

Your Life



Product Disclosure Statement

Issued: 7 October 2004

Issued by: Citicorp Life Insurance Limited ABN 75 004 274 882 AFSL No. 238096 and Citicorp Investments Limited ABN 40 004 819 434 AFSL No. 238097

Trustee: Citicorp Investments Limited ABN 40 004 819 434 AFSL No. 238097

Fund: Citicorp Retirement Fund

Life Insurer: Citicorp Life Insurance Limited ABN 75 004 274 882 AFSL No. 238096

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. The products are not bank deposits or obligations of or guaranteed by Citibank, N/A, Citigroup Inc, or any of its affiliates or subsidiaries (other than the relevant issuer).

This is the Product Disclosure Statement (PDS) for the **Your Life** insurance plan, which comprises the following policies.

Term Life Insurance

Information about Term Life Insurance
Information common to all Your Life policies

Pages 2 to 5
Pages 1 and 13 to 23

LifeCare Trauma Insurance

Information about LifeCare Trauma Insurance
Information common to all Your Life policies

Pages 6 to 9
Pages 1 and 13 to 23

Term Life (under the Citicorp Retirement Fund)

Information about Term Life (under the Citicorp Retirement Fund)
Information common to all Your Life policies

Pages 10 to 12
Pages 1 and 13 to 23

This Product Disclosure Statement provides general information about the benefits and other conditions of each policy. This PDS has been prepared without taking into account any individual circumstances. You should consider whether this insurance is suitable for you, taking into account your individual financial circumstances, needs and objectives.

The policy terms and conditions for each policy contains the terms and conditions governing the products, including benefits, definitions and exclusions. This is available upon request.

This PDS contains important information about the **Your Life** policies and it will help you to;

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

Your Life 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 policy at any time, you will not get anything back.

Who is the Insurer?

The issuer of the Term Life and LifeCare Trauma Insurance policies is Citicorp Life Insurance Limited (CitiInsurance), who is also the issuer of the Product Disclosure Statement (PDS) for these products.

If you choose to effect a Term Life policy through the Citicorp Retirement Fund (CRF), the Term Life Policy is issued by CitiInsurance to the Trustee of the CRF, who is Citicorp Investments Limited (ABN 40 004 819 434), in respect of your life. In order to do this, you must become a member of the CRF. Before applying to become a member of the CRF, you should read the PDS relating to Term Life (under the Citicorp Retirement Fund) which can be found in this brochure and is issued by Citicorp Investments Limited.

The contact details of each issuer are:

Citicorp Life Insurance Limited
ABN 75 004 274 882 AFSL No. 238096

2 Park Street
Sydney NSW 2000

Citicorp Investments Limited
ABN 40 004 819 434 AFSL No. 238097

2 Park Street
Sydney NSW 2000

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

The obligations of CitiInsurance are not guaranteed by Citibank Pty Limited, nor any other member of Citigroup.

Your Life is issued from the No.1 Statutory Fund of CitiInsurance.

The invitation to apply for this policy is only made to people receiving this PDS in Australia. It is not made, directly or indirectly, to people in any other country.

In this PDS, references to "we", "our", "us" and "CitiInsurance" are references to Citicorp Life. References to "you" are references to the policy owner or the life insured, as the context requires.

CitiInsurance is a wholly owned subsidiary of Citibank Pty Limited and part of the Citigroup Inc. (Citigroup) Global Financial Services Organisation. The issuers are related bodies corporate and will remain so for as long as the policies are offered and issued under this PDS. Citigroup (NYSE: C), the pre-eminent global financial services company has some 200 million customer accounts and does business in more than 100 countries, providing consumers, corporations, governments and institutions with a broad range of financial products and services, including consumer banking and credit, corporate and investment banking, insurance, securities brokerage, and asset management. Major brand names under Citigroup's trademark red umbrella include Citibank, CitiFinancial, Primerica, Smith Barney, Banamex, CitiInsurance and Travelers Life and Annuity. Additional information may be found at www.citigroup.com

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For the purpose of Term Life Insurance and LifeCare Trauma Insurance;

'Premiums' refers to contributions made by you which we apply as premiums (and charges as relevant) under the policy;

'we', 'us', 'our', 'CitilInsurance' or 'the insurer' refers to Citicorp Life Insurance Limited; and

'you' assumes you are both the life insured and the policy owner.

For the purposes of Term Life (under the Citicorp Retirement Fund);

'Citicorp Life' refers to Citicorp Life Insurance Limited, who acts as agent and insurer to the Fund;

'Fund' refers to the Citicorp Retirement Fund;

'Members' refers to members of the Citicorp Retirement Fund;

'Trustee' refers to Citicorp Investments Limited;

'we', 'us', 'our', 'the insurer' or 'CitilInsurance' refers to Citicorp Life Insurance Limited; and

'you' or 'your' refers to you as a member of the Citicorp Retirement Fund; and

Where certain words have a specific meaning as defined in the Policy Terms, those words will have the same meaning in this document.

An application for insurance under any of the Your Life policies described in this document must be made on the application form contained in the current PDS. Your application is subject to acceptance by CitilInsurance, who may accept or decline your application or accept on special conditions.

Term Life, LifeCare, and Term Life (under the Citicorp Retirement Fund) are presented in this PDS for your convenience, however policies may be purchased individually.

About Term Life Insurance

Term Life Insurance can provide financial assistance for you and/or your family by paying a lump sum in the event of your death or on diagnosis of a terminal illness.

By providing a lump sum benefit, this insurance policy can provide financial protection to assist your family meet debts such as mortgages, education costs, leases, overdrafts and day-to-day expenses that flow from the loss of your income.

If you have selected the TPD option a lump sum is also payable if you become totally and permanently disabled.

Term Life Insurance protects you 24 hours a day, anywhere in the world. Provided the required premium and policy fees are paid when due, we guarantee to continue your cover until your annual renewal date after your 99th birthday.

What are the significant benefits?

Death and Terminal Illness (life cover)

Your **Life** cover Sum Insured (which is set out in your Policy Schedule) is the amount we will pay if you die or are diagnosed as terminally ill while your Term Life Insurance cover is current. We will pay the agreed life cover Sum Insured to the policy owner. If you are both the life insured and the policy owner, on your death, the life cover Sum Insured will be paid to your estate or any nominated beneficiaries. If you have been diagnosed as terminally ill, we will pay the agreed life cover Sum Insured or \$2.5 million whichever is the lesser. Any remaining amount will be paid on death or on total and permanent disability (if you have selected this option). You will be considered terminally ill under this policy if you are diagnosed as having less than 12 months to live.

Advance Funeral Benefit

The Advance Funeral Benefit will provide a cash advance of \$10,000 to assist with costs associated with funerals or other similar expenses upon presentation of proof of age and a death certificate. The Sum Insured benefit payable will then be reduced by that amount.

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 you become totally and permanently disabled (as defined below and overleaf). The TPD Sum Insured you choose must be equal to, or less than, the life cover Sum Insured you have selected, up to a maximum of \$2.5 million.

Single Pay TPD Option

If you become totally and permanently disabled, we will pay your TPD Sum Insured. If a TPD benefit is paid,

your life cover Sum Insured (if higher than your TPD cover Sum Insured) will be reduced by the amount paid for your Total and Permanent Disability and any remainder will be paid upon your death if this occurs while your life cover is in force. Premiums will be reduced to reflect the lower life cover Sum Insured. If your TPD is equal to your life cover Sum Insured and a TPD benefit is paid, your policy ceases.

Double Pay TPD Option

For an additional premium amount, you can select cover for total and permanent disability under our double pay option. Under this option, if you become totally and permanently disabled we will pay your TPD Sum Insured without affecting your life cover. Then upon your death, we will pay your life cover Sum Insured. The premiums for your life cover Sum Insured are automatically waived after a payment for TPD, until your death or you turn 60, whichever comes first.

The Double Pay TPD option ceases on the first annual renewal date after your 65th birthday, after which time any TPD claim will be assessed under the Total and Permanent Disability Continuation Benefit (see page 3).

Definition of Total and Permanent Disability

You will be considered totally permanently disabled if, after considering medical and/or other evidence, we find you fit into the first category below or, subject to the category of cover you choose, the second, third or fourth category below, before the first annual renewal date after your 65th birthday:

1. You have suffered the loss of use of:

- two limbs*, or
- sight of both eyes, or
- one limb and loss of the sight of one eye.

* (a limb is defined as being the whole hand or whole foot).

2. **Any Occupation** If you choose this category you must:

- 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, and you are unlikely to be able to perform any gainful occupation for which you are reasonably qualified; and
- provide us with sufficient medical and/or other evidence regarding your incapacity to work.

3. **Own Occupation** If you choose this category you must:

- 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;

- have been engaged in this occupation, and not employed in another occupation, at the time of the injury or illness that prevents you from working; and
- provide us with sufficient medical and other evidence regarding your incapacity to work.

The Own Occupation category is only available to White Collar Professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'own occupation definition' you must be working in a position directly related to your qualifications for at least 12 months prior to a claim. To find out if you fit into this category you can contact us on [1300 134 669](tel:1300134669).

4. Homemaker (you are wholly engaged in full time unpaid domestic duties in your own residence) and:

- As a result of illness or injury you are under the care of a medical practitioner and are unable to:
 - perform normal domestic duties;
 - leave your home unaided; or
 - be engaged in any employment for a period of six consecutive months; and

at the end of the period of six months, you are disabled to such an extent as to render you likely to require ongoing medical care and deemed never again able to perform Normal Domestic Duties nor any occupation.

"Normal Domestic Duties" are the duties normally 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, third or fourth category of the definition of Total and Permanent Disability the benefit will be the TPD Sum Insured applying on the first day of the six (6) consecutive months of absence from employment or occupation, or Normal Domestic Duties.

Total and Permanent Disability Continuation Benefit

If we have not already paid a TPD benefit, on the annual renewal date after your 65th birthday your cover under the Total and Permanent Disablement option will switch to the following definition:

We will pay your TPD Sum Insured if, before the first annual renewal date after your 99th birthday, because of injury or illness you become permanently unable to perform 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 below:

- 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
- Contenance - to control bladder and bowel function.

Please note: If you can perform the activity on your own by using special equipment you will be considered to be able to undertake 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 if this occurs while your life cover is in force. Premiums will be reduced to reflect the lower life cover Sum Insured.

Waiver of Premium Option

This is an alternative to taking out the TPD option. Under the Waiver of Premium Option, when you have been absent from your occupation for six months due to injury or illness, and you meet the definition of total and permanent disability (see pages 2 & 3) we will waive all your future premiums until you return to work, or when you reach your first annual renewal date after your 65th birthday, whichever comes first. This benefit will expire on your death in which case your life cover Sum Insured will be paid.

Guaranteed Benefit Increase Option

This option allows you to increase your life cover Sum Insured at specified times without needing to satisfy any additional medical requirements.

This option must be requested either at the time you apply for your cover, or within 30 days of the commencement of your policy.

You can apply for an increase following the occurrence of the events listed below:

- marriage;
- the birth or adoption of a child;
- taking out a mortgage or increasing an existing mortgage;
- your 3rd, 6th, 9th, and 12th policy anniversary dates; or

Business events:

- If the insured is a 'Key Person' in a business and their value to the business increases, as determined by a professionally qualified and practising accountant.

“Key Person” is a partner, shareholder, unitholder, or a similar principal in a business and this policy forms part of a written “buy/sell” share purchase or business succession agreement and the value of the insured’s financial interest in the business increases, determined as above.

The minimum increase per event is \$25,000.

The maximum increase per event is the lowest of:

- \$80,000; or
- 50% of the original Sum Insured; or
- the amount of the new mortgage or the increase in your current mortgage (if using special event increase option in relation to the mortgage).

The maximum overall increase allowable in total under the Guaranteed Benefit Increase option is \$250,000 or the original Sum Insured, whichever is the lower.

To be eligible for increases under this benefit you must be under age 55 at the time of the event and you must request the increase within 90 days of the actual event occurring.

ChildCare Option

ChildCare is an insurance option that allows you to insure your children between the ages of 1 and 16. If you select the ChildCare option, CitiInsurance will pay \$50,000 for an insured child who suffers any of the eligible events as listed below.

If while the Term Life Insurance policy is in force:

- any Child Insured suffers from Diplegia, Hemiplegia, Loss of Hearing, Loss of Speech, Meningitis, Paraplegia, Quadriplegia, Major Head Trauma, Severe Burns or Blindness, is first found to have Chronic Renal Failure, Encephalitis, Cardiomyopathy, Chronic Liver Failure, Primary Pulmonary Hypertension, Chronic Lung Failure, Multiple Sclerosis or Aplastic Anemia or undergoes Major Organ Transplant Surgery, or falls into a Coma; or
- any Child Insured is first found to have Malignant Cancer, undergoes Coronary Artery by-pass Surgery or Open Heart Surgery or first had a Heart Attack or Stroke at any time after three (3) months after the Commencement Date or the date of reinstatement,

then we will pay the amount of \$50,000.

A maximum of four children can be covered under each Term Life Insurance policy. Any one child cannot be insured under more than one policy. Death cover and the Total and Permanent Disability options are not available for children covered by the ChildCare option. The payment of a ChildCare benefit will not

affect the existing cover of any remaining insured persons. However, the payment of a Term Life benefit that results in the termination of insurance cover under your policy will cause any ChildCare cover to cease immediately.

ChildCare Cover ceases

When a child reaches age 16, his or her cover ceases under the ChildCare option. However, CitiInsurance guarantees to cover the child for up to \$50,000 under a standard LifeCare Trauma Insurance policy. The child will not be required to undergo any medical assessments (underwriting).

The premium rate applied to the new policy will be our then current LifeCare Trauma Insurance policy rates, plus any loadings applied under the ChildCare option to that child.

This cover must be requested in writing and the premium paid within 30 days of the child turning 16.

As ChildCare cover is an option. If your policy is terminated or comes to an end for any reason, all ChildCare options will cease at that time.

Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries (or to the Policy Owner’s estate if there are no beneficiaries nominated).

Maximum Insurable Ages

We will continue your cover for death, terminal illness or total and permanent disability (if applicable) up to your first annual renewal date after your 99th birthday provided premiums are paid when due.

Exclusions

No benefit will be payable under the Term Life Insurance policy if the life insured commits suicide within the first 13 months of the commencement or reinstatement date.

Amount of cover

You select the amount of cover in your application form. If we accept your application, you will be issued with a Policy document and Policy Schedule. The amount of cover shown in the Policy Schedule you receive after we have issued the [Your Life](#) policy to you is called your Sum Insured.

Increasing your cover

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

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your Sum Insured each year, in line with any increases in the CPI, unless you elect otherwise.

CPI increases are available each year until your policy expires but are not available where the Sum Insured is greater than \$10 million.

About LifeCare Trauma Insurance

LifeCare Trauma Insurance can provide financial assistance for you and your family in the event that you suffer a major illness or a serious accident. We will pay you a lump sum if you suffer one of our listed insured trauma conditions or procedures. You select the amount of cover to a maximum of \$1.5 million and this is called the trauma Sum Insured. The list of Insured Trauma Events are outlined in the table below.

You can also extend your cover under this policy by selecting cover to protect you in the event of death, diagnosis of a terminal illness, or total and permanent disability. If any of these events occur, we will pay the agreed Sum Insured for that particular event.

What are the significant benefits?

Insured Trauma Events

If you take out LifeCare Trauma Insurance, we will pay the trauma Sum Insured, up to a maximum of \$1.5 million, if any of the events listed occur, subject to any waiting period applicable and any conditions that apply. You will find the definitions of the "Insured Trauma Events" on pages 20 to 22 of this brochure.

No LifeCare Trauma benefit will be payable if after diagnosis you do not survive for 14 days. A death benefit may be payable if you choose the LifeCare - Term Life option.

If we pay your trauma Sum Insured and you do not have cover under the LifeCare - Term Life option or the Life Care - TPD option then insurance cover will end.

LifeCare Continuation Benefit - Continuation of Cover under Loss of Independent Existence

On your annual renewal date after your 70th Birthday, if you have not been paid your trauma Sum Insured, cover will continue under our LifeCare Continuation option (see definition below), until the first annual renewal date after your 99th birthday.

Your Sum Insured under the LifeCare Continuation Benefit must be equal to or less than your trauma Sum Insured.

A benefit will be paid under the LifeCare Continuation Benefit option if, 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 on page 7;

Insured Trauma Events

Immediate Cover For:

- Accidental HIV Infection
- Alzheimer's Disease
- Aplastic Anaemia
- Benign Brain Tumour
- Blindness
- Cardiomyopathy
- Chronic Liver Failure
- Chronic Lung Failure
- Chronic Renal Failure
- Coma
- Diplegia
- Encephalitis
- Hemiplegia
- Loss of Hearing
- Loss of Independent Existence
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Motor Neuron Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns

Immediate ChildCare Cover For:

- Aplastic Anaemia
- Blindness
- Cardiomyopathy
- Chronic Liver Failure
- Chronic Lung Failure
- Chronic Renal Failure
- Coma
- Diplegia
- Encephalitis
- Hemiplegia
- Loss of Hearing
- Loss of Independent Existence
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Meningitis
- Multiple Sclerosis
- Open Chest Surgery
- Paraplegia
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns

3 Month Waiting Period For:

- Coronary Artery Angioplasty*
- Coronary Artery Angioplasty Triple Vessel *
- Coronary Artery Bypass Surgery
- Heart Attack
- Malignant Cancer
- Open Chest Surgery
- Stroke

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 again after the 3 month 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 existing trauma cover which is an amount greater than or equal to the sum insured under this policy.

* To be entitled to a benefit for Coronary Artery Angioplasty (includes Triple Vessel) you must have a minimum trauma sum insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma 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 (includes Triple Vessel). Not available under ChildCare option.

- 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;
- Contenance - to control bladder and bowel function.

Please note: If you can perform the activity on your own by using special equipment you will be considered to be able to undertake that activity.

LifeCare Term Life Option

The LifeCare Term Life option can be taken as an extension to your LifeCare Trauma Insurance. If the life insured dies, CitilInsurance will pay the agreed LifeCare Term Life Sum Insured either to you, as the policy owner, or if you are both the policy owner and the life insured, to your estate or beneficiaries, if nominated.

Included in this option is a Terminal Illness Benefit. This means, if you are diagnosed as being terminally ill (having less than 12 months to live), we will pay the agreed Sum Insured or \$2.5 million, whichever is the lesser. Any remaining amount will be paid on the death of the life insured (if this occurs while cover remains in force), and your LifeCare Trauma Insurance policy will then end.

If you are paid a trauma benefit or a TPD benefit and the amount paid is less than your life cover Sum Insured under this LifeCare Term Life option, then the life cover Sum Insured will be reduced by the amount paid. The premiums for the LifeCare Term Life option will be reduced accordingly and any remaining life cover will be paid upon death, if this occurs while cover is in force.

LifeCare - Total and Permanent Disability Benefit Option

You also have the choice of extending your cover with the Total and Permanent Disability (TPD) option up to a maximum of \$2.5 million (the amount of cover you select can be higher than your trauma cover provided that the amount you select is equal to or less than the amount you have selected for the Term Life option).

If you become totally and permanently disabled before the first annual renewal date after your 65th birthday, we will pay the agreed TPD Sum Insured. If you are paid a trauma benefit or a benefit for terminal illness, and the benefit paid is less than your TPD Sum Insured, then your TPD Sum Insured will be reduced by any amount paid and premiums will be recalculated accordingly. Any remaining amount will be paid upon total and permanent disability (if this occurs while your cover is in force).

Definition of Total and Permanent Disability

You will be considered totally and permanently disabled if, after considering medical and/or other evidence, we find you fit into the first category below or, subject to the category of cover you choose, the second third or fourth category below, before the first annual renewal date after your 65th birthday:

1. You have suffered the loss of use of either:

- two limbs*; or
- sight of both eyes; or
- one limb and loss of the sight of one eye.

*(a limb is defined as being the whole hand or whole foot)

2. **Any Occupation** If you choose this category you must:

- 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 us with sufficient proof regarding your incapacity to work.

3. **Own Occupation** If you choose this category you must:

- have become incapacitated for six consecutive months to such an extent that you are unlikely ever to be able to perform your usual occupation again;
- have been engaged in this occupation and not employed in another occupation at the time of the injury or illness that prevents you from working; and
- provide us with sufficient proof regarding your incapacity to work.

The Own Occupation category is only available to White Collar Professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'own occupation definition' you must be working in a position directly related to your qualifications for at least 12 months prior to a claim. To find out if you fit into this category, you may contact CitilInsurance on [1300 134 669](tel:1300134669).

4. **Homemaker** (you are wholly engaged in full time unpaid domestic duties in your own residence) and:

As a result of illness or injury you are under the care of a medical practitioner and are unable to

- perform normal domestic duties;
- leave your home unaided; or
- be engaged in any employment for a period of six consecutive months; and

at the end of the period of six months, you are disabled to such an extent as to render you likely to require ongoing medical care and deemed never again be able to perform Normal Domestic Duties nor any occupation.

"Normal Domestic Duties" are the duties normally 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.

Buy-Back Option

Available only when combined with the LifeCare - Term Life option.

If you survive for 12 months from the date of the:

- diagnosis of a LifeCare trauma event; or
- payment of a TPD benefit;

we give you the option of continuing your Term Life cover, regardless of your state of health. You can choose to continue your cover for any amount up to your previous level of life cover.

The insurance will be continued using our standard Term Life Insurance policy at the then current premium rates applying to a Term Life Insurance policy.

This option ceases on the first annual renewal date after your 65th birthday.

ChildCare Option

The ChildCare Option is an insurance option that allows you to insure your children between the ages of 1 and 16. If you select the ChildCare option, CitilInsurance will pay \$50,000 for any insured child who suffers any of the eligible listed insured trauma events, as set out in the table on page 6. You will find the definitions of the Insured Trauma Events on pages 20 to 22 of this brochure.

A maximum of four children can be covered by each LifeCare Trauma Insurance policy. Any one child cannot be insured under more than one policy.

The LifeCare - Term Life and LifeCare - TPD options are not available for children covered by the ChildCare option.

The payment of a ChildCare benefit will not affect the existing cover of any remaining insured persons.

However, the payment of a benefit that results in the termination of insurance cover under your LifeCare Trauma Insurance policy will cause any Child Care cover to cease immediately.

ChildCare Cover ceases

When a child reaches age 16, his or her cover ceases under the ChildCare option. However, CitilInsurance guarantees to cover the child for up to \$50,000 under a standard LifeCare Trauma Insurance policy. The child will not be required to undergo any medical assessments (underwriting).

The premium rate applied to the new policy will be our then current LifeCare Trauma Insurance policy rates, plus any loadings applied under the ChildCare option to that child.

This cover must be requested in writing and the premium paid within 30 days of the child turning 16.

As ChildCare cover is an option. If your policy is terminated or comes to an end for any reason, all ChildCare options will cease at that time.

Bereavement Benefit

If you do not select the LifeCare - Term Life option, your cover will include a \$10,000 Bereavement Benefit should you die from any cause.

Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries, or to the Policy Owner's estate if there are no beneficiaries nominated.

Exclusions

We will not pay a benefit under the LifeCare Trauma Insurance policy if the trauma event arises out of or in connection with a Self-inflicted injury or any other event referred to in your policy as a special condition (refer to definitions - Insured Events).

If you choose the LifeCare - Term Life option, there will be no entitlement to a death benefit if the person insured commits suicide within 13 months of the commencement or reinstatement date.

Maximum Insurable Age

We will continue your cover (where applicable) up to the first annual renewal date after the ages set out below, provided premiums are paid when due.

Cover	Maximum Insurable Age
LifeCare Trauma	99 years*
Death and Terminal Illness	99 years
Total and Permanent Disability	65 years
ChildCare Cover	16 years [#]

*Cover for the listed insured Trauma Events expires on the first annual renewal date after your 70th birthday but continues under the definition of Loss of Independent Existence until the first annual renewal date after your 99th birthday.

[#]Cover under the ChildCare option ceases on the 16th Birthday of the child insured.

Amount of cover

You select the amount of cover in your application form. If we accept your application, you will be issued with a Policy document and Policy Schedule. The amount of cover shown in the Policy Schedule you receive after we have issued the LifeCare Trauma policy to you is called your Sum Insured.

Increasing your cover

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

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your Sum Insured each year (other than for the Child Care option - see page 8 of this PDS) in line with any increases in the CPI, unless you elect otherwise.

CPI increases are available each year until your policy expires but are not available where the trauma Sum Insured is \$1.5 million, the TPD Sum Insured is \$2.5 million or the life cover Sum Insured is greater than \$10 million.

**About Term Life
(under the Citicorp Retirement Fund)**

This policy provides Term Life Insurance through superannuation. When you take out Term Life (under the Citicorp Retirement Fund) you become a member of the Citicorp Retirement Fund (CRF). To be eligible to become a member of the CRF you must meet certain eligibility criteria (See Section 19 of the Application Form).

Trustee

The Trustee has been granted 'Approved Trustee' status by the Australian Prudential Regulation Authority (APRA), the prudential regulator of superannuation funds. The Trustee is obliged, by both the Trust Deed and by law, to safeguard the interests of members in the CRF. The Trustee has effected trustee indemnity insurance cover.

Trust Deed

The CRF is a trust established by and operated in accordance with a Trust Deed dated 2 September 1993 (as amended). A copy of the Trust Deed is available for inspection free of charge. If you wish to view this Trust Deed, please contact CitilInsurance on [1300 134 669](tel:1300134669).

Administrator

The Trustee has entered into an agreement with CitilInsurance, whereby CitilInsurance is appointed to administer the CRF. CitilInsurance is entitled to receive remuneration for these services. To assist in prompt administration, your contributions to the CRF are made directly to CitilInsurance and your benefits are paid by CitilInsurance. In this respect, CitilInsurance is acting on behalf of the Trustee.

Why Term Life (under the Citicorp Retirement Fund)?

Life insurance can be an inexpensive way to assist your family's financial needs in the event of your death or total and permanent disability. Term Life (under the Citicorp Retirement Fund) can be a simple and tax effective way to provide for these needs.

By providing a lump sum benefit in the event of your death, this product can provide financial help to assist your family meet debts such as mortgages, education costs, leases and overdrafts, and day-to-day expenses that flow from the loss of your income. A lump sum is also payable if you become totally and permanently disabled and the Total and Permanent Disability (TPD) option applies.

This product protects you 24 hours a day, anywhere in the world. Provided you pay the required premium and policy fees when due, we guarantee to continue your cover until your first annual renewal date after your 75th birthday (or, for TPD, until the first annual renewal date after your 65th birthday) subject to your eligibility to remain a member of the CRF as outlined in the 'Eligibility' section on page 18 of this PDS.

What are the significant benefits?

Term Life

In the event of your death, we will pay the Term Life Sum Insured to the Trustee. The Trustee will then pay the benefit in accordance with the Trust Deed. For further details of how the benefit will be paid, please see page 11 of this PDS.

Advance Funeral Benefit

The Advance Funeral Benefit will provide a cash advance of up to \$10,000 to assist with costs associated with funerals or other similar expenses upon presentation of proof of age and a death certificate. The Sum Insured benefit payable will then be reduced by that amount.

Total and Permanent Disability (TPD) Option

You can choose to extend your cover by selecting the Total and Permanent Disability (TPD) option. This option provides a payment to the Trustee if you become totally and permanently disabled (as defined below). The TPD Sum Insured you select must be equal to, or less than, the Term Life Sum Insured you have selected, up to a maximum of \$2.5 million.

Single Pay TPD Option

If you become totally and permanently disabled we will pay to the Trustee your TPD Sum Insured. If your selected TPD Sum Insured is less than your life cover Sum Insured, your life cover Sum Insured will be reduced by the amount paid for your total and permanent disability and any remaining amount (if this occurs while your life cover is in force) will be paid to the Trustee upon your death. Premiums will be reduced to reflect the lower Term Life Sum Insured.

Double Pay TPD Option

For an additional premium, you can select cover for total and permanent disability under our double pay option. Under this option, if you become totally and permanently disabled we will pay to the Trustee your TPD Sum Insured and then upon your death (if this occurs while your life cover is in force) we will pay your full Term Life Sum Insured. The premiums for your Term Life Sum Insured are automatically waived after a payment for TPD, until your death or age 60, whichever comes first.

The Double Pay TPD option ceases on your first annual renewal date after your 65th birthday.

Definition of Total and Permanent Disability

You will be considered totally and permanently disabled if, after considering medical and/or other evidence, we find you fit into the first or second category below, before the first annual renewal date after your 65th birthday.

1. You have suffered the loss of use of:

- use of two limbs*; or
- sight of both eyes; or
- one limb and loss of the sight of one eye.

*a limb is defined as being the whole hand or whole foot.

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, and you are unlikely to be able to perform any gainful occupation for which you are reasonably qualified and provide us with sufficient medical and/or other evidence regarding your incapacity to work.

If your TPD claim is based on the second category of the definition of TPD above, the benefit will be the TPD Sum Insured applying on the first day of the six (6) consecutive months of absence from employment or occupation.

Waiver of Premium Option

This is an alternative to taking out the TPD Option. Under the Waiver of Premium Option, when you have been absent from your occupation for six months due to injury or illness, and you meet the definition of Total and Permanent Disability, we will waive all your future premiums until you return to work or when you reach your first annual renewal date after your 65th birthday, whichever comes first. This benefit will expire on the earlier of your death, or the first annual renewal date after your 65th birthday.

Continuation Option - into ordinary Term Life policy

If we have not already paid a benefit under the Term Life Plan, on the first annual renewal date after your 75th birthday this policy will automatically convert to an ordinary Term Life Insurance policy providing cover for death and terminal illness, without you needing to satisfy additional medical requirements. This means that you will be the policy owner. The life cover Sum Insured under this new ordinary Term Life Insurance policy must be less than or equal to your Term Life Sum Insured under Term Life (under the Citicorp Retirement Fund) at expiry. Any special conditions that applied to your Term Life (under the Citicorp Retirement Fund) will still apply to the ordinary Term Life Insurance policy. Cover for Total and Permanent Disability will not be available at this time.

Renewability

Term Life (under the Citicorp Retirement Fund) is guaranteed to continue for as long as you can meet the 'Eligibility' criteria (Section 19 of the Application Form). If your circumstances change and you do not meet the required criteria please advise us in writing. This means that, regardless of any changes to your health, your

cover is guaranteed to continue at each renewal date upon payment of your premium when due.

The guarantee of renewal is provided by CitilInsurance. If the CRF is terminated, CitilInsurance guarantees to continue your cover in accordance with its standard policy terms. In this circumstance, you will be automatically issued an ordinary Term Life Insurance policy on the same terms as your previous Term Life policy which will be terminated. Please note that if this occurs, you will no longer be entitled to any taxation benefits which may have applied under Term Life (under the Citicorp Retirement Fund).

Payment of Benefits

The benefits payable under Term Life (under the Citicorp Retirement Fund) are payable to the Trustee.

Under superannuation laws, a benefit paid from a superannuation fund in the event of a member's death must be paid to a dependant or to the member's estate. Under the Trust Deed, the Trustee retains discretion as to which of your dependants will be paid benefits upon your death. Dependant beneficiaries are:

- your spouse (including defacto spouse)
- your children under 28 years of age, and
- any person financially dependent on you.

Whilst your wishes (as expressed by your nomination of beneficiaries on your application form) will be given due weight, the Trustee may not in all circumstances be free to follow them.

If you have no dependants at the time of death, the proceeds of your policy will be paid to your estate.

If you choose the TPD option and subsequently suffer total and permanent disablement as defined in your policy, any TPD benefit payable under Term Life (under the Citicorp Retirement Fund) will be made to the Trustee. Provided that the Trustee also agrees you are TPD, the trustee will pay the benefit from the CRF to you.

Conditions of release

The Trustee may pay all or part of your benefits when a condition of release is met. Conditions of release include:

- death or;
- your inability to continue working due to permanent incapacity.

Maximum Insurable Ages

We will continue your cover for death up to your first annual renewal date after your 75th birthday, and your

cover for TPD (if applicable) until your first annual renewal date after your 65th birthday.

Exclusions

No benefit will be payable under Term Life (under the Citicorp Retirement Fund) if you commit suicide within the first 13 months after the commencement or reinstatement date.

Amount of cover

You select the amount of cover in your application form. If we accept your application, you will be issued with a Policy Schedule. The amount of cover shown in the Policy Schedule is called your Sum Insured.

Increasing your cover

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

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your Sum Insured each year, in line with increases in the CPI, unless you elect otherwise.

CPI increases are available each year until your policy expires but are not available where the Sum Insured is greater than \$10 million.

Other Important Information about your Insurance

The following information applies to all of the Your Life policies as outlined.

What are the significant risks?

The significant risks associated with holding a **Your Life** insurance policy which you should consider include:

- your policy is not a savings plan, you will not get anything back if it is cancelled;
- If you do not comply with your duty of disclosure, we do not pay your claim, pay only part of your claim, or cancel your policy;
- If you do not comply with the policy terms and conditions (for example, premiums are not paid when due, or you have delayed in notifying us of a claim and our interests have been prejudiced by the delay), we can refuse to pay all or part of your claim;
- no claim is payable unless you can prove the extent of loss or damage.
- whether your policy will provide the cover you require. Cover may not be adequate because:
 - the amount of cover you have is more or less than you need;
 - the type of cover you require does not match the cover provided by your policy (for example, because you do not satisfy terms and conditions of cover or an exclusion applies);
- If you have selected variable premiums your premium rates are not guaranteed.

In addition to the above, the risks of taking out Term Life (under the Citicorp Retirement Fund), which you should consider, include:

- the Trustee exercises its discretion in a manner consistent with your intentions. Accordingly, your benefits may be paid to a person you did not intend a benefit to be paid to. However, the Trustee will take into consideration the beneficiaries you have nominated in your application form when making a determination;

If you have chosen the TPD Option;

- you suffer a condition which gives rise to a claim under the TPD Option;
- CitilInsurance has paid your claim to the Trustee; or
- if you have not met a condition of release,

you will not receive a benefit.

Any TPD benefit paid to the Trustee by us in these circumstances will be held for you under the CRF until you meet a condition of release (please see page 12 for details).

You should consult your adviser to assist you in determining which of the above risks are significant in your particular circumstances.

What is the cost of Your Life Policy?

All the current charges of **Your Life** policy are fully described in this section. If we decide to alter the premium rates which apply to this insurance, we will give you at least three months written notice before your premium is affected.

The premium you need to pay will depend on certain factors including your age, sex, smoking status, Sum Insured, medical history, occupation and any options you select.

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 continue your cover from this date. As long as you pay your required premium when due we guarantee to continue your cover until your annual renewal date after your 99th birthday. If you are paying by direct debit, premiums will automatically be deducted when your renewal notice is sent to you. You will be notified of the new premium amount payable for the following policy year in your renewal notice which will be sent to you at least 30 days before your annual renewal date.

If you do continue, the premium payable will be calculated each year based on certain factors including the amount of cover (including any CPI adjustment that may apply), your age and our standard premium rates at that time.

On the next page are sample premium amounts for the key benefits under a **Your Life** policy.

There are a range of options under each policy, and if you were to select these, an additional premium would be payable.

Your adviser can provide you with an illustration of the premiums for your specific circumstances based on the types of cover you require and the level of cover recommended.

Your premium may also be reduced if your adviser selects a lower level of commission.

You can also refer to the CitilInsurance Premium Guide for the full list of Premium Rates, or obtain a premium estimate by calling our Client Services team on 1300 134 669.

Examples

Premium rates are per \$1000 of cover and a \$65 policy fee applies (see page 15).

1. 40 year old Male Non-Smoker selects Term Life Cover for \$300,000.

The premium rate is 0.95

To calculate: $0.95 \times 300 = \$285 + \65

Total Premium = \$350 per annum

2. 35 year old Male Non-Smoker selects Term Life and TPD cover for \$500,000 (a 10% discount applies for Sums Insured of \$500,000 and above).

The premium rate is 0.71 for Term Life Cover
0.44 for Single TPD

To calculate: $(0.71 \times 500) + (0.44 \times 500) \times 0.90 + \$65 = (355) + (220) \times 0.90 + \65

Total Premium = \$582.50 per annum

3. 40 year old Female Non-Smoker selects Term Life cover for \$400,000 and ChildCare Cover for 1 child.

The premium rate is 0.77

The cost of insuring a child is \$50 per child

To calculate: $0.77 \times 400 + \$50 \text{ ChildCare} + \65 Policy Fee

Total Premium = \$423 per annum

4. 45 year old Male Smoker selects Trauma Cover for \$200,000.

The premium rate is: 10.88

To calculate: $10.88 \times 200 + \$65$

Total Premium = \$2241 per annum

5. 35 year old Female Non Smoker selects Trauma Cover with Death Cover combined for \$100,000.

The combined premium rate is: 2.07

To calculate: $2.07 \times 100 + \$65 =$

Total Premium = \$272 per annum

The above premiums were based on the life insured being in an occupational class of Clerical/ Administration/Managerial in a pure office environment.

If you are paying by instalments:

Monthly - add 6% to the total and divide by 12.

Half Yearly - add 3% to the total after the policy fee has been added and divide by two.

These premiums are indicative only and different premiums may apply to you depending on your individual circumstances and product option selections.

Guaranteed Continuity

Regardless of any deterioration in your health, we guarantee to continue your insurance cover each year, once you have taken out **Your Life** policy with us. The only condition is that your premiums are paid when they are due.

Minimum Premium

The minimum annual premium payable is \$250, which includes a \$65 policy fee. This minimum premium also applies to policies under which two lives are insured.

Type of Premium

The Term Life Insurance policy and Term Life (under the Citicorp Retirement Fund) offers two types of premiums:

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 Term Life Insurance policies. It will not be limited to individual policies.

Guaranteed Premium (Life Cover only)

For a small additional amount over the variable premium rate you can lock in the future premium rates for your life cover. This means as long as your insurance remains in force, the premiums will be based on guaranteed rates. The only changes that will apply from year to year will be based on your age next birthday.

However, this guaranteed premium option does not apply in respect of the Total and Permanent Disability option, any government or statutory charges, or the annual policy fee.

Premium Discounts and Loadings

We offer discounts on your premium rates if you:

- are a non-smoker; or
- take out cover for \$500,000 and above. In this case, the discount is 10%.

Loadings (or increases) may be applied to premium rates depending on your medical history and in some cases, your occupation.

Premium Freeze

Under this option you can “freeze” your premium payments. This means your premiums will not increase. What we do instead, is adjust your cover to compensate for the premium freeze. If you have both Term Life and Total and Permanent Disability insurance, we adjust both covers in equal proportions.

Payment Options

You can choose to pay your premiums by one of the following payment methods:

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

Your first yearly or installment 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 processing fee. The details are explained below.

Processing Fee

If you choose to pay your premium monthly, there is a processing fee of 6% per annum. For half yearly payments, the processing fee is 3% per annum. The processing fee applies to your premium (including the policy fee).

Non-payment of premiums

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

Policy Fee

There is an annual policy fee of \$65, which covers our administrative costs. If we increase this fee, it will be in line with inflation and will apply from your next annual renewal date. You will be advised of the new policy fee in your renewal notice which we send to you at least 30 days before 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 18 for details about including a second person).

Taxation

Superannuation contributions tax

A superannuation contributions tax (surcharge) may apply to your tax deductible contributions if you have Term Life (under the Citicorp Retirement Fund) (see ‘Taxation’ below for further details). Also, if the Trustee

becomes liable to pay any surcharge in respect of your contributions, you may be requested to pay an additional charge at the time payment is due.

1. You should consider the following taxation information which applies to all **Your Life** policies.

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 current laws and is current as at the date of this Product Disclosure Statement. 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.

2. You should consider the following taxation information which applies to the Term Life (under the Citicorp Retirement Fund) policy.

(i) Contributions

Contributions made to the Plan may be tax deductible if you are self-employed or substantially self-employed.¹

You may be entitled to claim a deduction of 100% on the first \$5,000 of amounts contributed each year, plus 75% of any amounts in excess of \$5,000. The maximum amount a self employed person can claim is dependent upon your age at the time of contribution.²

Age	Maximum Deductible Contribution (MDC)	Contributions required to get MDC
Less than 35	\$13,934	\$16,912
35-39	\$38,702	\$49,936
50 or over	\$95,980	\$123,307

(ii) Super Surcharge

The surcharge will apply to tax deductible contributions made by you if your annual adjusted taxable income³ exceeds \$99,710.⁴ The surcharge will apply at the maximum rate of 13.5% on annual adjusted taxable incomes over \$121,075 and will be phased in for Annual adjusted taxable income between \$99,710 and \$121,075.

Further, in the May 2004 Budget, additional reductions of the surcharge were announced, but not yet legislated.

The surcharge will also apply at the maximum rate where you have not provided your Tax File Number (TFN). You may quote your TFN on your application. If your contributions are subject to this surcharge and you leave the CRF prior to an assessment being made, you may receive a direct assessment for the surcharge payable. If the Trustee becomes liable to pay any surcharge in respect of your contributions,

the amount of this surcharge will be deducted from your account within the CRF. Where the payment is insufficient to cover the amount of the surcharge you may be requested to pay an additional charge at the time payment is due.

(iii) Proceeds

The payments of the proceeds of the insurance to your dependant beneficiaries will not be subject to taxation provided the payment is within your pension Reasonable Benefit Limit (RBL).

For benefits in excess of your pension RBL your dependants may be subject to tax on the excess at maximum rates of tax currently 48.5% including Medicare levy. Payments to non-dependant beneficiaries (including your estate except to the extent that your dependants are likely to inherit) may be subject to lump sum tax.

In the event of TPD, a portion of the payment made by the Trustee to you will be exempt from tax. The remainder will be taxed as a normal Eligible Termination Payment.

This information is based on our interpretation of current 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 and requirements.

1. 'Self employed' means less than 10% of your income and reportable fringe benefits, is from eligible employment as defined in the Income Tax Assessment Act.
2. Per the 2004/05 rates.
3. 'Annual Adjusted Taxable income' generally means taxable income plus the value of reportable fringe benefits, any superannuation contributions subject to the surcharge, but does not include some redundancy and similar benefits.
4. For the 2004/05 Financial year. These amounts are indexed on 1 July each year to reflect the increase in Average Weekly Ordinary Time Earnings (AWOTE).

Goods and Services Tax (GST)

GST does not currently apply to your Term Life Plan insurance premiums. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST.

How to Apply

Applications for [Your Life](#) Insurance can only be effected after completion of the application form either contained in this current Product Disclosure Statement or one provided by CitilInsurance.

If we are unable to issue your policy for any reason upon receiving your application and the first premium due (for example, because your application form is incomplete), we are required to hold your monies in a trust account on your behalf. We will retain any interest payable by our bank on this account to meet, among other things, bank fees and other administrative costs.

Terms and conditions applying to direct debit:

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this document with your records.
2. Citicorp Life Insurance Limited (CitilInsurance) will initiate debits to your nominated bank account in accordance with your application form.
3. CitilInsurance agrees to provide not less than 14 day's 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 CitilInsurance, GPO Box 4528, Sydney NSW 2001. CitilInsurance reserves the right to decline this request.
5. You can stop individual debits or cancel a Direct Debit Request (DDR) by writing to CitilInsurance, GPO Box 4528, Sydney NSW 2001.
6. In the event that you should disagree with any debit under the arrangement with CitilInsurance, you should call us on [1300 134 669](tel:1300134669) or write directly to The Resolutions Manager, CitilInsurance, GPO Box 4528, Sydney NSW 2001.
7. Direct Debit occurs on the 27th of each month. When the due date for payment falls on a day that is not a business day, CitilInsurance will debit your account on the next business day.
8. In the event that your Financial Institution refuses to pay any debit made under the arrangement, CitilInsurance 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 CitilInsurance.

Documentation you will receive

If we have accepted your application for a **Your Life** policy, we will send you a Policy Document and Policy Schedule containing information about your policy including your premium, policy fee and the options you have selected. You must read these documents carefully to ensure you understand the extent of cover and its limitations.

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

Cooling-off period

After you receive your Policy document and Policy Schedule, you have 30 days from the date we issue your **Your Life** policy to you (or to the Trustee, if applicable), to decide if the insurance meets your needs. This is known as the cooling-off period.

During this time you may cancel the insurance by writing to us and returning the documents. We will then refund the premium and policy fee you have paid. You cannot exercise the right to cancel your policy if you have made a claim under the policy.

How can you obtain up to date information?

The information contained in this PDS is up to date at the time of its preparation. However, some of the information can change from time to time. We will issue a supplementary or replacement Product Disclosure Statement if there is a materially adverse change to information in this document, or a materially adverse omission from this document.

For other changes, you can obtain up to date information at any time by calling us on 1300 134 669 or writing to us at the address set out below.

CitiInsurance
GPO Box 4528
Sydney NSW 2001

Claims and Claims Procedures

Written notice of any intended claim must be forwarded to us as soon as possible after the happening of the event giving rise to the claim. If you wish to make a claim contact us on 1300 134 669 to request a claim form.

You must cooperate with us in allowing us to obtain any certificates or evidence reasonably required by us as to any claim made under this Policy and we shall be entitled at our own expense to require the Life Insured

to undergo any such medical examinations conducted by a medical practitioner appointed by us as we deem necessary or to have a post mortem examination carried out.

In respect of claims for Accidental HIV Infection, any accident that may give rise to a potential claim must be reported to us as soon as possible.

In order to substantiate any future claims we must also be provided with a negative HIV Antibody test taken after the accident.

Complaints Resolution

We have established a complaints resolution process. If you have any complaints concerning a **Your Life** policy, please call us 1300 134 669.

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

Our address is:

The Resolutions Manager
Your Life
CitiInsurance
GPO Box 4528
Sydney NSW 2001

If you are not satisfied with our response you can phone or write to the Financial Industry Complaints Service which will then investigate the matter.

The telephone number is:

1300 780 808

The 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.

Eligibility

	Minimum Age at entry	Maximum Age at entry	Maximum Age at renewal date
Term Life Insurance			
Term Life Insurance	16 Next Birthday	79 Next Birthday	99 Next Birthday
Total & Permanent Disability Option	16 Next Birthday	64 Next Birthday	99 Next Birthday
Guaranteed Benefit Increase Option	16 Next Birthday	54 Next Birthday	65 Next Birthday
ChildCare Option	Age 1 Attained	15 Next Birthday	15 Next Birthday
LifeCare Trauma Insurance			
LifeCare Trauma Insurance	16 Next Birthday	64 Next Birthday	99 Next Birthday
ChildCare Option	Age 1 Attained	15 Next Birthday	15 Next Birthday
Term Life Option	16 Next Birthday	64 Next Birthday	99 Next Birthday
Total & Permanent Disability Option	16 Next Birthday	64 Next Birthday	99 Next Birthday
Term Life (under the Citicorp Retirement Fund)			
Term Life	16 Next Birthday	70 Next Birthday	75 Next Birthday
Total & Permanent Disability Option	16 Next Birthday	64 Next Birthday	65 Next Birthday

Other Information

Multiple Lives

Provision can be made for up to 2 people to be insured under the one policy. Only one policy fee of \$65 applies (for information on the policy fee, please see page 15 of this brochure).

Interim Cover

Immediately upon receipt of a completed application, and the first premium, or with your authority to deduct premiums from a nominated account or credit card, you are covered for Accidental Death, Accidental Trauma, Accidental Total and Permanent Disability prior to the acceptance or the rejection of your application for up to a maximum of 90 days. Cover is for your requested Sum Insured up to a maximum of \$1 million for Death, \$500,000 for TPD and \$250,000 for Trauma. For the purpose of Interim Cover Accidental means an event outside of your control during the Interim Cover period caused by violent, external and visible means directly resulting in Death, occurrence of a Trauma event or Total and Permanent Disability.

Interim cover does not apply if the cover applied for in the Application form is to replace existing cover which is still in force, or would normally be declined under current underwriting rules.

Customer Loyalty

If you hold a Term Life Policy, CitilInsurance, will triple your Advance Funeral Benefit Payment should you die from an accident after your 3rd Policy Anniversary Date.

If you hold a Trauma Policy, CitilInsurance, will triple your Bereavement Benefit, should you die from an accident after your 3rd Policy Anniversary Date.

For the purpose of this benefit death must:

- Result from accidental bodily injury caused by violent, external and visible means.
- Result directly from the accidental bodily injury and independently of all other causes, and occur within 365 days of the date of the injury.

There is only one customer loyalty benefit paid per policy. Should you have more than one policy, only one benefit will be payable. Maximum amount payable is \$30,000. This payment equates to an additional \$20,000 cover.

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.

Financial Planning Benefit

CitilInsurance will pay up to \$500 incurred to reimburse the cost of financial planning advice after a benefit payment on this plan.

Non-Smoker Discounts

Substantial premium savings are available to non-smokers (a Non-Smoker is defined as someone who has not smoked tobacco or any other substance in the past 12 months).

The Non-Smoking Declaration is required only at the time cover commences.

Cancellations

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

Your insurance will be cancelled by us if the premium or any installment of premium has not been paid within 30 days of its due date.

Available Cover

As mentioned earlier, Term Life Insurance, LifeCare Trauma Insurance and Term Life (under the Citicorp Retirement Fund) are separate products. They have been placed together in this brochure for convenience, and may be purchased individually.

As an added saving we will waive one policy fee if you wish to purchase both the Term Life Insurance policy or Term Life (under the Citicorp Retirement Fund) together with the LifeCare Trauma Insurance policy.

Nomination of Beneficiaries

You can nominate up to 5 beneficiaries on your policy, so long as you are the Policy Owner and the Life Insured.

You, as the Policy Owner, retain all rights to request changes to your policy. You may change a nominated beneficiary and revoke a previous nomination at any time prior to a claim event occurring.

If you are the Policy Owner but not the Life Insured, benefit payments will be made to you. If you die before the Life Insured, ownership of the policy will pass to your estate.

Claims

If you make a claim under a policy we may conduct investigations to assess the value and validity of the claim (see page 19 for more details). This may involve the use of investigation agents, legal advisors and the collection of personal data.

Privacy Statement

This Privacy Statement explains the purpose of collection, the uses and disclosure 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.

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 following:

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

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.

Definitions - Insured Events

"Accidental HIV Infection" means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident and seroconversion to HIV infection occurs within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us and supported by a negative HIV Antibody test taken after the accident. This does not include any disease or injury associated with AIDS or HIV virus acquired as a result of sexual activity or recreational intravenous drug use.

"Alzheimer's Disease" means the unequivocal diagnosis of Alzheimer's (pre-senile dementia) Disease by a consultant neurologist confirming dementia due to failure of brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means the permanent inability to perform (without assistance from another person) the basic activities normally undertaken as part of daily living resulting in a need for continual supervision in order to protect the person suffering the disease or others. Being unable to perform the basic activities will be evidenced by being unable to undertake three or more of the following: bathing, dressing, toileting, feeding or taking medication.

"Aplastic Anemia" means the acquired abnormality of blood production, characterised by the total aplasia of bone marrow, as confirmed by a consulting haematologist.

"Benign Brain Tumour"- Intracranial Benign Tumour means the diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium giving rise to: - symptoms and/or signs of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and at least a 25% permanent impairment of whole person function. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumors in the pituitary gland or spine are excluded.

"Blindness" means the complete and irrevocable loss of the sight of both eyes from any cause.

"Cardiomyopathy" means impaired ventricular function of variable aetiology resulting in permanent irreversible physical impairment to a degree of Class 3 of the New York Heart Association classification of Cardiac Impairment. This would not include Cardiomyopathy occurring as a result of alcohol or drug use.

"Chronic Liver Failure" means end stage liver failure together with permanent jaundice, ascites and encephalopathy. Liver Disease as a result of alcohol or drug use is excluded.

"Chronic Lung Failure" means end stage lung disease, with FEV1 test results of consistency less than one litre which requires permanent oxygen therapy.

"Chronic Renal Failure" means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

"Coma" means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours. Coma as a result of alcohol or drug use is excluded.

"Coronary Artery Angioplasty" means the actual undergoing for the first time of Angioplasty (with or without the use of lasers), the insertion of a stent or atherectomy to the coronary arteries, that is considered medically necessary by a cardiologist to correct narrowing or blockage of one or more arteries.

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

To be entitled to a benefit for coronary artery surgery 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 LifeCare Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty.

"Coronary Artery Bypass Surgery" means coronary artery bypass graft surgery performed in an open heart operation for coronary artery disease causing inadequate myocardial blood supply but does not include laser therapy angioplasty or any other intra arterial procedure.

"Coronary Artery Angioplasty Triple Vessel" means angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to three or more coronary arteries within the same surgical procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm the need for this procedure. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

To be eligible for Coronary Artery Angioplasty Triple Vessel you must have a minimum trauma sum insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma Sum Insured, up to a maximum of \$25,000. Your Trauma Sum Insured will then be reduced by the amount paid and your premiums reduced to reflect the remaining Sum Insured.

"Diplegia" means the permanent and total loss of function of both sides of the body due to injury or disease.

"Encephalitis" means severe inflammation of brain substance which results in significant and permanent neurological sequelae as certified by a consulting neurologist. Encephalitis as a result of HIV infection is excluded.

“Heart Attack” means the death of a portion of the heart muscle as a result of inadequate blood supply.

The diagnosis must be based on:

- (a) electrocardiographic changes; and
- (b) higher level of cardiac enzymes above standard laboratory level of normal.

If in the insured's opinion the above tests are inconclusive we will consider other appropriate tests.

Out of Hospital Cardiac Arrest

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

- Cardiac Asystole, or
- Ventricular fibrillation with or without ventricular tachycardia.

“Hemiplegia” means the permanent and total loss of function of one side of the body due to injury or disease.

“Loss of Hearing” means the complete and irreversible loss of hearing both natural and assisted, from both ears as a result of sickness or injury.

“Loss of Independent Existence” means due to injury or illness being permanently unable to perform (without any assistance from another person) those basic activities normally undertaken as a part of everyday living.

This will be evidenced by being unable to undertake any two of those activities listed below;

- 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.

“Loss of Speech” means the total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

“Major Head Trauma” means neurological deficit, causing at least 25% impairment of function lasting more than six weeks from the date of trauma, and likely

to persist, as certified by a consultant neurologist.

“Major Organ Transplant Surgery” means the human to human organ transplant from a donor to that person of one or more of the following organs - kidney, heart, lung, liver, pancreas or the transplantation of bone marrow. The transplantation of any other organ, only part of an organ or any other tissue transplant are excluded from this definition.

“Malignant Cancer” means the presence of one or more malignant tumours, including malignant lymphoma, Hodgkin's disease, leukaemia and malignant bone marrow disorders, and is characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- (a) tumours which are histologically described as pre-malignant or showing the malignant changes of “carcinoma in situ” and not requiring radical surgery;
- (b) skin cancers and melanomas except where a malignant melanoma is equal to or greater than Clark level 3 or 1.5mm depth of invasion; or
- (c) prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification.

“Meningitis” (applicable to ChildCare cover only) means severe inflammation of brain substance which results in significant and permanent neurological damage sequelae as certified by a consulting neurologist.

Meningitis as a result of HIV infection is excluded.

“Motor Neuron Disease” means the unequivocal diagnosis of Motor Neuron Disease, certified by a consulting neurologist, with significant persistent neurological deficit resulting in a permanent inability to perform two or more of the activities of daily living, bathing, dressing, toileting, eating and taking medication resulting in a requirement for continual supervision to protect the person suffering the disease or others.

“Multiple Sclerosis” means a disease characterized by demyelination of nervous tissue. The diagnosis has to be made by a consulting neurologist confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities and with permanent impairment of at least 25% of function although the person suffering the disease need not necessarily be confined to a wheelchair. The diagnosis will be based on confirmatory neurological investigations eg. lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central-nervous system.

“Muscular Dystrophy” means the unequivocal diagnosis of muscular dystrophy by a consultant neurologist resulting in a permanent impairment of whole person function of at least 25%.

“Open Chest Surgery” In respect of any of the following:

- coronary artery ... being open chest surgery to correct or treat coronary artery disease. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
- repair or replacement of valves... being open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
- repair or replacement of aorta ... being open chest surgery to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta.
- surgical repair of congenital heart defects*.

*Applicable to ChildCare Cover only

“Parkinson’s Disease” means the unequivocal diagnosis by a consultant neurologist of idiopathic Parkinson’s Disease (paralysis agitans) which is of a permanent nature and requires treatment with a dopamine precursor. All other types of Parkinsonism are specifically excluded.

“Paraplegia” means the permanent and total loss of use of both arms or both legs resulting from injury or disease.

“Primary Pulmonary Hypertension” means Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation, resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classifications of Cardiac Impairment.

“Quadriplegia” means the permanent and total loss of use of both arms and both legs resulting from injury or disease.

“Severe Burns” means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the “Rule of 9” of the Lund and Browder Body Surface Chart.

“Stroke” Stroke means any cerebrovascular accident or incident producing neurological sequelae as defined by the National Research Institute. This includes infarction of brain tissue, intracranial or subarachnoid hemorrhage, embolisation from an extracranial source. Transient ischemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

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Application Form - Your Life

This Application Form is part of the Product Disclosure Statement issued on 7 October 2004. You should read the Product Disclosure Statement carefully as it contains important information you should know about these products.

Before you complete and sign this Application Form, be aware that CitilInsurance, the Trustee or your adviser is obliged to have provided you with a Product Disclosure Statement containing a summary of the important information in relation to the product or products you are applying for. This information will help you to understand the product and to decide whether the product is appropriate to your needs.

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.

How to Apply

1. When completing the Application Form please
 - Use a black pen
 - Use BLOCK LETTERS ONLY
 - Use (✓) in boxes
 - If you make a mistake, do not use correction fluid, instead cross out the error, initial the change and be sure to date it.
2. To apply, complete and sign this application form. If applying for ChildCare Cover, the guardian/parent must fill out the personal statement on behalf of the child.
3. Complete any questionnaires if requested to do so.
4. If you intend to have your payments debited directly to your bank account, complete the attached Direct Debit Request Form (Section 28).
5. If you are making your first payment by cheque, please make it payable to "Citicorp Life Insurance Limited" for the agreed premium amount.
6. Attach a copy of your quotation, Direct Debit Authority Form and or cheque to the application form.
7. To lodge your application:
 - Hand it to your financial adviser
 - or
 - Mail it to:
CitilInsurance
GPO Box 4528 SYDNEY NSW 2000.

What are you applying for?

- New Policy Multiple Lives
 Change to existing CitilInsurance Policy

Policy No.

- Trauma Insurance
 Term Life Insurance
 Term Life (under the Citicorp Retirement Fund)

Citicorp Life Insurance Limited
2 Park Street, Sydney NSW 2000

Trustee: Citicorp Investments Limited ABN 40 004 819 434 AFSL No. 238097
Fund: Citicorp Retirement Fund
Life Insurer: Citicorp Life Insurance Limited ABN 75 004 274 882 AFSL No. 238096

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 citiinsurance

Section 1. Details of the Policy Owner(s)

Miss Ms Mrs Mr Dr

Family/Company Name

Given Names

Address

Suburb

State

Post Code

Relationship to the Insured

Miss Ms Mrs Mr Dr

Family/Company Name

Given Names

Address

Suburb

State

Post Code

Relationship to the Insured

Section 2. Nomination of Beneficiaries (Not applicable to Term Life under the Citicorp Retirement Fund)

You have the option to nominate a beneficiary or beneficiaries to receive benefits payable under the Policy. The option to nominate a beneficiary is subject to the following conditions:

- Available only where the Policy Owner(s) is/are Life Insured(s) under the policy;
- Not available for policies being effected for commercial purposes;
- The nomination will be void if the ownership of the Policy is assigned to another person or entity;
- Any payments to minors will be made to a parent(s) or guardian(s) of the minor to be held in trust for the benefit of the minor until the minor turns 18 years of age;
- If a nominated beneficiary cannot be located or dies before a benefit is payable, then the amount will be paid to the Policy Owner or the Policy Owner's estate;
- A maximum of 5 beneficiaries can be selected.

Name of Beneficiary	Address	Date of Birth	Relationship	% Split	
Full Name of Beneficiary One	Address	DD/MM/YYYY	Relationship to Owner	Death	Other
Full Name of Beneficiary Two	Address	DD/MM/YYYY	Relationship to Owner	Death	Other
Full Name of Beneficiary Three	Address	DD/MM/YYYY	Relationship to Owner	Death	Other
Full Name of Beneficiary Four	Address	DD/MM/YYYY	Relationship to Owner	Death	Other
Full Name of Beneficiary Five	Address	DD/MM/YYYY	Relationship to Owner	Death	Other

Total: 100% 100%

Section 3. Details of First Life Insured

Miss Ms Mrs Mr Dr

Surname

First Name

Initial

Address

Suburb

State

Post Code

Contact Details

Home ()

Work ()

Email

Date of Birth

DD / MM / YYYY

Age Next Birthday

Years

Country of Birth

Sex Male Female

Are you a Smoker? Yes No

Are you already a member of the Citicorp Retirement Fund?

Yes No

If 'Yes' please provide your account number

Section 4. Selecting your Cover

Term Life Insurance

Please state the amount of Term Life cover required:

\$

Options

1. Premiums

Guaranteed Rate Variable Rate

2. Total and Permanent Disability (TPD)

TPD Double TPD Single

Definition:

Own Occupation Any Occupation

Please state the amount of TPD cover required:

\$

3. Tick if you require;

Guaranteed Benefit Increase ChildCare

Premium Freeze Waiver of Premium
(not available when selected with TPD)

Section 3. Details of Second Life Insured

Miss Ms Mrs Mr Dr

Surname

First Name

Initial

Address

Suburb

State

Post Code

Contact Details

Home ()

Work ()

Email

Date of Birth

DD / MM / YYYY

Age Next Birthday

Years

Country of Birth

Sex Male Female

Are you a Smoker? Yes No

Are you already a member of the Citicorp Retirement Fund?

Yes No

If 'Yes' please provide your account number

Section 4. Selecting your Cover

Term Life Insurance

Please state the amount of Term Life cover required:

\$

Options

1. Premiums

Guaranteed Rate Variable Rate

2. Total and Permanent Disability (TPD)

TPD Double TPD Single

Definition:

Own Occupation Any Occupation

Please state the amount of TPD cover required:

\$

3. Tick if you require;

Guaranteed Benefit Increase ChildCare

Premium Freeze Waiver of Premium
(not available when selected with TPD)

Section 5. Selecting your Cover (Continued)

LifeCare Trauma Insurance

Please state the amount of LifeCare Trauma cover required:

\$

Options

1. Term Life \$
2. Term Life Buy-Back
(only available with Term Life Option)
3. Total and Permanent Disability (TPD) - cover required
\$
Definition: Own Occupation Any Occupation
4. Tick if you require;
 Premium Freeze ChildCare

Term Life (under the Citicorp Retirement Fund)

Please state the amount of Term cover required:

\$

Options

1. Premiums Guaranteed Rate Variable Rate
2. Total and Permanent Disability (TPD) - cover required
\$
Definition: TPD Single TPD Double
3. Tick if you require;
 Waiver of Premium (not available when selected with TPD)

Section 6. Personal Statement

What is your current occupation? Please describe exact nature of your duties.

Do you contemplate a change in your occupation?

Yes No If 'Yes' please give details.

What is the name and address of your employer or business?

Name

Address

Suburb

State

Post Code

Section 5. Selecting your Cover (Continued)

LifeCare Trauma Insurance

Please state the amount of LifeCare Trauma cover required:

\$

Options

1. Term Life \$
2. Term Life Buy-Back
(only available with Term Life Option)
3. Total and Permanent Disability (TPD) - cover required
\$
Definition: Own Occupation Any Occupation
4. Tick if you require;
 Premium Freeze ChildCare

Term Life (under the Citicorp Retirement Fund)

Please state the amount of Term cover required:

\$

Options

1. Premiums Guaranteed Rate Variable Rate
2. Total and Permanent Disability (TPD) - cover required
\$
Definition: TPD Single TPD Double
3. Tick if you require;
 Waiver of Premium (not available when selected with TPD)

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Do you contemplate a change in your occupation?

Yes No If 'Yes' please give details.

What is the name and address of your employer or business?

Name

Address

Suburb

State

Post Code

Section 6. Personal Statement (continued)

What is your annual earned income from personal exertion (net of business expenses) but before tax?

Currently: \$ per annum
Average over the last three years:

\$ per annum

Do you intend to reside outside Australia or New Zealand temporarily or otherwise within the next 2 years?

Yes No

Details

Have you engaged in, or do you intend to engage in:

a) Aviation other than as a fare paying passenger on public transport?

Yes No

b) Any hazardous pursuits or pastimes?

Yes No

If you tick 'Yes' to a) and/or b) please complete the Hazardous Pursuits Questionnaire.

Section 7. Personal Habits

During the past 12 months have you smoked tobacco or any other substance in any form?

Yes No

If 'Yes', please advise substance and daily quantity.

Have you ever smoked tobacco regularly in the past?

Yes No

If 'Yes', please give reason for stopping.

Do you drink alcohol? Yes No

If 'Yes', please advise in what form and daily quantity?

What is your current:

a) Height cm/ft/in

b) Weight kg/stone/lb

Has your weight altered during the last 12 months?

Yes No

Have you ever taken: Steroids; Anti-hypertensive drugs; any other drugs or medication?

Yes No

If 'Yes', please provide details:

Section 6. Personal Statement (continued)

What is your annual earned income from personal exertion (net of business expenses) but before tax?

Currently: \$ per annum
Average over the last three years:

\$ per annum

Do you intend to reside outside Australia or New Zealand temporarily or otherwise within the next 2 years?

Yes No

Details

Have you engaged in, or do you intend to engage in:

a) Aviation other than as a fare paying passenger on public transport?

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What is your current:

a) Height cm/ft/in

b) Weight kg/stone/lb

Has your weight altered during the last 12 months?

Yes No

Have you ever taken: Steroids; Anti-hypertensive drugs; any other drugs or medication?

Yes No

If 'Yes', please provide details:

Section 8. Medical Details

Who is your usual Medical Practitioner?

Name

Address

Suburb

State

Post Code

How long has your Medical Practitioner known you?

Years

When did you last consult him/her?

DD / MM / YYYY

What was the reason for and result of this consultation?

During the last five years have you had any medical examination, advice, treatment or been in hospital?

Yes No

If 'Yes' please give details:

1. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

2. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

3. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

4. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

Section 8. Medical Details

Who is your usual Medical Practitioner?

Name

Address

Suburb

State

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How long has your Medical Practitioner known you?

Years

When did you last consult him/her?

DD / MM / YYYY

What was the reason for and result of this consultation?

During the last five years have you had any medical examination, advice, treatment or been in hospital?

Yes No

If 'Yes' please give details:

1. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

2. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

3. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

4. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

Section 9. General Health

Have you ever had any of the following:

1. High blood pressure? Yes No
2. Pain in the chest? Yes No
3. Rheumatic fever, or any heart complaint? Yes No
4. Asthma, tuberculosis, or any other lung disease? Yes No
5. Indigestion, gastric or duodenal ulcer? Yes No
6. Bowel, liver or gallbladder disease? Yes No
7. Epilepsy, fainting attacks or fits of any kind? Yes No
8. Mental or nervous disorder or breakdown? Yes No
9. Diabetes, gout, cancer or tumour of any kind? Yes No
10. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis? Yes No
11. Coughing of blood, passing of blood from the bowel or in the urine? Yes No
12. Arthritis, rheumatism, sciatica, muscle, neck or back problems? Yes No
13. Gonorrhoea, syphilis or any other sexually transmitted disease? Yes No
14. Have you ever had any complications of pregnancy or childbirth?
(Females only) Yes No
15. Are you pregnant now?
(Females only) Yes No
If 'Yes', what is the due date?
16. Any other illness, injury or operation? Yes No
17. Have you ever been advised to have an operation, or do you contemplate surgery in the future? Yes No
18. Do you have any physical defects, impaired sight or hearing? Yes No
19. Have you ever had hepatitis? Yes No

If you answer 'Yes' to any of the questions above except Question 15, please fill out the Special Health Questionnaire.

Section 9. General Health

Have you ever had any of the following:

1. High blood pressure? Yes No
2. Pain in the chest? Yes No
3. Rheumatic fever, or any heart complaint? Yes No
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8. Mental or nervous disorder or breakdown? Yes No
9. Diabetes, gout, cancer or tumour of any kind? Yes No
10. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis? Yes No
11. Coughing of blood, passing of blood from the bowel or in the urine? Yes No
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17. Have you ever been advised to have an operation, or do you contemplate surgery in the future? Yes No
18. Do you have any physical defects, impaired sight or hearing? Yes No
19. Have you ever had hepatitis? Yes No

If you answer 'Yes' to any of the questions above except Question 15, please fill out the Special Health Questionnaire.

Section 10. Special Health Questionnaire

1. What was the type of illness/injury diagnosed (if applicable include the exact area affected eg: lower back, left knee, right wrist, left ear etc.)?
2. Please describe the symptoms.
3. On what date/year did the symptoms first start?

What was the date of your most recent episode/attack?
4. What was the duration of your most recent episode/attack?
6. What is the average frequency of episodes/attacks?
7. What is the severity of episodes/attacks? (mild/moderate/severe)
8. Did the episodes/attacks necessitate any time off work and, if so, how long?
9. Were you confined to bed/home/hospital?
10. Please state degree of recovery and/or residual disability.
11. What medical tests or investigations were carried out (eg: blood tests, x-rays, biopsy) and when were they carried out?
12. What was the nature of any treatment given eg: Prescription medication/non-prescription medication/surgery (include dosage, amounts, frequency)
13. What was the date of your most recent treatment?

Continued next page...

Section 10. Special Health Questionnaire

1. What was the type of illness/injury diagnosed (if applicable include the exact area affected eg: lower back, left knee, right wrist, left ear etc.)?
2. Please describe the symptoms.
3. On what date/year did the symptoms first start?

What was the date of your most recent episode/attack?
4. What was the duration of your most recent episode/attack?
6. What is the average frequency of episodes/attacks?
7. What is the severity of episodes/attacks? (mild/moderate/severe)
8. Did the episodes/attacks necessitate any time off work and, if so, how long?
9. Were you confined to bed/home/hospital?
10. Please state degree of recovery and/or residual disability.
11. What medical tests or investigations were carried out (eg: blood tests, x-rays, biopsy) and when were they carried out?
12. What was the nature of any treatment given eg: Prescription medication/non-prescription medication/surgery (include dosage, amounts, frequency)
13. What was the date of your most recent treatment?

Continued next page...

Section 10. Special Health Questionnaire (continued)

14. What were the results of the treatment (include pathology/histopathology/side effects)?

15. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring Medical Practitioner.

16. What are the names and addresses of all Medical Practitioners and Specialists consulted and Hospitals to which you were admitted (include month and year of Consultations)?

Section 11. Additional Questions

A. Asthma

1. Have you ever required hospitalisation for asthma?
 Yes No

2. Have you ever required treatment with steroids (eg. Cortisone, Prednisone, Prednisolone)?
 Yes No

If you have answered 'Yes' to either of the above, please give details.

B. Gout

1. How many joints are affected? Please detail the joints below.

2. Please advise the date of your most recent serum Uric Acid Reading and provide details of the result.

DD / MM / YYYY

Continued next page...

Section 10. Special Health Questionnaire (continued)

14. What were the results of the treatment (include pathology/histopathology/side effects)?

15. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring Medical Practitioner.

16. What are the names and addresses of all Medical Practitioners and Specialists consulted and Hospitals to which you were admitted (include month and year of Consultations)?

Section 11. Additional Questions

A. Asthma

1. Have you ever required hospitalisation for asthma?
 Yes No

2. Have you ever required treatment with steroids (eg. Cortisone, Prednisone, Prednisolone)?
 Yes No

If you have answered 'Yes' to either of the above, please give details.

B. Gout

1. How many joints are affected? Please detail the joints below.

2. Please advise the date of your most recent serum Uric Acid Reading and provide details of the result.

DD / MM / YYYY

Continued next page...

Section 11. Additional Questions (continued)

C. Diabetes

1. Do you have any complications of diabetes such as retinopathy, neuropathy, renal failure or heart disease?

Yes No

If 'Yes' please provide details

2. What are your most recent fasting Blood Sugar levels and HbA1c blood test result?

D. Epilepsy

1. What type of seizures have you had e.g. Grandmal (major seizure), Petitmal (altered states of consciousness, a momentary loss of consciousness or other)?

E. Anxiety/Depression, Panic Attacks, Stress or Nervous Disorder

1. What is your current emotional state/mental state?

2. Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/mental state?

Yes No

If 'Yes' please describe.

F. Cancer, Tumor, Cyst, Growth

1. Please attach histopathology of any excised lesion or of biopsy.

2. Have you had radiotherapy or chemotherapy?

Yes No

If 'Yes' when did it cease?

DD / MM / YYYY

3. Have you required follow up treatments or investigations?

Yes No

If 'Yes', how many and for how long?

4. When was your last "check up" for Cancer, Tumor, Cyst or Growth?

DD / MM / YYYY

Section 11. Additional Questions (continued)

C. Diabetes

1. Do you have any complications of diabetes such as retinopathy, neuropathy, renal failure or heart disease?

Yes No

If 'Yes' please provide details

2. What are your most recent fasting Blood Sugar levels and HbA1c blood test result?

D. Epilepsy

1. What type of seizures have you had e.g. Grandmal (major seizure), Petitmal (altered states of consciousness, a momentary loss of consciousness or other)?

E. Anxiety/Depression, Panic Attacks, Stress or Nervous Disorder

1. What is your current emotional state/mental state?

2. Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/mental state?

Yes No

If 'Yes' please describe.

F. Cancer, Tumor, Cyst, Growth

1. Please attach histopathology of any excised lesion or of biopsy.

2. Have you had radiotherapy or chemotherapy?

Yes No

If 'Yes' when did it cease?

DD / MM / YYYY

3. Have you required follow up treatments or investigations?

Yes No

If 'Yes', how many and for how long?

4. When was your last "check up" for Cancer, Tumor, Cyst or Growth?

DD / MM / YYYY

Section 12. AIDS

Are you suffering from AIDS?

Yes No

Are you suffering from an AIDS related disease or condition?

Yes No

Have you been injected with any drug not prescribed by a medical practitioner?

Yes No

Have you engaged in male to male sexual activity since 1980?

Yes No

Have you any reason to believe your spouse or sexual partner is suffering from AIDS or from any AIDS related disease or disorder?

Yes No

Have you received a blood transfusion or treatment with human blood products prior to 1985?

Yes No

Have you suffered from persistent night sweats, unintentional weight loss or persistent fever, persistent diarrhoea or swollen glands?

Yes No

If you answered 'Yes' to any of the above please give full details

Section 12. AIDS

Are you suffering from AIDS?

Yes No

Are you suffering from an AIDS related disease or condition?

Yes No

Have you been injected with any drug not prescribed by a medical practitioner?

Yes No

Have you engaged in male to male sexual activity since 1980?

Yes No

Have you any reason to believe your spouse or sexual partner is suffering from AIDS or from any AIDS related disease or disorder?

Yes No

Have you received a blood transfusion or treatment with human blood products prior to 1985?

Yes No

Have you suffered from persistent night sweats, unintentional weight loss or persistent fever, persistent diarrhoea or swollen glands?

Yes No

If you answered 'Yes' to any of the above please give full details

Section 13. Family History

First Life Insured

Has any Parent, Brother, Sister or Grandparent living or deceased had diabetes, heart trouble, high blood pressure, kidney trouble, cancer, haemophilia, Huntington's Chorea, mental disorder, committed suicide, or any other condition that you may be aware of?

Yes No

Relationship	Details	Still Alive?	Age or Age at Death
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Years
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Years
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Years
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Years
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Years
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> Years

Section 13. Family History (continued)

Second Life Insured

Has any Parent, Brother, Sister or Grandparent living or deceased had diabetes, heart trouble, high blood pressure, kidney trouble, cancer, haemophilia, Huntington's Chorea, mental disorder, committed suicide, or any other condition that you may be aware of?

Yes No

Relationship	Details	Still Alive?	Age or Age at Death
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Years
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Years
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Years
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Years
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Years
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Years

Section 14. Other Life Insurance Policies

First Life Insured

Do you have any life, trauma or disability insurance policies in force with this or any other company? Yes No

Is this application replacing existing cover with this company or any other company? Yes No

Is an application for life, trauma or disability insurance being made to any other company? Yes No

If you have answered 'Yes' to any of the above questions, please give details.

Company Name	Type of Cover	Sum Insured or Monthly Benefit	Is Cover to be Replaced?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or exclusion or otherwise than as submitted? Yes No

If 'Yes', please give details.

Second Life Insured

Do you have any life, trauma or disability insurance policies in force with this or any other company? Yes No

Is this application replacing existing cover with this company or any other company? Yes No

Is an application for life, trauma or disability insurance being made to any other company? Yes No

If you have answered 'Yes' to any of the above questions, please give details.

Company Name	Type of Cover	Sum Insured or Monthly Benefit	Is Cover to be Replaced?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or exclusion or otherwise than as submitted? Yes No

If 'Yes', please give details.

Section 15. Hazardous Pursuits Questionnaire

A. Are you engaged or do you intend to engage in scuba/skin diving?(applicable to all)

Yes No

If 'Yes', please fill out the following:

1. Qualifications

2. Average depth

3. Maximum depth

4. Frequency

per annum

Your future intentions in relation to the activity:

B. Are you engaged or do you intend to engage in Aviation?

Yes No

If 'Yes', please fill out the following:

1. Licence held

2. Hours flown last year

3. State the aircraft/s you fly and the type of aviation you are involved in (private, commercial, agriculture, mustering, aero club, helicopter).

4. What is the engine size of the aircraft/s?

5. Do you engage in any other form of aviation eg: Ultra light, Hang gliding.

Yes No

If 'Yes', please provide details:

C. Are you engaged or do you intend to engage in bike/motor racing?

Yes No

If 'Yes', please fill out the following:

1. Licence held

2. Years experience

3. Vehicle type

4. Engine size

Continued next page...

Section 15. Hazardous Pursuits Questionnaire

A. Are you engaged or do you intend to engage in scuba/skin diving?(applicable to all)

Yes No

If 'Yes', please fill out the following:

1. Qualifications

2. Average depth

3. Maximum depth

4. Frequency

per annum

Your future intentions in relation to the activity:

B. Are you engaged or do you intend to engage in Aviation?

Yes No

If 'Yes', please fill out the following:

1. Licence held

2. Hours flown last year

3. State the aircraft/s you fly and the type of aviation you are involved in (private, commercial, agriculture, mustering, aero club, helicopter).

4. What is the engine size of the aircraft/s?

5. Do you engage in any other form of aviation eg: Ultra light, Hang gliding.

Yes No

If 'Yes', please provide details:

C. Are you engaged or do you intend to engage in bike/motor racing?

Yes No

If 'Yes', please fill out the following:

1. Licence held

2. Years experience

3. Vehicle type

4. Engine size

Continued next page...

Section 15. Hazardous Pursuits Questionnaire (continued)

5. Maximum speed
6. Frequency per annum
7. Type of racing
8. Professional/Non

D. Are you engaged or do you intend to engage in football/ soccer/Australian Rules/boxing/martial arts/ competitive sports?

Yes No

If 'Yes', please fill out the following:

1. Sport/Activity
2. Frequency per annum
3. Professional/Non

E. Are you engaged or do you intend to engage in mountain climbing/abseiling?

Yes No

If 'Yes', please fill out the following:

1. Location
2. Frequency per annum
3. Average and Max. Height Average
 Maximum
4. Type of climbing
5. Are you always accompanied? Yes No
6. Name of the Club/Organisation

Section 15. Hazardous Pursuits Questionnaire (continued)

5. Maximum speed
6. Frequency per annum
7. Type of racing
8. Professional/Non

D. Are you engaged or do you intend to engage in football/ soccer/Australian Rules/boxing/martial arts/ competitive sports?

Yes No

If 'Yes', please fill out the following:

1. Sport/Activity
2. Frequency per annum
3. Professional/Non

E. Are you engaged or do you intend to engage in mountain climbing/abseiling?

Yes No

If 'Yes', please fill out the following:

1. Location
2. Frequency per annum
3. Average and Max. Height Average
 Maximum
4. Type of climbing
5. Are you always accompanied? Yes No
6. Name of the Club/Organisation

Section 16. Notification of Tax File Numbers (TFN's) for Term Life (under the Citicorp Retirement Fund) only

Collection of TFN's is authorised by tax laws and the Privacy Act 1998. The laws require us to ask you to provide your TFN. By completing Section 17 on your Application Form, it will allow us to use your TFN for authorised purposes.

Authorised purposes include passing your TFN to the ATO as part of the reporting associated with the superannuation contributions tax (surcharge). We will not pass on your TFN to any other entity unless you authorise us in writing.

You are not required to provide your TFN. Declining to quote your TFN is not an offence. However, if you do not give the Trustee your TFN, either now or later you may become liable to the superannuation contributions tax (surcharge) irrespective of your annual income level (see pages 15 - 16 for details regarding the surcharge). However, you may be entitled to get this back if you subsequently quote your TFN.

If you choose to provide your TFN, please fill in the Notification of TFN on Section 17 of your Application Form.

The lawful purposes for which your TFN can be used and the consequences of not quoting your TFN may change in the future, as a result of legislative change.

If you would like further information, please contact Citilnsurance Client Services on [1300 134 669](tel:1300134669) Monday to Friday 8.00 am to 6.00 pm EST or the ATO Superannuation Hotline [13 10 20](tel:131020).

Section 17. Notification of Tax File Numbers (TFN's) for Term Life (under the Citicorp Retirement Fund) only

If you chose to provide your tax file number please complete this section

- I: Am exempt from providing my TFN
 Do not agree to provide my TFN
 Agree to provide my TFN

My TFN is

Signature of Applicant

Date

/ /

Section 18. Tax Deductions for Term Life (under Citicorp Retirement Fund) only

Please complete this section if you intend to claim an income tax deduction for all or any of your personal contributions.

A. Is your contribution a cash contribution for which you intend to claim a tax deduction?

Yes, Go to B No

B. Section 82AAT (1A) notice

You should complete this section if you intend to claim an income tax deduction for any or all of your contribution to the Term Life Plan.

1. Amount of this contribution that you intend to claim as a tax deduction this financial year.

\$

NB: You should obtain taxation advice on the amount of your allowable deduction in the year of income and the method of its calculation.

Section 17. Notification of Tax File Numbers (TFN's) for Term Life (under the Citicorp Retirement Fund) only

If you chose to provide your tax file number please complete this section

- I: Am exempt from providing my TFN
 Do not agree to provide my TFN
 Agree to provide my TFN

My TFN is

Signature of Applicant

Date

/ /

Section 18. Tax Deductions for Term Life (under Citicorp Retirement Fund) only

Please complete this section if you intend to claim an income tax deduction for all or any of your personal contributions.

A. Is your contribution a cash contribution for which you intend to claim a tax deduction?

Yes, Go to B No

B. Section 82AAT (1A) notice

You should complete this section if you intend to claim an income tax deduction for any or all of your contribution to the Term Life Plan.

1. Amount of this contribution that you intend to claim as a tax deduction this financial year.

\$

NB: You should obtain taxation advice on the amount of your allowable deduction in the year of income and the method of its calculation.

This space has been left blank intentionally.

This space has been left blank intentionally.

Section 19. Eligibility for Term Life (under Citicorp Retirement Fund) only

You are eligible to contribute to the Term Life Plan if you can answer 'Yes' to at least one of the following questions:¹

I am under 70 years of age, and

A. was employed or self-employed for reward² for at least 10 hours during any week in the last two years

Yes No

B. have retired due to continuing ill-health, that prevents me from working in the same employment I had before my ill-health

Yes No

C. have been on authorised leave of absence for less than seven years for the purpose of raising my children. I was a member of the Citicorp Retirement Fund prior to commencing my leave

Yes No

D. my spouse is making an eligible spouse contribution on my behalf

Yes No

E. the contribution made with this application was made by my employer in order to fulfil Superannuation Guarantee Charge and/or industrial award type requirements

Yes No

F. working at least 10 hours per week

Yes No

1. In addition you must satisfy the entry and renewal age criteria (as relevant) of Citicorp Life Insurance Limited. The criteria are set out in the Product Disclosure Statement.

2. The reward must relate to the work you are employed to do.

Section 19. Eligibility for Term Life (under Citicorp Retirement Fund) only

You are eligible to contribute to the Term Life Plan if you can answer 'Yes' to at least one of the following questions:¹

I am under 70 years of age, and

A. was employed or self-employed for reward² for at least 10 hours during any week in the last two years

Yes No

B. have retired due to continuing ill-health, that prevents me from working in the same employment I had before my ill-health

Yes No

C. have been on authorised leave of absence for less than seven years for the purpose of raising my children. I was a member of the Citicorp Retirement Fund prior to commencing my leave

Yes No

D. my spouse is making an eligible spouse contribution on my behalf

Yes No

E. the contribution made with this application was made by my employer in order to fulfil Superannuation Guarantee Charge and/or industrial award type requirements

Yes No

F. working at least 10 hours per week

Yes No

1. In addition you must satisfy the entry and renewal age criteria (as relevant) of Citicorp Life Insurance Limited. The criteria are set out in the Product Disclosure Statement.

2. The reward must relate to the work you are employed to do.

Section 20. Beneficiary(ies) for Term Life (under the Citicorp Retirement Fund) only

Whilst I acknowledge the discretion that the Trustee has to determine to whom the benefit is paid, I nominate the following persons to receive the benefit payable in the event of my death. The person nominated must be a dependant ("dependant" includes your spouse, children and any other person financially dependent on you). The Trustee will have regard to your wishes in determining to whom the benefit is paid.

Miss Ms Mrs Mr Dr

Family/Company Name

Given Names

Address

Suburb

State

Post Code

Relationship to the Investor

Percentage of benefit payable %

(Total for all Beneficiaries must add up to 100%)

Contact Details

Phone (H) ()

Phone (W) ()

Email

Date of Birth DD / MM / YYYY

Male Female

Miss Ms Mrs Mr Dr

Family/Company Name

Given Names

Address

Suburb

State

Post Code

Relationship to the Investor

Percentage of benefit payable %

(Total for all Beneficiaries must add up to 100%)

Contact Details

Phone (H) ()

Phone (W) ()

Email

Date of Birth DD / MM / YYYY

Male Female

Please attach a separate sheet of details if you have additional Beneficiaries.

Section 21. Application for ChildCare Option

Not applicable to Term Life (under the Citicorp Retirement Fund).

Family Name

Given Names

Name of Insured

(Parent or Guardian of ChildCare Life Insured)

ChildCare Option Life/Lives Insured (Max. 4 per policy)

1.

Family Name

Given Names

Date of Birth

Age Next Birthday

2.

Family Name

Given Names

Date of Birth

Age Next Birthday

3.

Family Name

Given Names

Date of Birth

Age Next Birthday

4.

Family Name

Given Names

Date of Birth

Age Next Birthday

Section 22. Declaration of Health (ChildCare Option)

Has any ChildCare Life Insured ever had any of the following?

1. High blood pressure? Yes No
2. Pain in the chest? Yes No
3. Rheumatic fever or any heart complaint? Yes No
4. Asthma, tuberculosis, or any other lung disease? Yes No
5. Indigestion, gastric or duodenal ulcer? Yes No
6. Bowel, liver or gallbladder disease? Yes No
7. Epilepsy, fainting attacks or fits of any kind? Yes No
8. Diabetes, cancer or tumour of any type? Yes No
9. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis? Yes No
10. Coughing of blood, passing of blood from the bowel or in the urine? Yes No
11. Any other illness, injury or operation? Yes No
12. Advice to have an operation or contemplate surgery in the future? Yes No
13. Any physical defects, impaired sight or hearing? Yes No
14. Suffer from AIDS or from any AIDS related disease or condition? Yes No
15. Been injected with any drug not prescribed by a medical practitioner? Yes No
16. Has any ChildCare Life Insured ever taken steroids, anti-hypertensive drugs or any other drugs? Yes No

If answered 'Yes', to any of the above please give date, name of ChildCare Life Insured and address of your usual Medical Practitioner (if any), full particulars, including duration.

1. Date

Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State

Post Code

Full particulars (including duration)

Section 22. Declaration of Health (ChildCare Option) continued

2. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Post Code

Full particulars (including duration)

3. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Post Code

Full particulars (including duration)

4. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Post Code

Full particulars (including duration)

During the last 5 years has any ChildCare Life Insured had any medical examination, advice, treatment, or been in hospital? (Medical includes Chiropractor, Naturopath, or any other form of alternative medicine.)

Yes No

If 'Yes', please give particulars of each instance including X-Ray, Electrocardiogram or other special tests.

Section 23. Declaration of Insurance Policy (ChildCare Option)

I/We are not aware of any other circumstances which might render the life of any ChildCare Life to be insured to have shortened longevity or suffer a serious health problem. I apply for the ChildCare Option to be issued in accordance with this application.

I hereby declare that the information contained in this application is true and correct.

Signature of Policy Owner Date

X Policy Owner DD / MM / YYYY

Section 24. Declaration of Parent/Guardian

I hereby declare that the information contained in this application is true and correct, and further, that I am not aware of any other circumstances which might be relevant to the insurer's decision whether to accept the risk and, if so, on what terms or any other circumstances which might render me or the ChildCare Life to be insured likely to require any medical treatment or to have a shortened longevity or to suffer a serious health problem.

I hereby declare that the information contained in this application is true and correct.

Signature of Parent/Gaurdian Date

X Parent/Guardian DD / MM / YYYY

Section 25. Medical Authority

- Term Life Insurance
- LifeCare Trauma Insurance
- Term Life (under the Citicorp Retirement Fund)

I/We hereby consent to CitilInsurance seeking medical information including any test results from any Medical Practitioner whom at any time I have consulted prior to the date hereof and I authorise the giving of such information during the currency of the liability of CitilInsurance.

A photocopy of this declaration shall be as valid an authority as the original.

Signature of First Life Insured

First Life Insured

Date

DD / MM / YYYY

Family/Company Name

Given Names

Address

Suburb

State

Post Code

Date of Birth

DD / MM / YYYY

Male Female

Signature of Second Life Insured

Second Life Insured

Date

DD / MM / YYYY

Family/Company Name

Given Names

Address

Suburb

State

Post Code

Date of Birth

DD / MM / YYYY

Male Female

Section 26. ChildCare Option Medical Authority

I/We hereby consent to CitilInsurance seeking medical information including any test results from any doctor whom at any time I have consulted prior to the date hereof and I authorise the giving of such information during the currency of the liability of CitilInsurance.

A photocopy of this declaration shall be as valid an authority as the original.

Signature of Parent/Guardian

Parent/Guardian

Date

DD / MM / YYYY

Name(s) of Children to be Insured:

Child One

Date of Birth

DD / MM / YYYY

Child Two

Date of Birth

DD / MM / YYYY

Child Three

Date of Birth

DD / MM / YYYY

Child Four

Date of Birth

DD / MM / YYYY

Address

Suburb

State

Post Code

Please return this section to:

CitiInsurance
GPO BOX 4528
Sydney NSW 2001

Toll Free 1300 134 669
Fax Toll Free 1300 131 049

Section 27. Payment Method

Payment Options

Cheque Direct Debit Credit Card

Frequency

Annually Half Yearly Monthly

Section 28. Your Authority to Citicorp Life Insurance

I/We

(Surname or Company Business Name)

(Given names or ABN/ARBN)

(Surname or Company Business Name)

(Given names 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 the User may charge me/us in accordance with the Application Form.

Customer Address

Suburb

State

Post Code

Name of Bank/Financial Institution

Address

Suburb

State

Post Code

Signature

X

Date

DD / MM / YYYY

Signature

X

Date

DD / MM / YYYY

Section 29. The Payment Schedule

Full Name of Account

Address

Suburb

State

Post Code

Account Type

- Cheque
 Non-Passbook Savings

Bank/State/Branch Number

Account/Member No.

OR

If paying by Credit Card

- Mastercard
 Visa
 Bankcard
 Diners Club

Cardholder's Name

Card Number

Expiry Date

DD / MM / YYYY

Cardholder's Signature

X

Date

DD / MM / YYYY

Section 30. Marketing Opt-Out

CitiInsurance may keep you informed about other products, services and special offers from Citigroup companies and selected 3rd parties that may be of interest to you.

However, if you do not wish us to communicate these offers to you please indicate below.

First Life Insured: Do Not Mail: Do Not Phone:

Second Life Insured: Do Not Mail: Do Not Phone:

Section 31. Application Declaration

Declaration of Life Insured(s)

I/We declare that the information given in this application form is complete and correct and information relevant to the insurer's decision to accept the risk has not been omitted.

I/We authorise any medical practitioner, hospital or clinic to provide CitiInsurance with information that relates to my/our medical history.

Signed At

Suburb

State

Post Code

Date

DD / MM / YYYY

Signature of First Life Insured

X

First Life Insured

Date

DD / MM / YYYY

Signature of Second Life Insured

X

Second Life Insured

Date

DD / MM / YYYY

Declaration of Policy Owner(s)

I/We apply for this insurance to be issued in accordance with this application and my/our decision to apply for this insurance is based on the information contained in the PDS issued on the 7 October 2004 and my/our understanding of it.

I/We have read and understood the Duty of Disclosure at the beginning of this application.

I/We declare that all statements made in this application are complete and accurate.

I/We understand that if I chose not to seek advice, or have not been provided with a Statement of Advice by my/our adviser, I/we risk making a financial commitment to a Life Policy that may not be appropriate for me/us.

I/We have read and understood the Privacy Statements in the PDS and agree to the collection, use and disclosure of personal information as described in those statements.

Where I/We have provided information about any other individual, I/We will make that individual aware of the provisions of the Privacy Statements.

Note: The following only applies for applicants to Term Life (under the Citicorp Retirement Fund).

I agree to abide by and be bound by the provisions of the Deed of the Fund.

I understand that contributions made by me or on my behalf will be applied by the Trustee towards the purchase of the Term Life Plan nominated by me.

I confirm I can answer 'Yes' to one or more questions in Section 19 of this application form and will notify the Trustee immediately if my circumstances change and I no longer meet the eligibility criteria.

I am a resident of Australia for Australian Income Tax purposes.

Signature of First Policy Owner

X

First Policy Owner

Date

DD / MM / YYYY

Signature of Second Policy Owner

X

Second Policy Owner

Date

DD / MM / YYYY

Life Insurance Advisor Details

Authorised Representative

CitiInsurance Number

Name of AFSL

Signature

Contact Details

Phone ()

Fax ()

Email

Date

DD / MM / YYYY

Commission Option

Standard

<input type="text"/>	S1	<input type="checkbox"/>
----------------------	----	--------------------------

<input type="text"/>	S2	<input type="checkbox"/>
----------------------	----	--------------------------

<input type="text"/>	S3	<input type="checkbox"/>
----------------------	----	--------------------------

<input type="text"/>	S4	<input type="checkbox"/>
----------------------	----	--------------------------

<input type="text"/>	S5	<input type="checkbox"/>
----------------------	----	--------------------------

Level <input type="text"/>	L1	<input type="checkbox"/>
----------------------------	----	--------------------------

Would you like one of our underwriters to phone your client if necessary to clarify any information?

Yes No

Please provide phone number and preferred time of call (between 8am and 6pm EST Mon - Fri).

Phone ()

Preferred time to call:

Checklist for Advisors

Before sending this application to CitiInsurance, please check that the following have been completed.

- All relevant questions/sections have been answered
- The Application Form has been signed and dated by the Life(s) to be Insured and the Policy Owner(s).
- Premium Illustration attached.
- If paying by cheque, a cheque made payable to Citicorp Life Insurance Limited marked non-negotiable is attached.
- Direct Debit Form or Payment Schedule completed (if required).

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

www.citibank.com.au

 **citi**insurance

Citicorp Life Insurance Limited, 2 Park Street, Sydney NSW 2000
ABN 75 004 274 882 AFSL No. 238096
Citibank Pty Limited ABN 88 004 325 080