



Easylife

Customer Information Brochure

Issued 6 February 2004. Expires 10 March 2004.

You should read this brochure carefully, especially the Key Features section. It contains important information you need to know about the policy.

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Key Features Statement

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

It will help you to:

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

IMPORTANT NOTICE

This product is not a savings plan. The purpose of this policy is to provide money in the event of terminal illness or death. If you terminate your policy at any time, you will not get anything back.

In this brochure “you” refers to the owner and life insured of the policy and “we” to MBF Life Limited.

EasyLife Insurance

Everyone needs to consider some type of life insurance during their life. The difficult part is recognising when you need it, and finding the time to do something about it. That’s why we developed EasyLife Insurance.

It’s simple, convenient and affordable life insurance, designed to provide financial relief for your family in the event of your death. It also provides an early payout if you are diagnosed with a terminal illness and double payout should you die in a motor vehicle accident.

You can choose the level of cover that suits your budget, and whether you pay your premium annually or monthly. (You’ll save by paying annually because you’ll get 12 months’ cover for the cost of 11.)

Applying is easy. Provided you’re an Australian resident aged between 16 and 50 inclusive, both you and your partner can apply using the application form in this brochure. No medicals are required in most cases and as long as you pay your premiums when they’re due, we guarantee to renew your policy until age 70.

With EasyLife Insurance, peace of mind has never been so easy.

Premiums

Your premium is based on your insured benefit, age, sex, and whether or not you smoke. Premiums are calculated in five year age bands, as shown in the table on page 8. If you choose to pay your premium annually, it is 11 times the monthly premium shown.

Your premium will increase:

- if you increase your insured benefit;
- when you move from one age band to the next; or
- if we amend the premium rates.

We will only amend the premium rates if the change applies to all policyholders under this series of EasyLife Insurance policies. In other words, no policyholder can be singled out for any rate increase, regardless of any changes in health or personal circumstances.

If government taxes or charges are increased or imposed, we may pass them on to you.

Premiums are payable annually by cheque or credit card, or monthly by direct debit from your bank account or credit card (your financial institution may impose a small fee in respect of such transactions – you should check with them). Premiums must be paid to avoid the policy being cancelled.

Benefits

You can choose your insured benefit from the four choices of cover available – \$100,000, \$150,000, \$200,000 and \$250,000.

The insured benefit is payable if you die while the policy is in force. Payment of the benefit is advanced on terminal illness if this is diagnosed at least one year before the policy expires. Terminal illness means that a medical practitioner we select conclusively diagnoses you as having a life expectancy of six months or less.

If death occurs as a result of a motor vehicle accident, an additional benefit equal to your insured benefit will also be paid. See page 9 for more details about this benefit.

To keep premiums reasonable some exclusions do apply. These are explained on page 9.

Taxation

Usually premiums are not tax deductible and benefits are paid free of personal tax. This is a general statement based on present laws, their continuation and our interpretation.

Cooling off period

If you decide that your policy does not meet your needs for any reason, you can cancel it by notifying us in writing. You have 14 days starting on the earlier of:

- The date you receive your policy; or
- Five days after the date your policy becomes effective, whichever comes first.

This is known as the cooling off period. We will refund any premiums you have paid.

You will not be able to cancel your policy under the cooling off period provision if you have exercised any rights under it, for example, you have made a claim under your policy.

Policy information

If we accept your application a policy document and a policy certificate will be issued to you.

The information contained in these documents is important and should be read carefully. If you have any enquiries or complaints concerning your Easylife Insurance policy, please contact us on **132 977**.

If you are not satisfied with our response or we have not dealt with your complaint within 45 days (or the extended period you approve) you can contact the Financial Industry Complaints Service on (03) 8623 2000 or 1300 780 808, or by writing to:

The Manager
Financial Industry Complaints Service
PO Box 579, Collins St West
Melbourne VIC 8007

How much will cover cost?

The tables below show the monthly premium for the four choices of cover available. If you wish to pay annually, simply multiply the monthly premium by 11.

MALE, NON SMOKER Monthly Premiums

Age	\$100,000	\$150,000	\$200,000	\$250,000
up to 35	\$14.40	\$19.50	\$24.60	\$29.70
36-40	\$15.80	\$21.60	\$27.40	\$33.20
41-45	\$19.60	\$27.30	\$35.00	\$42.70
46-50	\$28.80	\$41.10	\$53.40	\$65.70

FEMALE, NON SMOKER Monthly Premiums

Age	\$100,000	\$150,000	\$200,000	\$250,000
up to 35	\$12.50	\$16.65	\$20.80	\$24.95
36-40	\$13.50	\$18.15	\$22.80	\$27.45
41-45	\$16.70	\$22.95	\$29.20	\$35.45
46-50	\$24.00	\$33.90	\$43.80	\$53.70

MALE, SMOKER Monthly Premiums

Age	\$100,000	\$150,000	\$200,000	\$250,000
up to 35	\$22.10	\$31.05	\$40.00	\$48.95
36-40	\$27.60	\$39.30	\$51.00	\$62.70
41-45	\$40.60	\$58.80	\$77.00	\$95.20
46-50	\$65.10	\$95.55	\$126.00	\$156.45

FEMALE, SMOKER Monthly Premiums

Age	\$100,000	\$150,000	\$200,000	\$250,000
up to 35	\$16.70	\$22.95	\$29.20	\$35.45
36-40	\$19.90	\$27.75	\$35.60	\$43.45
41-45	\$27.20	\$38.70	\$50.20	\$61.70
46-50	\$40.60	\$58.80	\$77.00	\$95.20

Table of current standard premium rates, and subject to change. After assessing your application we may offer cover at higher premium rates.

Answers to your questions

WILL I NEED A MEDICAL?

In most cases no. But if we require you to take one, it will be at our expense.

WHAT IS THE MEANING OF DEATH AS A RESULT OF A MOTOR VEHICLE ACCIDENT?

Death as a result of a motor vehicle accident means:

- you die by violent, external and visible means solely and directly caused by a motor vehicle accident in which you were the driver or passenger of a motor vehicle;
- the motor vehicle accident occurs while the policy is in force; and
- you die within 90 days of the accident and before the policy expiry date.

Motor vehicle means a registered vehicle (including motor bike) which is:

- able to be driven on public roads and motor ways;
- used purely for business and/or personal use; and
- in use for the purpose for which it is registered.

WHAT ARE THE EXCLUSIONS?

The insured benefit will not be paid if you die or are terminally ill, directly or indirectly as a result of:

- your own act, whether while sane or insane, within 13 months after the start of your policy; or if the Policy is reinstated, the date the policy was last reinstated; or
- Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition, or infection with the Human Immunodeficiency Virus (HIV).

If the insured benefit has increased, the amount of the increase will not be paid if you die, or are terminally ill, directly or indirectly as a result of your own act, whether while sane or insane, within 13 months after the date the increase takes effect.

The additional motor vehicle accident benefit will not be paid if the motor vehicle in which you were travelling was:

- being driven by a person who was under the influence of:
 - alcohol; or
 - a drug (other than a prescribed drug taken as directed)
- in our expert's opinion, in an unsafe condition; or
- being used in a race, trial or contest, or for unlawful purposes.

WHAT IS MY 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, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate 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 of 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 would 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.

Protecting your interests

All Easylife Insurance premiums received are paid into our No.1 Statutory Fund. We also pay all benefits from this fund. Our statutory funds are regulated under the Life Insurance Act 1995.

MBF Life Board of Directors

Mr John Allpass FCA, FCPA, FAICD

Mr Graham Bradley BA, LLB (Hons), LLM

Mr John Conde B.Sc, BE Hons(Electrical), MB(Harv)

Mr Eric Dodd B.Ec, FCA, FAICD

Mr Frank Martin AAUQ, FAIM, FAICD

Ms Susan Oliver B.Building (Quantity Surveying)

Privacy and Your Personal Information

We are committed to handling your personal information in accordance with the Privacy Act.

COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

We need to collect, use and disclose your personal information in order to consider your application for an Easylife Insurance Policy, and to provide the cover you have chosen, administer the Policy and assess any claim. You can choose not to provide us with some or all of your personal information, but this may affect our ability to provide the cover.

We are committed to providing you with access to a range of leading products and services. In order to do this we will use your personal information to promote and offer you other products and services, unless you advise us otherwise.

Please call 132 976 if you have any questions, comments, or concerns regarding privacy matters.

Service Agreement Summary for Direct Debit arrangement

This is a summary of the Service Agreement that applies to premium deductions from an account with a financial institution.

Note that Direct Debits are not available on all accounts. Please check with your financial institution if you are unsure whether Direct Debits can be made from your account. If your policy is accepted, where you have chosen this option we will send a copy of the full service agreement together with your policy documentation.

YOUR RIGHTS

You can cancel our authority to make deductions from your account by writing to us at least 14 business days before the next deduction is due to be made. This applies if you want to cancel a single deduction, all future deductions or have closed your account.

If you believe a deduction has been made incorrectly, please call us immediately on **132 977**. We may ask you to confirm details of the deduction in writing.

YOUR OBLIGATIONS

It is your responsibility to make sure the account details you have given us are correct and there are sufficient funds available in the nominated account so that premium deductions can be made when due.

You may be charged a fee by us and your financial institution if the account details are incorrect or there are insufficient funds available in the account when we attempt to deduct premiums. To allow your policy to provide cover we must receive premiums by the due dates. If direct debiting fails, you must arrange for the premium to be paid by another method.

OUR COMMITMENT TO YOU

We will only make deductions from your account according to the Service Agreement, your Direct Debit Request and your policy document.

Premium deductions from your account will be made on or around the premium due dates unless these dates are on a weekend or public holiday. In these cases, we will normally make the deductions on the previous or the next business day.

We will not change the amount of the deductions unless we have given you 14 days prior notice.

We will promptly respond to any concerns you may have about amounts deducted from your account.

How to apply for cover

This Customer Information Brochure contains all the important information you will need to know about Easylife Insurance.

To apply for cover just follow these simple steps:

- read this Customer Information Brochure carefully
- choose the amount of cover that meets your needs
- find the premium for that amount from the tables on page 8
- decide how you want to pay for your cover
- complete the application form and post it, with your cheque or payment authority, to:

Easylife Insurance
MBF Life Limited
Reply Paid 4232
Sydney NSW 2001

It's that easy!

This material is current until 10 March 2004, it must not be used after that date.

This application was issued on 6 February 2004 and expires on 10 March 2004.

Applications for an Easylife Insurance Policy can only be accepted on this form. We cannot accept an Application on this form dated after 10 March 2004. MBF Life Limited reserves the right to accept or decline applications.

Before you sign this Application Form, be aware that MBF Life Limited is obliged to have provided you with a Key Features Statement containing a summary of the important information in relation to this product. You should sign the declaration saying that you have received this. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Personal Details please ensure that all details are correct and complete

Applicant one your details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Postal Address

Daytime phone number () After hours phone number ()

Height Male ☐ Female ☐

Weight Date of birth

Have you smoked in the last 12 months? Yes ☐ No ☐

Are you a permanent resident of Australia? Yes ☐ No ☐

What is your current occupation and describe duties?

Cover level (please tick)
\$100,000 ☐ \$150,000 ☐ \$200,000 ☐ \$250,000 ☐

Premium (from tables) \$ per month/year

Applicant two your partner's details

Relationship to applicant one

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Given name(s)

Surname

Postal Address

Daytime phone number () After hours phone number ()

Height Male ☐ Female ☐

Weight Date of birth

Have you smoked in the last 12 months? Yes ☐ No ☐

Are you a permanent resident of Australia? Yes ☐ No ☐

What is your current occupation and describe duties?

Cover level (please tick)
\$100,000 ☐ \$150,000 ☐ \$200,000 ☐ \$250,000 ☐

Premium (from tables) \$ per month/year

Personal Statement

1. Have you ever had, or consulted anyone for, any heart complaint, high blood pressure, raised cholesterol, stroke, diabetes, cancer or tumour, kidney or liver disease, depression or nervous disorder, paralysis, asthma or lung disease, blood disorder or epilepsy?

Applicant one

Yes ☐ No ☐
2. In the last five years have you suffered from any condition, or do you presently suffer from any condition, which has required medical advice or which you suspect may do so in the future (other than for colds or flu)?

Applicant two

Yes ☐ No ☐
3. Do you participate or intend to participate in any hazardous activity or occupation, such as motor racing, mountain climbing, parachuting, aviation (other than as a fare paying passenger on a recognised airline), underwater diving, caving, abseiling or underground mining?

Applicant one

Yes ☐ No ☐

Applicant two

Yes ☐ No ☐

If you have answered ‘yes’ to any of the questions 1 to 3, please give details below. Use a separate sheet of paper if necessary and include details of the date, nature and duration of the illness.

Applicant one

Applicant two

What is the name and address of your usual doctor?

Applicant one

Name

Address

Postcode

Phone number

()

What is the name and address of your usual doctor?

Applicant two

Name

Address

Postcode

Phone number

()

Please continue over page.

Payment method

- ☐ Annual by cheque (payable to MBF Life Limited)
- ☐ Monthly from your bank account (complete direct debit request)

- ☐ Annual by credit card (complete credit card authority)
- ☐ Monthly by credit card (complete credit card authority)

Direct debit request authority

Your details

Given name(s) Surname

Work phone number Home phone number

Address

OR Company name

ACN/ARBN/ABN Please circle

Contact phone number

Address

Request and authority to debit

MBFLife Limited ID 022829 may debit and/or charge any amount through the Bulk Electronic Clearing System, from the account nominated on this form. Each debit or charge must be effected according to the Service Agreement.

Details of financial institution

Name and address of financial institution

Credit card payment authority

- This payment authority is for (tick one only)
- ☐ The entire first year and subsequent premiums
- ☐ Regular monthly payments from my credit card

I authorise MBF Life Limited to charge my

Bankcard ☐ VISA card ☐ Mastercard ☐

The amount of \$

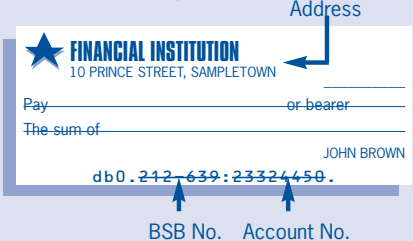
Details of account to be debited

Name of account

BSB number Account number

Please note: If you would like to vary or cancel the direct debit, or change the account number from which the direct debit is made, you need to give MBF Life Limited at least 14 business days notice.

This direct debit authority will enable deductions to be made from your account (but not passbook accounts). We can debit most bank, building society and credit union accounts (but check with your financial institution if you are unsure). If your account has a cheque book facility, or personalised deposit/withdrawal slips, the information can be located from these, as shown in the diagram.



The diagram shows a cheque from 'FINANCIAL INSTITUTION' at '10 PRINCE STREET, SAMPLETOWN'. The 'Pay' line is blank, and the 'The sum of' line is 'JOHN BROWN'. The BSB number is 'db0.212.639' and the Account number is '23324450'. Arrows point from the text 'located from these, as shown in the diagram.' to the BSB and Account numbers on the cheque.

Signature(s)

Before signing this section, please read the Service Agreement summary on pages 13-14. Your signature below will indicate you accept the terms of the Service Agreement and confirm that the details on this form have been checked and are correct.

If a joint account, please have all account holders sign. If the account is held by a company please have one director and the company secretary each sign.

If you are signing for and on behalf of another person or entity, please state the capacity in which you sign, in the signature box below.

Signature 1 Date

Signature 2 Date

Credit card number

Cardholder's name (as shown on card) Expiry Date

Signature Date

Please note:

- Any application received on an expired Application Form will be declined.
- The applicant must be you or your partner. Both you and your partner may apply for cover in which case (if we accept each application) two separate policies will be issued. If the Application is accepted by us, the applicant will be the policy owner and life insured under the policy.
- 'I' and 'my' is the same as 'we' and 'our' in the statements that follow.

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 renew, extend, 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 of or, in the ordinary course of his 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 would 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.

Declarations and Authorisations

- My decision to apply for this insurance is based on my understanding of the Customer Information Brochure and the Key Features Statement which I have received.
- The answers I have given in this application and any separate personal statements made within it are true and correct.
- I understand that my duty of disclosure also extends to matters which are not specifically referred to in the questions asked. I have disclosed all relevant information so that MBF Life Limited can consider this application for life insurance and understand my duty of disclosure continues until MBF Life Limited notifies me that my application is accepted.
- I acknowledge that I have not been given any advice, and that no detailed personal financial analysis has been undertaken in relation to the purchase of this insurance. I understand that by not receiving advice, I risk making a financial commitment to a life policy that may not be appropriate for my needs and objectives.
- I understand that the insurance applied for does not begin until MBF Life Limited accepts my application.

OFFICE USE ONLY

Branch/CSC _____ Staff No. _____

Receipt No. _____ Date received _____

Privacy and Personal Information

By providing my personal information to MBF Life Limited I acknowledge and declare that, and consent to the following:

- you can collect and use my personal information for the following purposes: to assess any application; underwrite, price and issue any policy; calculate or offer benefits and discounts; administer the policy; to investigate, assess and pay any claim;
- for these purposes you can collect my personal information from, and disclose it on a confidential basis to: your related entities; other insurers; insurance reference bureaus; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; and the agent of any of these;
- where I provide personal information to you about another person, I am authorised to provide that information to you, and I will inform that person who you are, how you use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual);

Marketing Purposes

- you collecting and using my personal information to contact me for market research and to provide me information and offers about products and services offered by you and your related entities, within the MBF group, and other organisations whose products and services you promote;
- you disclosing my personal information on a confidential basis for these marketing purposes to your related entities, and to any agent of them; and
- I will inform you if I do not want my personal information to be used, or disclosed for these marketing purposes.

Medical Authorisation - I authorise any doctor, hospital or clinic to provide MBF Life Limited with information regarding my medical history.
A photocopy of this authority will be as valid as the original.

Your Signature(s):

Applicant one

Date

/ /

Applicant two

Date

/ /

Enquiries

132 976

Existing customers

132 977

Mobile phones – normal network costs apply

www.mbflife.com.au

MBF Life Limited ABN 12 000 021 581
AFS Licence No. 227682
97-99 Bathurst Street, Sydney

NSW