

Easylife Insurance

Customer Information Brochure



**Includes
Motor Vehicle
Accident
Double
Benefit**

Includes Key Features Statement and Application Form

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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NRMA Life Limited ABN 12 000 021 581

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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 of the policy and “we” to NRMA Life Limited.

Easylife Insurance

Everyone needs some type of life insurance at various times 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 a simple, convenient and affordable form of life insurance. And it can ensure financial relief for your loved ones by ensuring debts like home loans, car loans and credit cards could be paid in the event of your death.

We have tailored the policy to meet the needs of our customers, with features like an early payout if you are diagnosed with a terminal illness and double payout should you die as a result of a motor vehicle accident.

You can choose the level of cover that suits your budget, and you choose if you want to pay your premium annually or monthly. If you pay annually, you will save money, as you will get 12 months cover for the cost of 11.

It's easy to apply - provided you are Australian residents aged between 16 and 50 inclusive, both you and your partner can apply using the application form in this brochure, and no medicals are required in most cases. Provided you pay your premiums when 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 6. 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 cash, 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 options shown on page 6.

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 8 for more details about this benefit.

Exclusions

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 within 14 days of receiving your policy document. This is known as the 'cooling-off' period. We will refund any premiums you have paid.

If you purchase your policy on or after 11 March 2002 you will not be able to cancel it under the 'cooling off period' provision if you have exercised any rights under it, for example, you have made a claim under your policy. We may charge a reasonable administration fee if you exercise the option to terminate your policy with us.

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) 9629 7050 or 1800 335 405, or by writing to: The Manager, Financial Industry Complaints Service, PO Box 579, Market St Post Office, Melbourne VIC 8007.

How much will cover cost?

The tables below show the monthly premium for the four choices of cover available - \$100,000, \$150,000, \$200,000 and \$250,000.

The table opposite will help you decide the level of cover that best meets your needs.

If you wish to pay annually, simply multiply the monthly premium shown 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.

How much cover do I need?

Only you can decide how much cover suits your personal circumstances.

Simply fill in the table below to get an idea of how much cover you may need.

A Long term debts	Our example	Your needs
Mortgage	\$120 000	\$ _____
Other major loans (car, credit cards, overdraft, etc)	\$10 000	\$ _____
To clear your debts you should insure for	\$130 000	\$ _____ Line A

B Monthly living expenses		
Rent (usually none if mortgage is paid off)	\$0	\$ _____
Rates/telephone/electricity etc	\$200	\$ _____
Food/clothing etc	\$400	\$ _____
Child care/school fees	\$300	\$ _____
Car/bus/train	\$300	\$ _____
Other expenses (holidays, entertainment)	\$300	\$ _____
Monthly total	\$1 500	\$ _____
Multiply by 12 to get yearly total (\$1 500 x 12)	\$18 000	\$ _____
Multiply this by 15*	\$270 000	\$ _____
To maintain a reasonable income for the future you will need	\$270 000	\$ _____ Line B

C What are my complete life insurance needs?

To insure for both an ongoing income and to clear debts (Add Line A to Line B)

\$400 000	\$ _____
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Deduct any existing life insurance you have and plan to keep, plus assets that could be easily turned into cash

\$150 000	\$ _____
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Total life insurance needs \$250 000 \$ _____ **Line C**

If Line C is zero, you have enough cover. You don't need any more life insurance, unless your life changes in a big way. But if you don't have enough, you may want to increase your cover.

And if you have a partner (earning income or not) you may want to think about insuring both of you at the same time. This often makes good sense.

*Our experience tells us that the lump sum amount you will need from life insurance to cover these yearly expenses is about 15 times this figure.

Answers to other questions you may have

Will I need a medical?

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

Can I have a different amount of cover?

To keep Easylife Insurance as simple as possible, we have only four choices of cover - \$100,000, \$150,000, \$200,000 and \$250,000. If you require a different amount of cover, please ask us for details of other life insurance policies we can offer.

Can I have trauma or disablement cover?

Easylife Insurance is designed as a simple, affordable policy offering death cover only. If you require cover for trauma or disablement, or income protection, please ask us for details of other policies we can offer.

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 if I change my mind?

You have 14 days, from when you receive your policy document, to change your mind. If you cancel your policy within this time, you will receive a refund of any premiums you have paid.

If you purchase your policy on or after 11 March 2002 you will not be able to cancel it under the 'cooling off period' provision if you have exercised any rights under it, for example, you have made a claim under your policy. We may charge a reasonable administration fee if you exercise the option to terminate your policy with us.

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, 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.

Protecting your Interests

All NRMA 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.

NRMA Life Board of Directors

Mr John Astbury FAICD

Mr Ian Stanwell BEc, ED, FCA, FCIS, FAII, FAICD

Mr Ian Brown AAIL, AIINZ, FAIM

Mr John Cowan BComm, ASA, ASIA

Mr George Venardos BComm, FCIS, FCA,
Dip CM, MAICD, JP

Mr Anthony Coleman BA, MBA, FIA, FIAA

This Brochure

This brochure was issued on December 21st 2001. It expires on December 20th 2002 and may not be used after that date.

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.

Our Privacy Charter

Further information on how we handle your personal information is explained in our Privacy Charter including

- how to contact us regarding Privacy
- how to inform us to change your marketing consent
- how to access your personal information.

A copy of our Privacy Charter is available at any NRMA Office or at www.nrma.com.au or by calling 132 977.

Direct Debit Request Service Agreement

If you wish to pay your premium monthly by direct debit, please read the Service Agreement below before completing the application form.

Definitions

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us, including the direct debit request.

business day means a day other than a Saturday or a Sunday or a listed public holiday.

debit day means the day that payment is due.

debit payment means a particular transaction where a debit is made, according to *your direct debit request*.

direct debit request means the *Direct Debit Request* between us and you.

us and *we* and *our* means *NRMA Life Limited*, the company you have authorised to debit *your* account.

you means the customer(s) who signed the *direct debit request*.

your financial institution is the financial institution where you hold the *account* that you have authorised *us* to arrange to debit.

1 Debiting your account

- 1.1 By signing a *direct debit request*, you have authorised *us* to arrange for funds to be debited from *your account* according to the *agreement* we have with you.
- 1.2 We will only arrange for funds to be debited from *your* account:
 - as authorised in the *direct debit request*; and/or
 - according to any notice sent to *you* by *us*, specifying the amount payable for a product and the date the payment is due.
- 1.3 If the *debit day* falls on a day that is not a business day, we may direct *your financial institution* to debit *your account* on the following business day. If you are unsure about which day *your account* has or will be debited, please check with *your financial institution*.

2 Changes by us

- 2.1 We may vary any details in this *agreement* or a *direct debit request* at any time by giving you at least 14 *business days* written notice.

3 Changes by you

- 3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us* on 132 977.
- 3.2 If *you* wish to stop or defer a *debit payment* *you* must write to *us* at *least 10 business days* before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your* account at any time by giving *us 14 business days* notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

4 Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made.
- 4.2 If there are insufficient clear funds available in *your account* to meet a *debit payment*:
 - *you* or *your account* may be charged a fee and/or interest by *your financial institution*;
 - *you* or *your account* may be charged a fee to reimburse *us* for charges *we* have incurred for the failed transaction;
 - *you* must arrange for the payment to be made by another method or arrange for sufficient clear funds to be in *your account* within the next *7 business days* or another time *we* agree with *you* so that *we* can process the *debit payment*.
- 4.3 Please check *your account* statement to verify that the amounts debited from *your account* are correct.
- 4.4 If *we* are liable to pay goods and services tax (“GST”) on a supply made in connection with this agreement, then *you* agree to pay *us* on demand an amount equal to the GST included in the consideration payable for the supply.

5 Dispute

- 5.1 If *you* believe that there has been an error in debiting *your account* *you* should call *us* on 132 977 and confirm the details in writing with *us* as soon as possible so that *we* can resolve *your* query quickly.
- 5.2 If *our* investigations show that *your account* has been incorrectly debited *we* will arrange for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3 If *our* investigations show that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and copies of any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6 Accounts

6.1 You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

6.2 Warning: if the account number you have quoted is incorrect, you may be charged a fee to reimburse our costs in correcting any deductions from:

- an account you do not have authority to operate; or
- an account you do not own.

7 Confidentiality

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- to the extent specifically permitted by law; or
- for the purposes of this agreement (including disclosing information in connection with any query, dispute or claim).

8 Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should contact us on 132 977 for the correct mailing address.

8.2 We will notify you by sending a notice in the ordinary post to the last address you notified to us.

8.3 Any notice will be deemed to have been received 2 business days after it is posted.

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 6
- decide how you want to pay for your cover
- either apply for cover by completing the application form and hand it in, with your payment, or payment authority at your nearest NRMA office or post it to us at:

Easylife Insurance
NRMA Life Limited
Reply Paid 4232
Sydney NSW 2001

It's that easy!

Interim Cover Certificate- accidental death

While we process your application for NRMA Easylife Insurance we are pleased to provide you (as the life insured) interim accidental death cover at no cost. This cover starts on the date shown below being when we receive your completed Easylife Insurance application form and your first premium payment or a completed Direct Debit Request.

WHEN DO WE PAY THE BENEFIT?

Accidental Death

The benefit payable is the level of cover you applied for in your Easylife Insurance application, and is shown below.

It will be paid as a lump sum benefit on your accidental death, provided the injury causing death occurs whilst this cover applies. The benefit is paid to your estate. There are however some circumstances in which we won't pay a benefit, and these are explained below.

Accidental death means you die as a result of an injury, independently of any other cause, within 90 days of the injury occurring.

Injury means bodily injury which is caused solely and directly by violent, external and accidental means, and is not caused as a result of the life insured's own intentional act.

ARE THERE CIRCUMSTANCES WHERE WE WON'T PAY THE BENEFIT?

Yes. A benefit will not be paid if a benefit is payable under the Easylife Insurance Policy you have applied for. Also, a benefit will not be paid if the injury that caused your accidental death occurred while you were:

- engaged in any unlawful activity;
- participating in competitive sport;
- parachuting;
- flying other than as a fare-paying passenger on a commercial airline; or
- outside Australian territorial boundaries.

WHEN YOUR INTERIM ACCIDENTAL DEATH COVER ENDS

Your interim accidental death cover will end on the earliest of the following:

- 45 days after this cover starts;
- when we accept your Easylife Insurance application;
- the date we specify in a notice to you as the date this cover will end;
- when you withdraw your Easylife Insurance application.

Details for start of Interim Cover:

Name of life insured: _____

Date application lodged ____ / ____ / ____ Cover level: _____
(cover start date)

Staff Number _____

Branch _____



This application was issued on December 21st 2001 and expires on December 20th 2002.

Applications for an Easylife Insurance Policy can only be accepted on this form. We cannot accept an Application on this form dated after December 20th 2002. NRMA Life Limited reserves the right to accept or decline applications.

Before you sign this Application Form, be aware that NRMA 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. 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 Postcode

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 Postcode

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 <input type="checkbox"/> No <input type="checkbox"/> | Applicant two
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you have answered 'yes' to any of the questions 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
()

Payment method

- Annual by cheque (payable to NRMA 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
 Postcode

OR Company name

ACN/ARBN/ABN Please circle

Contact phone number

Address
 Postcode

Request and authority to debit

NRMA Life 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
 Postcode

Credit card payment authority

This payment authority is for (tick one only)

- The entire first year's premium
 Regular monthly payments from my credit card

I authorise NRMA Life Limited to charge my

Bankcard VISA card Mastercard

The amount of \$

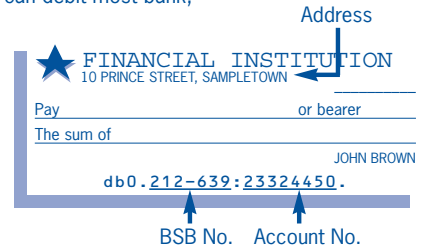
Details of account to be debited

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 NRMA 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.



Signature(s)

Before signing this section, please read the Service Agreement on pages 13-15. 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 NRMA Life Limited can consider this application for life insurance and understand my duty of disclosure continues until NRMA 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 NRMA 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 NRMA 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, NRMA Member Services* and its related entities, 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, to NRMA Member Services* and its related entities, and to any agent of these; and
- I will inform you if I do not want my personal information to be used, or disclosed for these marketing purposes.

** trading name of National Roads and Motorists' Association Limited ABN 77 000 010 506, a separate and unrelated company.*

Medical Authorisation - I authorise any doctor, hospital or clinic to provide NRMA 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

Sydney

388 George Street
Sydney NSW 2000

Melbourne

Level 10, 161 Collins Street
Melbourne VIC 3000

Canberra

92 Northbourne Avenue
Canberra ACT 2600

Brisbane

GPO Box 5730
Brisbane QLD 4001

Adelaide

211 Victoria Square
Adelaide SA 5000

Perth

170 St Georges Terrace
Perth WA 6000



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