the recommendation of your Life Insurance Adviser?  
 Yes  No

I understand that by answering NO to either of the above questions, or i/where I elected to receive advice about a limited range of products, or ii/where I received no advice or no fact find was undertaken, I may risk making a financial commitment to a life policy which may not be appropriate to my needs and objectives.

**Declaration of the Policy Owner**

My decision to apply for this insurance is based on the material in the Customer Information Brochure (expiry date 30 September 2003) which I have received, and my understanding of the information, including the Key Features Statement and the Duty of Disclosure. I understand that the insurance applied for will not become effective unless and until this Application for the insurance is accepted by Citilifeinsurance. I hereby declare that all statements made in this Application are complete and accurate.

**Signature of Policy Owner**

X

Date / /

**Declaration of the Life Insured**  
 I/We declare that the information given in this Application Form is complete and correct and information relevant to the insurance risk has not been omitted or withheld. I/We authorise any medical practitioner, hospital or clinic to provide Citilifeinsurance with the information that relates to my/our medical history. A photocopy of this declaration should be as valid an authority as the original.

**Privacy Declaration**

I have read and understood the privacy statements in this application form and agree to the collection, use and disclosure of personal information as described in those statements. Where I have provided information about any other individual, I will make that individual aware of the provisions of the privacy statements.

**Signature of the First Insured**

X

X

**Signature of the Second Insured**

Date / /

Date / /

**Customer Advice Record - Client Acknowledgement**

This declaration is to be completed only when the Life Insurance Adviser is an ASIC Licensed Security Dealer or proper authority holder of such a Dealer. The Dealer must be formally authorised by Citilifeinsurance to retain the Customer Advice Record on behalf of Citilifeinsurance and the Customer Advice Record must have been provided to the applicant at or prior to completion of this application form.

I have provided and have retained a copy of the Customer Advice Record as prepared by the Life Insurance Adviser, relating to advice given on, date / / .

Policy Owner's Signature

Date / /

Policy Owner's Name

Financial Adviser's Signature

Date / /

Financial Adviser's Name

If a copy of the Customer Advice Record has NOT been provided to the applicant at or prior to completion of this application, a signed client acknowledgement will need to be provided separately once the Customer Advice Record has been provided.

**Marketing Opt-Out**

Citilifeinsurance will keep you informed about other products, services and special offers that may be of interest to you. However, if you do not wish these other offers to be communicated to you please indicate below.

Do Not Mail:  Do Not Phone:

**If you have selected to pay your premiums by direct debit or credit card, please complete the Direct Debit Request overleaf (page 17).**