

Your Life Protection Plan

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



**Gives life more certainty,
the future more direction
and rewards your**

...Smart Thinking!



Product Disclosure Statement

1 October 2003

Trustee: Citicorp Investments Limited ABN 40 004 819 434
Fund: Citicorp Retirement Fund
Life Insurer: Citicorp Life Insurance Limited ABN 75 004 274 882

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).

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 **citi**insurance

This document contains a Product Disclosure Statement (PDS) for each of the following policies which will comprise Your Life Protection Plan. You can find information relating to each policy on the pages listed:

Term Life Insurance

Information about Term Life Insurance

Pages 2 to 5

Information common to all Your Life Protection Plan policies

Pages 1 and 14 to 24

LifeCare Trauma Insurance

Information about LifeCare Trauma Insurance

Pages 6 to 10

Information common to all Your Life Protection Plan policies

Pages 1 and 14 to 24

Term Life (under the Citicorp Retirement Fund)

Information about Term Life (under the Citicorp Retirement Fund)

Pages 11 to 13

Information common to all Your Life Protection Plan policies

Pages 1 and 14 to 24

Who are the Issuers?

The issuer of the Term Life and LifeCare Trauma Insurance policies is Citicorp Life Insurance Limited (Citicorp Life), who is also the issuer of the 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 Citicorp Life to the Trustee of the CRF, who is Citicorp Investments Limited (ABN 40004 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 75004 274 882

2 Park Street

Sydney NSW 2000

Citicorp Investments Limited

ABN 40004 819 434

2 Park Street

Sydney NSW 2000

Citicorp Life and Citicorp Investments Limited are wholly owned subsidiaries of Citibank Limited and part of the Citigroup Inc. (Citigroup) Global Financial Services Organisation.

Citigroup has the largest distribution capacity of any financial services firm in the world; we serve 200 million customer accounts, including some 24 million Internet relationships, in more than 100 countries.

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

Term Life Insurance and LifeCare Trauma Insurance policies, are non-participating life insurance policies. They do not share in any of the profits of Citicorp Life or its statutory funds.

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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 Protection Plan policies described in this document, must be made on a current application form. Your application is subject to acceptance by Citicorp Life, who may accept or decline your application or accept on special conditions.

Term Life, LifeCare, Term Life (under the Citicorp Retirement Fund) have been placed in the one brochure for your convenience, however policies may be purchased individually.

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

Product Disclosure Statement

This Product Disclosure Statement contains important information about the Term Life Insurance Policy and it will help you to:

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

Important Notice

Term 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.

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. A lump sum is also payable if you become totally and permanently disabled and the Total and Permanent Disability (TPD) option applies.

Term Life Insurance protects you 24 hours a day, anywhere in the world. So long as you pay the required premium and policy fees when due, we guarantee to 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 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.

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 \$2,500,000.

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 your policy ceases.

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 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 age 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).

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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.

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.

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
- Continence - 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 7 & 8) we will waive all your future premiums until you return to work, or when you reach your first annual renewal

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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.

Child Care Option

Child Care is an insurance option that allows you to insure your children between the ages of 1 and 16. If you select the Child Care option, CitilInsurance 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 Child Care option. The payment of a Child Care 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 Child Care cover to cease immediately.

Child Care Cover ceases

When a child reaches age 16, his or her cover ceases under the Child Care option. However, CitilInsurance guarantees to cover the child for up to \$50,000 under a standard CitilInsurance Trauma policy available at the time the child turns 16. 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 rates, plus any loadings applied under the Child Care option to that child. This cover must be requested in writing and the premium paid within 30 days of the child's turning 16 years of age. As Child Care cover is an option, if your policy is terminated or comes to an end for any reason, all Child Care options will cease at that time.

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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 Protection Plan 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.

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 Consumer Price Index, unless you elect otherwise.

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

Questions about Term Life Insurance**Why Term Life Insurance?**

Generally, life insurance is taken to cover your outstanding debts, including your home mortgage. Life insurance provides financial assistance for your family when you are no longer able to do so because of your death or total and permanent disability.

How does Term Life Insurance fit into my retirement planning?

Your family's ability to cope in a crisis primarily depends on your actions now. If you are still quite young with little superannuation monies or other funds available, Term Life Insurance can be an inexpensive approach to filling the gap.

What about superannuation - Can I add Term Life Insurance to my super fund?

If you have a self managed Superannuation Fund the trustee may take out a Term Life Policy with the option of Total and Permanent Disability cover and have the Superannuation Fund pay the premium. Premiums paid in this manner are deemed as Superannuation contributions and may have the added advantage of attracting tax deductions. The premiums, however, may attract a surcharge tax. (We recommend you seek expert tax advice to cover your particular situation). If you do not have a self managed fund, we have the facility for you to become a member of the Citicorp Retirement Fund. Details of Term Life (under the Citicorp Retirement Fund) can be found in this brochure on pages 11 to 13. You can contact your adviser or CitilInsurance on [1300 134 669](tel:1300134669).

How can this insurance assist in my business?

All too often business partners are not aware of a very simple safety net, Term Life Insurance. CitilInsurance offers business partners the opportunity to insure each other, so that in the event of death or permanent disability, the remaining partners can afford to look after expenses and perhaps purchase their partner's share of the business, known as "Key Person" cover.

"Key Person" cover is a term adopted to describe the type of insurance that businesses may purchase on the lives of those they consider to be "key" to the organisation's success.

In the event of their death or total and permanent disability, the business has the security of knowing they will have enough funds to be able to take the time to find a suitable replacement or at least utilise the funds as compensation for the loss of revenue previously derived from that key person. The Term Life Insurance policy may be utilised as a "Key Person" policy. The taxation treatment of premiums paid and amounts received will vary depending upon the purpose of the business in taking out such a policy. For further information on the taxation position of "Key Person" cover, we recommend you consult an appropriately qualified adviser.

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This Product Disclosure Statement contains important information about the LifeCare Trauma Insurance policy, and it will help you to:

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

Important Notice

LifeCare Trauma Insurance is not a savings plan. The primary purpose of this policy is to provide a benefit in the event of a major trauma event, or 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.

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 \$1,500,000 and this is called the trauma Sum Insured. The list of Insured Events are outlined on page 21 to 23.

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 \$1,500,000, 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 21 to 23 of this brochure.

Note: 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.

Insured Trauma Events	Immediate Cover	3 month waiting period*	ChildCare cover
Accidental HIV Infection	✓		
Alzheimer's Disease	✓		
Aplastic Anaemia	✓		✓
Blindness	✓		✓
Benign Brain Tumour	✓		
Cardiomyopathy	✓		✓
Chronic Liver Failure	✓		✓
Chronic Lung Failure	✓		✓
Chronic Renal Failure	✓		✓
Coma	✓		✓
Coronary Artery Bypass Surgery		✓	✓
Coronary Artery Angioplasty**		✓	
Diplegia	✓		✓
Encephalitis	✓		✓
Heart Attack		✓	✓
Hemiplegia	✓		✓
Loss of Hearing	✓		✓
Loss of Independent Existence	✓		✓
Loss of Speech	✓		✓
Major Head Trauma	✓		✓
Major Organ Transplant	✓		✓
Malignant Cancer		✓	✓
Meningitis			✓
Motor Neuron Disease	✓		
Multiple Sclerosis	✓		✓
Muscular Dystrophy	✓		
Open Chest Surgery		✓	✓
Paraplegia	✓		✓
Parkinson's Disease	✓		
Primary Pulmonary Hypertension	✓		✓
Quadriplegia	✓		✓
Severe Burn	✓		✓
Stroke		✓	✓

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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 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.

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, Citilnsurance 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.

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

** To be entitled to a benefit for coronary artery angioplasty you must have a minimum 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 under the LifeCare Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty and your premiums reduced to reflect the remaining Sum Insured.

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 \$1 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 providing 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

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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 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 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 21 to 23 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.

Child Care 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).

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

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

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

Bereavement Benefit

If you do not select the LifeCare - Term Life option, your cover will include a \$5,000 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.

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.

The exclusions for the ChildCare option are identical to the LifeCare Trauma Insurance exclusions.

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 for the definition for 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.

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 Consumer Price Index, 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 \$10 million or more.

Questions about LifeCare Trauma Insurance

Why LifeCare Trauma Insurance?

The happening of a major illness or serious accident can cause considerable emotional and financial hardship, particularly if the principal income earner or homemaker is affected. It is understandable therefore, that today's informed consumer prefers to insure against the high cost of recovery and expenses associated with a major illness or injury, rather than solely for the event of death.

Let's consider the facts - statistics show that if you are now in your twenties your chances of suffering from a major health problem before you are 65 are as high as one in four....as you get older the likelihood is even greater.

LifeCare Trauma Insurance can provide you with financial assistance to cope with major expenses such as extended hospitalisation, local or overseas travel for specialist care, special equipment, housekeeping etc.

The costs mount daily. That's why LifeCare is essential to your peace of mind.

I have private health insurance, do I need LifeCare Trauma Insurance?

These days, people are living longer and with daily advances being achieved in medical science, more

Product Disclosure Statement

people are overcoming major illness and injuries than ever before. The time it takes to recover or adjust can be both long and expensive, even with top private health cover. The health cover may pay your hospital bills but who will look after other expenses? That's where a LifeCare Trauma Insurance policy can help.

How can LifeCare Trauma Insurance assist in my business?

LifeCare Trauma Insurance can be extended to suit the needs of businesses, both large and small, such as:

- a benefit in an employee remuneration package;
- business Key Person Insurance for the recovery costs related to replacement, loss of revenue etc; and
- capital protection in funding buy and sell agreements to enable your share of the business to be purchased by your partners.

The tax deductibility of premiums, and assessability of any receipts will be dependent upon your business and the purpose for which the policy was entered into. You should seek advice from a suitably qualified professional in relation to your particular circumstances.

Product Disclosure Statement

This Product Disclosure Statement contains important information about Term Life (under the Citicorp Retirement Fund), and it will help you to:

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

Important Notice

Term Life (under the Citicorp Retirement Fund) is not a savings plan. The primary purpose of this product is to provide a benefit in the event of death or total and permanent disability, if selected. If you terminate this plan at any time, you will not get anything back.

About Term Life (under the Citicorp Retirement Fund)

If you would like to take out a Term Life Insurance policy through superannuation, consider Term Life (under the Citicorp Retirement Fund). This is a superannuation product under which the only benefit is a Term Life Insurance policy, which is issued by us to the Trustee for your benefit (see Section 26 of Application Form for details on Eligibility). When you acquire Term Life (under the Citicorp Retirement Fund), you become a member of a division of the Citicorp Retirement Fund (CRF). The Trustee of the CRF is Citicorp Investments Limited (ABN 40004 819 434), who is also the issuer of this PDS for Term Life (under the Citicorp Retirement Fund).

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 Citilnsurance on [1300 134 669](tel:1300134669).

Administrator

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

Why Term Life (under the Citicorp Retirement Fund)?

Generally, life insurance is taken to cover your outstanding debts, including your home mortgage in the event of your death. You may also consider taking life insurance to provide financial assistance for your family when you are no longer able to do so because of your death or total and permanent disability.

Whilst money can never replace the loss of a loved one, it's comforting to know the people who depend on you will be taken care of financially during this difficult period.

Your family's ability to cope in a crisis primarily depends on your actions now. 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 and Term Life (under the Citicorp Retirement Fund) is 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. So long as you pay the required premium and policy fees when due, we guarantee to continue your cover until your first annual renewal date after your 70th birthday (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 19 of this brochure.

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 pages 12 to 13 of this PDS.

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.

Product Disclosure Statement

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 70th 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 answer 'Yes' to at least one of the questions in the 'Eligibility' section (Section 26 of the Application Form) and, at each renewal date, you satisfy the renewal age criteria (see table on page 19). If 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 Citicorp Life. If the Trustee determines that the division of the CRF under which you are a member should be terminated, Citicorp Life 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 Term Life (under the Citicorp Retirement Fund) 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 absolute discretion as to which of your dependants will be paid benefits upon your death. Dependant beneficiaries are:

Product Disclosure Statement

- 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. Providing 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 part or all of your benefits when a condition of release is met. Conditions of release include:

- death and ;
- 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 70th 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.

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 Consumer Price Index, unless you elect otherwise.

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

Questions about Term Life (under the Citicorp Retirement Fund)

How does the Citicorp Retirement Fund (CRF) operate?

When you join the Plan, you become a member of the CRF. The Plan is a category of membership of the CRF and the Plan determines your benefits as a member of the Fund. 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 CitiInsurance on 1300 134 669.

Trustee

The Trustee of the CRF is Citicorp Investments Limited. 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.

Administrator

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

What are the Guaranteed Premium Rates? Why would I choose them?

Most life insurance companies only offer variable Term Life rates. For all applications CitiInsurance offers you the choice of both Guaranteed Rates and Variable Rates.

Guaranteed Rates allow you to lock into pre-determined premium rates, so you have the convenience of knowing what you will be paying for insurance in 5, 10 or 20 years time. Please refer to the Guaranteed Premium section on page 15.

Irrespective of which type of rate you choose, as this policy is annually renewable, CitiInsurance guarantees to renew your Plan regardless of any decline in health.

The LifeCare Trauma Insurance policy only offers variable premium rates. Variable premium rates are described on page 15.

Product Disclosure Statement

The following information is provided in relation to all of the Your Life Protection Plan policies as outlined.

What are the significant risks?

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

- your policy is not a savings plan, you will not get anything back if it is cancelled;
- 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);
 - you do not comply with your duty of disclosure, so we do not pay your claim, pay only part of your claim, or cancel your policy; and
 - 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), so we can refuse to pay part or all of your claim;
- If you have selected variable premiums your premium rates are not guaranteed.
- our ability to pay claims when they are made; and
- no claim is payable unless you can prove the extent of loss or damage.

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

- the Trustee has sole discretion in determining to whom a benefit should be paid in the event of your death. Accordingly, your benefits may be paid to a person other than your personal legal representative or to a person you did not intend for 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;

- Citicorp Life has paid your claim to the Trustee;
- but 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 13 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 Protection Plan policy?

All the current charges of Your Life Protection Plan 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 your age, sex, smoking status, Sum Insured and in some cases, your medical history, occupation and any options you require.

Insurance is provided initially for one year, with your first premium payable in advance. Premiums can be paid monthly, half yearly or annually. The date you first join is your commencement date. The anniversary of your commencement date is your annual renewal date. You will be given the opportunity to 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 the amount of cover (including any CPI adjustment that may apply), your age and our standard premium rates at that time.

The following table over page contains sample premium amounts for the key benefits under the Your Life Protection Plan. Each policy offers a range of optional benefits for which additional premiums are 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.

Product Disclosure Statement

		Example Variable Premium Rates											
		Term Life			Term Life (with TPD)			Life Care			Life Care with Term Life		
Age Next Birthday		\$100,000	\$300,000	\$500,000	\$100,000	\$300,000	\$500,000	\$100,000	\$300,000	\$500,000	\$100,000	\$300,000	\$500,000
Male Smoker	20	\$210.00	\$530.00	\$810.00	\$277.00	\$731.00	\$1,128.25	\$200.00	\$449.00	\$681.75	\$330.00	\$890.00	\$1,380.00
	30	\$200.00	\$371.00	\$558.25	\$201.00	\$503.00	\$767.25	\$266.00	\$698.00	\$1,076.00	\$360.00	\$980.00	\$1,522.50
	40	\$234.00	\$602.00	\$924.00	\$314.00	\$842.00	\$1,304.00	\$576.00	\$1,628.00	\$2,548.50	\$707.00	\$2,021.00	\$3,170.75
	50	\$553.00	\$1,559.00	\$2,439.25	\$856.00	\$2,468.00	\$3,878.50	\$1,825.00	\$5,375.00	\$8,481.25	\$2,126.00	\$6,278.00	\$9,911.00
Male Non-Smoker	20	\$200.00	\$395.00	\$596.25	\$220.00	\$560.00	\$857.50	\$200.00	\$338.00	\$506.00	\$253.00	\$659.00	\$1,014.25
	30	\$200.00	\$245.00	\$358.75	\$200.00	\$350.00	\$525.00	\$200.00	\$365.00	\$548.75	\$213.00	\$539.00	\$824.25
	40	\$200.00	\$329.00	\$491.75	\$200.00	\$470.00	\$715.00	\$281.00	\$743.00	\$1,147.25	\$345.00	\$935.00	\$1,451.25
	50	\$291.00	\$773.00	\$1,194.75	\$442.00	\$1,226.00	\$1,912.00	\$790.00	\$2,270.00	\$3,565.00	\$938.00	\$2,714.00	\$4,268.00
Female Non-Smoker	20	\$200.00	\$218.00	\$316.00	\$200.00	\$365.00	\$5,487.75	\$200.00	\$290.00	\$430.00	\$200.00	\$437.00	\$662.75
	30	\$200.00	\$200.00	\$278.00	\$200.00	\$299.00	\$444.25	\$200.00	\$440.00	\$667.50	\$217.00	\$551.00	\$843.25
	40	\$200.00	\$260.00	\$382.50	\$200.00	\$401.00	\$605.75	\$282.00	\$746.00	\$1,152.00	\$317.00	\$851.00	\$1,382.25
	50	\$220.00	\$560.00	\$857.50	\$371.00	\$1,013.00	\$1,574.75	\$572.00	\$1,616.00	\$2,529.50	\$652.00	\$1,856.00	\$2,909.50
Female Smoker	20	\$200.00	\$314.00	\$468.00	\$205.00	\$515.00	\$786.25	\$200.00	\$326.00	\$487.00	\$225.00	\$575.00	\$881.25
	30	\$200.00	\$308.00	\$458.50	\$200.00	\$440.00	\$667.50	\$251.00	\$653.00	\$1,004.75	\$320.00	\$860.00	\$1,332.50
	40	\$200.00	\$446.00	\$677.00	\$262.00	\$686.00	\$1,057.00	\$579.00	\$1,637.00	\$2,562.75	\$603.00	\$1,709.00	\$2,676.75
	50	\$361.00	\$983.00	\$1,527.25	\$664.00	\$1,892.00	\$2,966.50	\$1,145.00	\$3,335.00	\$5,251.25	\$1,274.00	\$3,722.00	\$5,864.00

Notes:

- The above premiums are based on the life insured being in an occupational class of Clerical/Administration/Managerial in pure office environment and are assumed to be payable yearly.
- The above premiums include the policy fee (see page 16 of this PDS for further information) and include any stamp duty payable.
- The premiums shown above for cover of \$500,000 include the discount of 5% which is applied for cover of \$500,000 or above.
- Your premiums may vary from those set out above. Contact your adviser or CitilInsurance on 1300 134 669 for your exact rate. Premiums are calculated on the basis of the sum insured, any options you have chosen, your age, sex, smoker status, and in some circumstances, your occupation, pastimes, state of health.
- If you have taken out Term Life (under the Citicorp Retirement Fund), the premium rates applying will be the same as those applying under the Term Life policy.
- If you are paying by installments; 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.

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

Alternatively, you can obtain a premium estimate by contacting us on [1300 134 669](tel:1300134669).

A copy of our premium rates are available upon request.

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 Protection Plan policy with us. The only condition is that your premiums are paid when they are due.

Minimum Premium

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

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.

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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 5%.

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 instalment premium is payable in advance. You can do this by forwarding a cheque or completing a valid direct debit request or credit card authority. If you choose to pay either monthly or half yearly, you will incur a small processing fee. The details are explained below.

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 \$50, 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 19 for details about including a second person).

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).

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.

Taxation

1. You should consider the following taxation information which applies to all Your Life Protection Plan 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.

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

The surcharge will apply to tax deductible contributions made by you if your annual adjusted taxable income² exceeds \$94,691.³ The surcharge will apply at the maximum rate of 15% on annual adjusted taxable incomes over \$114,981 and will be

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phased in at a rate of approximately 1% for every \$1,355 increment between \$94,691 and \$114,981. 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, you may be requested to pay an additional charge at the time payment is due.

The payments of the proceeds of the insurance to your dependant beneficiaries will not be subject to taxation provided the payment is within your Reasonable Benefits Limits (RBLs).

For benefits in excess of your RBLs your dependants may be subject to tax on the excess at maximum rates of tax. 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, the payment made by the Trustee to you and is tax free except to the extent it exceeds your RBL.

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.

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.

1. 'Self employed' means less than 10% of your income is from eligible employment as defined in the Income Tax Assessment Act.
2. '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.
3. For the 2003-2004 Financial year. These amounts are indexed on 1 July each year to reflect the increase in Average Weekly Ordinary Time Earnings (AWOTE).

How To Apply

Applications for Insurance can only be effected after completion of the current application form either contained in this 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 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.

Product Disclosure Statement

- 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.

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.

CitilInsurance
GPO Box 4528
Sydney NSW 2001

Documentation you will receive

If we have accepted your application for Your Life Protection Plan 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.

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. A claim form will be sent to you and no claim shall be payable unless the form has been properly completed.

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.

Cooling-off period

After you receive your Policy document and Policy Schedule, you have 14 days from the earlier of:

- the date you receive the policy document which is our confirmation of the transaction; and
- the date 5 days after we issue Your Life Protection Plan policy to you (or to the Trustee, if applicable), to decide if the insurance really meets your needs. This is known as the cooling-off period.

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

Complaints Resolution

We have established a complaints resolution process. If you have any complaints concerning a Your Life Protection Plan policy, please call us 1300 134 669. We will work with you to resolve your concerns. You may also wish to write to us.

How can you obtain up to date information?

The information contained in this document 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.

Our address is:
The Resolutions Manager
Your Life Protection Plan
CitilInsurance
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.

Product Disclosure Statement

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
Life Care 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	70 Next Birthday
Total & Permanent Disability Option	16 Next Birthday	60 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 \$50.00 applies (for information on the policy fee, please see page 16 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 90 days. Cover is for your requested Sum Insured up to a maximum of \$500,000 for Death and 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.

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.

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.

Product Disclosure Statement

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 18 for more details). This may involve the use of investigation agents, legal advisors and the collection of personal data that CitilInsurance may collect.

General information only

This Product Disclosure Statement is for the general public and provides information of a general nature outlining the benefits and other conditions of each policy.

The policy wording for each policy contains the terms and conditions governing the product, including the benefits, definitions and exclusions. The policy wording for each Your Life Protection Plan policy is available on request.

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 below:

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.

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

Definitions - Insured Events

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. Acquisition of the infection as a result of sexual activity or recreational intravenous drug use is specifically excluded. 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, as currently defined by the Royal Blind Society.

"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.

"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.

Definitions - Insured Events

"Heart Attack" means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. Diagnosis supported by the following clinical features being present and consistent with a heart attack.

- (a) recent ECG evidence of changes indicating death of heart muscle and diagnostic elevation of cardiac enzymes CK-MB or
- (b) levels of Troponin I (TnI) greater than 2.0 ug/L or Troponin T greater than .06 ug/ or their equivalent, and a left ventricular ejection fraction of less than 50%.

"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 and undress
- Toileting - to use the toilet including getting on and off
- Feeding - to eat and drink
- Mobility - to get out of bed/chair or wheelchair
- Continence - to control bladder and bowel function

For the purpose of "Loss of Independent Existence":

"Illness" shall include sickness, disease and disorder; and

"Injury" means bodily injury which is caused solely and directly by external, violent and accidental means, is independent of any other cause and is not caused by the person's own hand or suicide irrespective of whether the person is sane or insane.

"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" (carcinoma in situ of the breast is covered if the entire breast is removed specifically to arrest the spread of malignancy and this procedure is the appropriate and necessary treatment);
- (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 and the diagnosis must be certified by a Neurologist.

"Multiple Sclerosis" means a disease characterised 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

Definitions - Insured Events

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 third degree burns to 20% or more of the body surface or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

"Stroke" means any cerebrovascular accident or incident producing neurological sequelae lasting more than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source. Transient ischaemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

Medical Requirements

Term Life and Total and Permanent Disability Cover - Includes Term Life (under the Citicorp Retirement Fund)

Cover \$	Age next birthday							
	To 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 and Over
Up to 100,000								A
100,001 - 250,000							A	A
250,001 - 400,000							A	A
400,001 - 500,000						A	A	A
500,001 - 600,000	D	D	D	A+D	A+D	A+D	A+D	A+C+D
600,001 - 750,000	D	D	D	A+D	A+D	A+D	A+D	A+C+D
750,001 - 800,000	D	D	A+D	A+D	A+D	A+D	A+D	A+C+D
800,001 - 1,000,000	D+E	A+D+E	A+D+E	A+D+E	A+D+E	A+D+E	A+C+D+E	A+C+D+E
1,000,001 - 1,500,000	A+D+E	A+D+E	A+D+E	B+D+E	B+D+E	B+C+D+E	B+C+D+E	B+C+D+E
1,500,001 - 2,000,000	B+D+E	B+D+E	B+D+E	B+C+D+E	B+C+D+E	B+C+D+E	B+C+D+E	B+C+D+E
2,000,001 Plus	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F	B+C+D+E+F

LifeCare Trauma Cover

Cover \$	Age next birthday							
	To 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 and Over
Up to 100,000								A
100,001 - 300,000						A	A	A
300,001 - 500,000						A+D+E	A+D+E	A+D+E
500,001 - 600,000	D	D	D	D	A+D+E	A+D+E	A+C+D+E	A+C+D+E
600,001 - 800,000	D	D	D	D	A+D+E	A+D+E	A+C+D+E	A+C+D+E
800,001 - 1,000,000	A+D+E	A+D+E	A+D+E	A+D+E	A+D+E	A+C+D+E	A+C+D+E	A+C+D+E
1,000,001 - 1,500,000	A+D+E	A+D+E	A+D+E	B+D+E	B+D+E	B+C+D+E	B+C+D+E	B+C+D+E

Key: A = Medical Exam by insured's doctor D = HIV blood test and Hepatitis B & C Serology
 B = Medical Exam by specialist physician E = Multiple Biochemical Blood Test (MBA 20)
 C = ECG - Resting F = ECG - Exercise

Financial Requirements

Up to \$1,500,000	Nil
\$1,500,001 - \$2,000,000	Financial Questionnaire
\$2,000,001 - \$2,500,000	Financial Questionnaire verified by Independent Accountant
Over \$2,500,001	Refer to Underwriter

Authorised Specialist Physicians

NSW

Dr P Slezak
229 Macquarie Street
SYDNEY NSW 2000
Telephone: (02) 9233 4819

SA

Dr Lehman
Ashford Specialist Centre
Suite 10, 2nd Floor
57-59 Anzac Highway
ASHFORD SA 5035
Telephone: (08) 8297 6888

VIC

Dr Bill Wilson
322 Punt Road
SOUTH YARRA VIC 3141
Telephone: (03) 9866 5132

WA

Dr D J Batalin
138 Bagot Road
SUBIACO WA 6008
Telephone: (08) 9381 4164

Further information may be required at the discretion of Citilnsurance

Application Form

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



**Gives life more certainty,
the future more direction
and rewards your**

...Smart Thinking!



2 Park Street, Sydney NSW 2000

Trustee: Citicorp Investments Limited ABN 40 004 819 434

Fund: Citicorp Retirement Fund

Life Insurer: Citicorp Life Insurance Limited ABN 75 004 274 882



Notes

Notes

A large, empty rectangular box with a thin black border, intended for taking notes.

This Application Form is part of the Product Disclosure Statement published on 1 October 2003. You should read the Product Disclosure Statement carefully. This contains important information you should know about these products.

Information

Before you 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.

Notification of Tax File Numbers (TFNs) - for Term Life (under Super)

Collection of TFNs is authorised by tax laws and the Privacy Act 1998. The laws require us to ask you to provide your TFN. By completing Section 27 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 16-17 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 27 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 CitilInsurance Client Services on 1300 134 669 Monday to Friday 8.00 am to 6.00 pm EST or the ATO Superannuation Hotline 13 10 20.

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.

Life Insurance Adviser Details (to be completed by Adviser)

Name of Adviser	<input type="text"/>	Adviser Number	<input type="text"/>
Telephone Number	() <input type="text"/>	Fax Number	() <input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Adviser Status	<input type="checkbox"/> Agent	<input type="checkbox"/> Life Broker's Representative	<input type="checkbox"/> AFSL Representative
Name of Adviser Group	<input type="text"/>	Email Address	<input type="text"/>

Commission Option

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A3 | <input type="checkbox"/> A5 |
| <input type="checkbox"/> A2 | <input type="checkbox"/> A4 | <input type="checkbox"/> B1 |

Section 1. Policies, Options and Payment

Please tick which policies and options you are applying for:

Increase in current cover Multiple lives New business

If this is an application to increase your cover, please provide your policy number

Payment Options

Payment Cheque Credit card Direct Debit

Frequency Yearly Half-Yearly Monthly

Section 2. Details of the Policy Owner(s) (not applicable to Term Life - under the Citicorp Retirement Fund)

Miss Ms Mrs Mr Dr Other

Family/Company Name Given Names

Address

Suburb State Postcode

Relationship to the Insured

Miss Ms Mrs Mr Dr Other

Family Name Given Names

Address

Suburb State Postcode

Relationship to the Insured

Section 3. 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 affected 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.

Full Name of Beneficiary	Address	Date of Birth	Relationship to Policy Owner	%split Death	%split All other benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4. Details of First Life Insured

Miss Ms Mrs Mr Dr Other

Surname First Name Initial

Street

Suburb/Town/City State Postcode

Telephone (H) Telephone (W)

Date of Birth / / Age Next Birthday Country of Birth

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 Current Account number

Selecting your Cover

Term Life

Please select the amount of Term Life cover you would like:

\$

Options

1. **Premiums** (to calculate your premium please complete section 31)

Guaranteed Rate Variable Rate

2. **Total and Permanent Disability (TPD)**

TPD Double TPD Single

Own Occupation Any Occupation

Please select the amount of TPD cover you would like:

\$

3. **Would you like:**

Guaranteed Benefit Increase Childcare
 Waiver of Premium (not available when selected with TPD)
 Premium Freeze

LifeCare Trauma

Please select the amount of LifeCare Trauma cover you would like:

\$

Options

1. **Term Life - cover required**

\$

2. **Term Life Buy-Back**

(Only available with Term Life Option)

3. **Term and Permanent Disability (TPD) - cover required**

\$

Definition: Own Occupation Any Occupation

4. **Would you Like**

Premium Freeze Childcare

Term Life (under the Citicorp Retirement Fund)

Please select the amount of Term Life cover you would like:

\$

Options

1. **Premiums**

Guaranteed Variable

(Only available with Term Life Option)

2. **Total and Permanent Disability (TPD) - cover required**

\$

Definition: TPD Single TPD Double

3. **Would you Like**

Waiver of Premium (not available when selected with TPD)

If this is an application to cover two lives, the person who is the second life to be insured must complete the additional Personal Statement (Sections 13-22).

Section 5. Personal Statement

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

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

Currently \$ per annum Over the last 3 years \$ average per annum

Have you engaged in, or do you intend engaging 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 answer "Yes" to a) or b) please complete Section 23 Hazardous Pursuits Questionnaire

Do you intend to reside outside Australia or New Zealand temporarily or otherwise within the next 2 years? Yes No

Details

Section 6. Other Life Insurance Policies

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	Cover to be Replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 otherwise than as submitted? Yes No

If yes, give details.

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.

Section 7. Personal Habits continued

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 8. Medical Details

What is the name and address of your usual medical attendant? (Includes Chiropractor, Naturopath or any other form of alternative medicine)

Name

Address

How long has your doctor known you? Yrs When did you last consult him/her? / /

What was the reason and result of this consultation?

During the last 5 years have you had any medical examination, advice, treatment or been in hospital? Yes No

Date	Name and Address of Practitioner or Hospital	Reason (if illness, give duration and date of recovery)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9. General Health

- Have you ever had any of the following:
- High blood pressure? Yes No
 - Pain in the chest? Yes No
 - Rheumatic fever, or any heart complaint? Yes No
 - Asthma, tuberculosis, or any other lung disease? Yes No
 - Indigestion, gastric or duodenal ulcer? Yes No
 - Bowel, liver or gallbladder disease? Yes No
 - Epilepsy, fainting attacks or fits of any kind? Yes No
 - Mental or nervous disorder or breakdown? Yes No
 - Diabetes, gout, cancer or tumour of any kind? Yes No

Section 9. General Health (continued)

- 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? Yes No
- 15. Are you pregnant now? If yes, what is the due date? / / Yes No
- 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 in Section 10.

Section 10. Special Health Questionnaire

- | | |
|---|--|
| <p>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.)?</p> <p><input style="width: 100%;" type="text"/></p> | <p>11. What medical tests or investigations were carried out eg: bloods, x-rays, biopsy and when were they carried out?</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> |
| <p>2. Describe the symptoms?</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> | <p>12. What was the nature of any treatment given eg: Prescription/ non-prescription/surgery (include dosage, amounts, frequency)?</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> |
| <p>3. On what date/ year did the symptoms first start? What was the date of your most recent episode/attack?</p> <p><input style="width: 100%;" type="text"/></p> | <p>13. What was the date of your most recent treatment?</p> <p><input style="width: 100%;" type="text"/></p> |
| <p>4. What was the duration of your most recent episode/ attack?</p> <p><input style="width: 100%;" type="text"/></p> | <p>14. What were the results of the treatment (include pathology/ histopathology/ side effects)?</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> |
| <p>6. What is the average frequency of episodes/attacks?</p> <p><input style="width: 100%;" type="text"/></p> | <p>15. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring doctor.</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> |
| <p>7. What is the severity of episodes/attacks? (mild/ moderate/ severe)</p> <p><input style="width: 100%;" type="text"/></p> | <p>16. What are the names and addresses of all Medical Practitioners, Specialists consulted and Hospital admissions (include month and year of Consultations)?</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> |
| <p>8. Did the episodes/attacks necessitate any time off work and, if so, how long?</p> <p><input style="width: 100%;" type="text"/></p> | |
| <p>9. Were you confined to bed/ home/ hospital?</p> <p><input style="width: 100%;" type="text"/></p> | |
| <p>10. State degree of recovery and/or residual disability?</p> <p><input style="width: 100%;" type="text"/></p> | |

Additional Questions (please fill out the appropriate sections below if required).

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 any 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.

C. Diabetes

1. Do you have any complications of diabetes such as retinopath, neuropathy, renal failure or heart disease?
 Yes No
2. What are your most recent fasting Blood Sugar levels and HbA1c blood test result?

Please provide details if answered yes to Question 1 above and of your test results in question 2.

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? Please describe.

F. Cancer, Tumor, Cyst, Growth

1. Please supply histopathology of any excised lesion or of biopsy.
2. Have you had radiotherapy or chemotherapy, if yes when did it cease?
3. Have you required following up treatments or investigations, if so, how many and for how long?
4. When was your last "check up" for cancer?

Section 11. 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 answer "yes" to any of the above please give full details.

Section 12. Family History

Has any Grandparent, Parent, Brother or Sister 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

If this is an application for a single life, please go directly to Section 23 and complete Hazardous Pursuits Questionnaire if required or directly to Section 28 Application Declaration. If applying for Term Life (under the Citicorp Retirement Fund) go to Section 24

Application Personal Statement for the second Life Insured. Sections 13-22 Not App. for Term Life (under the Citicorp Retirement Fund)

Section 13. Details of Second Life Insured

If this is an application for Multiple lives the Second Life Insured must complete this Personal Statement (Sections 13-22).

Second Life Insured Miss Ms Mrs Mr Dr Other

Family Name Given Names

Postal Address

Suburb State Postcode

Phone (H) () Phone (W) ()

Date of Birth / / Age next birthday Country of Birth

Male Female Smoker Yes No

Term Life Insurance

Cover Required \$

Options

1. Premiums

Guaranteed Rate Variable Rate

2. Total and Permanent Disability (TPD)

TPD Double TPD Single

TPD cover Required \$

Own Occupation Any Occupation

3. Would you like:

Waiver of Premium Premium Freeze

LifeCare Trauma Insurance

Cover Required \$

Options

1. Term Life

Cover Required \$

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. Premium Freeze

Section 14. Personal Statement

What is your current occupation? Please describe exact nature of 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

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

Currently \$ per annum Over the last 3 years \$ average per annum

Have you engaged in, or do you intend engaging 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 answer "Yes" to a) or b) please complete Section 23 Hazardous Pursuits Questionnaire.

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

Yes No

Details

Section 15. Other Life Insurance Policies

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	Cover to be Replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cover to be Replaced

Yes No

Yes No

Yes No

Yes 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 otherwise than as submitted? If yes, give details.

Yes No

Section 16. 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 17. Medical Details

What is the name and address of your usual medical attendant?

Name

Address

How long has your doctor known you? Yrs

When did you last consult him/her? / /

What was the reason and result of this consultation?

During the last 5 years have you had any medical examination, advice, treatment or been in hospital? Yes No

Date	Name and Address of Practitioner or Hospital	Reason (if illness, give duration and date of recovery)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 18. General Health

Have you ever had any of the following:

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

If you answer "yes" to any of the questions above except Question 15, please fill out the Special Health Questionnaire in Section 19.

Section 19. Special Health Questionnaire

- | | |
|--|---|
| <p>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.)?</p> <p><input type="text"/></p> | <p>7. What is the severity of episodes/attacks? (mild/ moderate/ severe)</p> <p><input type="text"/></p> |
| <p>2. Describe the symptoms?</p> <p><input type="text"/></p> <p><input type="text"/></p> | <p>8. Did the episodes/attacks necessitate any time off work and, if so, how long?</p> <p><input type="text"/></p> |
| <p>3. On what date/ year did the symptoms first start? What was the date of your most recent episode/ attack?</p> <p><input type="text"/></p> | <p>9. Were you confined to bed/ home/ hospital?</p> <p><input type="text"/></p> |
| <p>4. What was the duration of your most recent episode/ attack?</p> <p><input type="text"/></p> | <p>10. State degree of recovery and/or residual disability?</p> <p><input type="text"/></p> |
| <p>6. What is the average frequency of episodes/attacks?</p> <p><input type="text"/></p> | <p>11. What medical tests or investigations were carried out eg: bloods, x-rays, biopsy and when were they carried out?</p> <p><input type="text"/></p> <p><input type="text"/></p> |

Section 20. Special Health Questionnaire continued

12. What was the nature of any treatment given eg: Prescription/ non-prescription/surgery (include dosage, amounts, frequency)?

13. What was the date of your most recent treatment?

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 doctor.

16. What are the names and addresses of all Medical Practitioners, Specialists consulted and Hospital admissions (include month and year of Consultations)?

Additional Questions (please fill out the appropriate sections below if required).

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 any of the above, please give details.

B. Gout

- How many joints are affected? (Please detail the joints below.)
- Please advise the date of your most recent serum Uric Acid Reading and provide details of the result.

C. Diabetes

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

 Yes No

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

Please provide details if answered yes to Question 1 above and of your test results in question 2.

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

- What is your current emotional state/ mental state?
- Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/ mental state? Please describe.

F. Cancer, Tumor, Cyst, Growth

- Please supply histopathology of any excised lesion or of biopsy.
- Have you had radiotherapy or chemotherapy, if yes when did it cease?
- Have you required following up treatments or investigations, if so, how many and for how long?
- When was your last "check up" for cancer?

Section 21. 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

Section 22. Family History

Has any Grandparent, Parent, Brother or Sister 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="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 23. Hazardous Pursuits Questionnaire (Applicable to all policies)

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

First Life Insured Yes No

Second Life Insured Yes No

If "yes", please fill out the following:

1. Qualifications
2. Average depth
3. Maximum depth
4. Times per year

Your future intentions in relation to the activity:

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

First Life Insured Yes No

Second Life Insured Yes No

If "yes", please fill out the following:

1. Licence held
2. Hours flown last year

Section 23. Hazardous Pursuits Questionnaire (Continued)

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. If so, provide details

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

First Life Insured Yes No

Second Life Insured Yes No

If "yes", please fill out the following:

1. Licence held
2. Years experience
3. Vehicle type
4. Engine size
5. Maximum speed
6. Times per annum
7. Type of racing
8. Professional/Non

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

First Life Insured Yes No

Second Life Insured Yes No

If "yes", please fill out the following:

1. Sport /Activity
2. Times per year
3. Professional/Non

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

First Life Insured Yes No

Second Life Insured Yes No

If "yes", please fill out the following:

1. Where you climb/abseil
2. Times per annum
3. Average and Max. Height
4. Type of climbing
5. Are you always accompanied?
6. Name of the Club/Organisation.

Further details where appropriate

Sections 24-27 Applicable to Term Life (under the Citicorp Retirement Fund) only.

Section 24. Tax Deductions - Applicable to Term Life (under the 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 25. Beneficiary(ies) - Applicable to 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 Other

Family/Company Name Given Name

Relationship to Investor Percentage of Benefit Payable %

Address

Suburb State Postcode

Phone (H) () Phone (W) ()

Date of Birth / / Male Female

Miss Ms Mrs Mr Dr Other

Family/Company Name Given Name

Relationship to Investor Percentage of Benefit Payable %

Address

Suburb State Postcode

Phone (H) () Phone (W) ()

Date of Birth / / Male Female

Section 26. Eligibility - Applicable to Term Life (under the 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:
I am under 65 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 prevent 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. I am under 70 years of age and 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 27. Notification of Tax File Number (TFN) - Applicable to Term Life (under the Citicorp Retirement Fund) only.

If you choose to provide your TFN, please complete this section. Exempt from providing TFN

I agree to provide my TFN Yes No My TFN is

Signature of Applicant Date / /

Section 28. Application Declaration

Did you provide all the information requested by your Life Insurance Adviser to form the basis of a complete fact find and needs analysis?

Yes No

Did you elect to purchase this policy based on the recommendation of your Life Insurance adviser?

Yes No

I understand that by answering "NO" to either of the above questions, or

- i. where I elected to receive advice about a limited range of products, or
- ii. where I received no advice or no fact find was undertaken.

I may risk making a financial commitment to a life policy which may not be appropriate to my needs and objectives. Clients of licensed securities dealers or licensed advisers and their representatives only (delete whichever is not applicable)

- i. I/We have completed and signed a Customer Advice Record and have received a record to keep; or
- ii. I/We have received a Statement of Advice

Declaration - Applicable to Term Life (under the Citicorp Retirement Fund) only

In consideration of my admission to membership, 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 26 - Eligibility in this application form and will notify the Trustee immediately if my circumstances change and I no longer meet the eligibility criteria (Section 26).

I am a resident of Australia for Australian income tax purposes

Yes No

Declaration and Agreement of Life Insured

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 likely to require any medical treatment or to have a shortened longevity or to suffer a serious health problem.

Signed at

Date

Signature of First Life Insured

Date

Signature of Second Life Insured

Date

Declaration of Policy Owner

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 material in the brochure and my/our understanding of it. I/We have read and retained for later perusal the Product Disclosure Statement dated 1 October 2003 to which this application form was attached and my/our decision to apply for this insurance is based on the material in the brochure and my/our understanding of it. I/We have read and understood the Duty of Disclosure at the beginning of this application. I/We hereby declare all statements made in this application are complete and accurate. I have read and understood the Privacy Statements in this application and agree to the collection, use and disclosure of personal information as described in those statements. Where I have provided information about any other individual, I will make that individual aware of the provisions of the Privacy statements.

Signature of First Policy Owner

Date

Signature of Second Policy Owner

Date

Section 29. Doctor's 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 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 First Life Insured _____ Date ____/____/____

Family/Company Name _____ Given Name _____

Address _____

Suburb _____ State _____ Postcode _____

Date of Birth ____/____/____ Male Female

Signature of Second Life Insured _____ Date ____/____/____

Family/Company Name _____ Given Name _____

Address _____

Suburb _____ State _____ Postcode _____

Date of Birth ____/____/____ Male Female

Section 30. Doctor's Authority

LifeCare Trauma Insurance (ChildCare Option) Term Life (ChildCare Option)

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 _____ Date ____/____/____

Name of Children to be insured _____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

Address _____

Suburb _____ State _____ Postcode _____

Please return above section to:

CitilInsurance
ABN 75 004 274 882
CITIGROUP CENTRE
2 PARK Street, Sydney NSW 2000

Toll Free 1300 134 669
Fax Toll Free 1300 131 049
GPO Box 4528
Sydney NSW 2001

Section 31. Premium Calculations for First Life Insured

(Remember premiums paid by installments incur loadings. To calculate your premium add 3% for Half-yearly and divide by 2, for monthly premiums add 6% and divide by 12.)

Term Life Insurance		LifeCare Trauma Insurance		Term Life (under CRF) Premium	
Sum Insured: Term Life	\$ <input type="text"/>	Sum Insured: Trauma	\$ <input type="text"/>	Sum Insured: Term Life	\$ <input type="text"/>
TPD	\$ <input type="text"/>	Term Life	\$ <input type="text"/>	TPD	\$ <input type="text"/>
Single <input type="checkbox"/> Double <input type="checkbox"/>		TPD	\$ <input type="text"/>	Single <input type="checkbox"/> Double <input type="checkbox"/>	
Premium	\$ <input type="text"/>	Buy Back	\$ <input type="text"/>	Waiver Option	\$ <input type="text"/>
Policy Fee	\$ <input type="text"/>	Premium	\$ <input type="text"/>	Premium	\$ <input type="text"/>
Loading Amount	\$ <input type="text"/>	Policy Fee	\$ <input type="text"/>	Policy Fee	\$ <input type="text"/>
		Loading Amount	\$ <input type="text"/>	Loading Amount	\$ <input type="text"/>
Total Premium	\$ <input type="text"/>	Total Premium	\$ <input type="text"/>	Total Premium	\$ <input type="text"/>

Section 32. Premium Calculations for Second Life Insured

(Remember premiums paid by installments incur loadings. To calculate your premium add 3% for Half-yearly and divide by 2, for monthly premiums add 6% and divide by 12.)

Term Life Insurance		LifeCare Trauma Insurance		Term Life (under CRF) Premium	
Sum Insured: Term Life	\$ <input type="text"/>	Sum Insured: Trauma	\$ <input type="text"/>	Sum Insured: Term Life	\$ <input type="text"/>
TPD	\$ <input type="text"/>	Term Life	\$ <input type="text"/>	TPD	\$ <input type="text"/>
Single <input type="checkbox"/> Double <input type="checkbox"/>		TPD	\$ <input type="text"/>	Single <input type="checkbox"/> Double <input type="checkbox"/>	
Premium	\$ <input type="text"/>	Buy Back	\$ <input type="text"/>	Waiver Option	\$ <input type="text"/>
Policy Fee	\$ <input type="text"/>	Premium	\$ <input type="text"/>	Premium	\$ <input type="text"/>
Loading Amount	\$ <input type="text"/>	Policy Fee	\$ <input type="text"/>	Policy Fee	\$ <input type="text"/>
		Loading Amount	\$ <input type="text"/>	Loading Amount	\$ <input type="text"/>
Total Premium	\$ <input type="text"/>	Total Premium	\$ <input type="text"/>	Total Premium	\$ <input type="text"/>

Section 33. Marketing Opt-Out

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

Do Not Mail:

Do Not Phone:

Direct Debit Request Form

Section 34. Your Authority to Citicorp Life Insurance

I/We
 (Surname or Company Business Name) (Given name or ABN/ARBN)

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

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

Customer Address

Bank/Financial Institution
Address

Signature
Date / / Date / /

Section 35. The Schedule

Full Name of Account
Address

Account Type Cheque Non-Passbook Savings

Bank/State/Branch No. -

Account/Member No.

OR

If paying by Credit Card Mastercard Visa Card Bankcard Diners

Cardholder's Name Card Expiry Date / /

Card Number - - -

Cardholder's Signature

Date / /

Section 36. Application for ChildCare Option (Please complete sections 36 to 40 if you are selecting the ChildCare option)

Name of Insurance Policy Owner, available under LifeCare or Term Life.

Family Name

Given Names

Name of Insured

(Parent or Guardian of ChildCare Life Insured)

ChildCare Option Life/Lives Insured (Maximum of 4 per policy)

	Family Name	Given Names	Date of Birth	Age Next Birthday
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 37. Declaration of Health (Child Care Option)

Has any ChildCare Life Insured ever taken steroids, anti-hypertensive drugs or any other drugs?

 Yes No

If yes, please give date, name of ChildCare Life Insured and address of doctor (if any), full particulars, including duration.

Date Child's Name Doctor's Name & Address Full particulars (including duration)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 38. Declaration of Health (Child Care 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

Section 39. 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 / /

Section 40. 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 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/Guardian _____ Date / /



Notes

Notes

A large, empty rectangular area for taking notes, bounded by a dark blue header bar at the top and a white border on the other three sides.

For enquiries call

1300 134 669

(Monday to Friday 8.00am to 6.00pm EST)

www.citibank.com.au

The logo for Citi Insurance, featuring the word "citi" in a blue sans-serif font with a red arc above the "i", followed by the word "insurance" in a larger blue sans-serif font.

Citicorp Life Insurance Limited ABN 75 004 274 882
2 Park Street, Sydney NSW 2000

Citibank Pty Limited ABN 88 004 325 080