

Supplementary Product Disclosure Statement

to the MBF Term Life Insurance Product Disclosure Statement dated 27 March 2006

Issued by: Clearview Life Assurance Limited
ABN 12 000 021 581, AFSL No. 227682
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10 June 2010

What is the purpose of this document?

This Supplementary Product Disclosure Statement (SPDS) dated and issued 10 June 2010 amends and updates some of the information contained in the MBF Term Life Insurance Product Disclosure Statement (PDS) dated 27 March 2006.

This SPDS must be read in conjunction with the PDS.

What are the changes?

From 10 June 2010,

- I. All references to 'MBF Life Limited' become 'ClearView Life Assurance Limited'.
- II. All references to 'we/us/our/insurer' are references to 'ClearView Life Assurance Limited'.
- III. On page 6, under the heading 'Exclusions: when an optional benefit will not be paid' the two references to '120' days becomes '90' days.
- IV. On page 20, under the heading 'Marketing purposes' the reference to 'MBF Australia Limited' becomes 'ClearView'.
- V. On page 21, under the heading 'Our Information Handling Policy' the phone number referred to in the second paragraph has changed from '132 623' to '1800 213 839'.
- VI. On page 22, under the heading 'Complaints', the 'please contact' address referring to 'MBF Life Limited' becomes 'Clearview Life Assurance Limited'. The reference to 'Financial Industry Complaints Service on (03) 8623 2000 or' needs to be deleted and replaced with 'Financial Ombudsman Service on'. The address following is to be deleted and replaced with:

'The Manager
Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001'

In the last paragraph, the reference to 'Financial Industry Complaints Service' becomes 'Financial Ombudsman Service'.

- VII. On page 24, under the heading 'Our commitment to you', reference to 'MBF Life Limited' becomes 'Clearview Life Assurance Limited'.
- VIII. On the 'Application for MBF Term Life Insurance Form **B**' the updated form as a result of the name change has a red circle in the top right corner. Only applications on this form can be accepted after 10 June 2010. Please contact us on 132 623 if you need this form.
- IX. On the 'Payment Authority Form **C**' the updated form as a result of the name change has a red circle in the top right corner. Only applications on this form can be accepted after 10 June 2010. Please contact us on 132 623 if you need this form.



MBF Term Life Insurance

PRODUCT DISCLOSURE STATEMENT

Issued 27 March 2006



This is an important document and should be kept in a safe place.
Issued by: MBF Life Limited ABN 12 000 021 581 AFS Licence No. 227 682

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About this Product Disclosure Statement

This Product Disclosure Statement (PDS) has been prepared to help you make an informed decision about MBF Term Life Insurance. The information provided in this PDS is of a general nature only and does not take into account your individual needs or objectives. You should consider this PDS before making any decision about whether to hold or acquire the product.

This PDS has been prepared with the most up-to-date information available at the time of production. In the event of an omission of information or there is a materially adverse change to the information MBF Life Limited will issue a supplementary or replacement PDS. And, if you request it, we will provide you with a copy of any supplementary or replacement PDS, at no charge.

Information that is not materially adverse is subject to change from time to time. More up to date information may be available by visiting our website at mbflife.com.au. We will give you a paper copy of any updates (free of charge) if you request them.

Many of the terms/words used in this document have specific meanings. Except as otherwise stated, these meanings are explained in the Definitions section. You should consult this section and understand the definitions prior to making any decision in relation to this product.

In this PDS “you” refers to the policy owner, as the context requires and “we/us/our/insurer” to MBF Life Limited. The life insured/s means the “life insured” under the Policy.

What is MBF Term Life Insurance?

MBF Term Life Insurance provides money for loved ones in the unfortunate event of death. With the benefit of a lump sum payment, major debts such as the mortgage could be paid off and day-to-day living costs and other expenses could be met for your family to maintain their lifestyle.

If the life insured dies, we pay the death benefit to the policy owner. If you are both the life insured and the policy owner, we pay it to your estate. However, if you have nominated any beneficiaries we will pay the benefit to them.

If the life insured is diagnosed as terminally ill, (this is defined on page 16), payment of the death benefit can be brought forward to assist in these difficult circumstances. The maximum amount we will bring forward is \$1 million, with any balance payable on death. And you can add any one of three optional benefits to your policy to give you extra protection. You can apply to insure against the extra costs you and your family would face if the life insured became totally and permanently disabled (TPD) or suffered a traumatic medical condition. These options are explained in detail on pages 3 through 15.

MBF Term Life Insurance provides worldwide cover, 24 hours a day. However, there are some important exclusions which are explained on pages 3 and 6.

If you cancel your policy at any time, other than during the cooling-off period (see page 16), you will not get any money back.

Cover limits

The minimum level of Death cover is \$100,000. The maximum level of Death cover we will issue will depend on your individual circumstances. The maximum benefit we will pay on Terminal Illness is \$1 million. The level of cover for TPD, Trauma or Trauma Plus cannot exceed the Death cover under the policy, and cannot be more than \$1 million or less than \$50,000.

Who can apply for MBF Term Life Insurance?

Anyone over the age of 16 may apply to be the owner of Term Life Insurance. The life insured must be between the ages of 16 and 64 inclusive for Death cover, and between the ages of 16 and 54 inclusive for TPD, Trauma or Trauma Plus cover when the cover starts.

What are the Benefits?

Death and Terminal Illness cover

If the life insured dies or is diagnosed as terminally ill (defined on page 16) while the policy is in force, you will receive a lump sum benefit. Some exclusions apply - these are also set out below.

If the life insured dies, you receive the amount of death cover and the policy will cease. If the life insured is diagnosed as terminally ill, payment of the death benefit is brought forward and cover for any optional benefits will cease. If your death cover is greater than the maximum Terminal Illness benefit, the balance of your death cover will be paid on death.

The expiry date of a policy kept in force is the anniversary of the day your policy starts, after the life insured turns age 85. Terminal illness cover expires one year earlier.

Exclusions: when the Death or Terminal Illness benefits will not be paid

We will not pay a Death Benefit or a Terminal Illness Benefit if death or terminal illness results directly or indirectly from the life insured's own act during the first 13 months after the start of the policy or, if the policy is reinstated, the date the policy was last reinstated, even if not sane at the time.

If the death cover has been increased, we will not pay the amount of the increase if the life insured dies or becomes terminally ill directly or indirectly as a result of their own act, within 13 months after the date the increase takes effect, even if not sane at the time.

Optional benefits

You can add one of three optional benefits to your policy. These benefits are:

- Total and Permanent Disablement (TPD);
- Trauma; and
- Trauma Plus.

Note these optional benefits are not available together.

Total and Permanent Disablement (TPD) option

With the TPD option you will usually receive a lump sum payment of the amount insured under this option if the life insured becomes totally and permanently disabled while the policy and this option are in force. In some cases, however, we may choose to pay the benefit in 10 equal half-yearly instalments while the life insured remains totally and permanently disabled.

At the time of payment your TPD cover will cease and your Death and Terminal Illness cover will be reduced at this time by the amount of the payment.

If the Death cover is the same as your TPD benefit, your policy ends when the full TPD benefit payment is made.

TPD cover expires on the anniversary of the day the policy starts, after the life insured turns age 65 for situations A and B, and age 60 for situation C of the TPD definition (see page 17).

What exactly is Total and Permanent Disablement?

This is a term which has a strict meaning in the policy. In brief, two things must happen while the TPD cover is in force: the life insured must suffer an injury or sickness, and the injury or sickness must result in total and permanent disablement. See page 16 for the full definition of Total and Permanent Disablement.

Trauma and Trauma Plus options

With the Trauma or Trauma Plus option you will receive a lump sum payment of the amount insured under this option if the life insured suffers any one of the specified trauma conditions while the policy and this option are in force.

The diagnosis must be by an appropriate specialist medical practitioner approved by us, who is not the life insured, the policy owner or a relative of either.

The Trauma or Trauma Plus benefit is payable once only. At the time of payment your Trauma or Trauma Plus cover will cease and your Death and Terminal Illness cover will be reduced by the amount of the payment.

If the Death cover is the same as your Trauma or Trauma Plus benefit, your policy ends when the Trauma or Trauma Plus benefit payment is made.

Trauma or Trauma Plus cover expires on the anniversary of the day the policy starts, after the life insured turns age 65 (age 60 for situation 'C' TPD, offered through Trauma Plus).

What are the specified trauma conditions?

The Trauma or Trauma Plus benefits will be paid upon medical diagnosis of the first occurrence of any one of the traumas listed in the table below.

Trauma	Trauma Plus
Cancer	Cancer
Heart Attack	Heart Attack
Stroke	Stroke
Coronary Artery Surgery	Coronary Artery Surgery
Chronic Kidney Failure	Chronic Kidney Failure
Major Head Trauma	Major Head Trauma
Multiple Sclerosis	Multiple Sclerosis
Situations A & B of TPD definition	Situations A, B & C of TPD definition

The Trauma Plus benefit covers the same conditions as the Trauma benefit, plus situation 'C' of the TPD definition (see page 17).

Refer to pages 18 and 19 for the definitions of the above trauma conditions. A waiting period applies to some of the traumatic events. Please refer to page 6 for more details.

When can the specified trauma conditions change?

The Trauma and Trauma Plus options are intended to provide a benefit to assist recovery after the life insured suffers a specified trauma. For this reason we need to regularly review the:

- definitions of the specified trauma conditions; and
- the trauma conditions themselves;

in the light of medical advances in diagnosis and treatment.

We will not single out your policy, but we can change the specified trauma definitions, or add to or delete trauma conditions, in all policies in this series. Any change will only apply from the next anniversary of the date your policy started and will be fully explained in the information we send you prior to that anniversary.

Exclusions: when an optional benefit will not be paid

The TPD, Trauma or Trauma Plus benefit will not be paid if the life insured's total and permanent disablement (TPD) or the specified trauma condition is caused by or arises from any one of:

- a self-inflicted injury, whether while sane or insane;
- engaging in any unlawful activity;
- the use of drugs, other than prescribed drugs taken as directed by a doctor;
- war, whether formally declared or not, hostilities, civil commotion or insurrection.

The Trauma or Trauma Plus benefit will not be paid in the case of cancer, heart attack, multiple sclerosis or stroke, if the specified trauma condition occurred, or the circumstances leading to the diagnosis became apparent or in the case of coronary artery by-pass surgery, the recommendation to have surgery occurs, within 120 days of:

- the start date of the Trauma or Trauma Plus cover; or
- if the Trauma or Trauma Plus cover is reinstated, the start date of the reinstatement.

The same exclusion applies to an increase in the cover for 120 days after the increase starts.

If Total and Permanent Disability benefits are being paid by instalments and the life insured does not remain totally and permanently disabled until all instalments of the benefit are paid, the unpaid instalments will not be paid.

Making a claim on your policy

At MBF Life we pride ourselves on handling claims as quickly and sensitively as possible. As it can be an extremely difficult time for those involved, we do everything to make the process as straightforward as it can be.

Please notify MBF Life as soon as practicable of your intention to make a claim - either by calling or writing to us - you will find the details on the back of this Product Disclosure Statement. The documents we require will vary, depending on the type of claim, and we will let you know what they are at that time.

Under the terms of life insurance policies, MBF Life must pay the proceeds of any successful claim to the policy owner(s).

However, for death claims where the policy owner(s) has validly nominated a beneficiary, we will pay the proceeds of any claim to the nominated beneficiaries noted on the policy at the time of the claim. (For more information about the nomination of beneficiaries, please call us on 132 623).

Where there are no nominated beneficiaries and life insured is the sole policy owner, the payment of claims proceeds will then be paid to the estate of the life insured.

In terms of the speed with which claims proceeds will ultimately be paid to your loved ones or your estate (as the case may be), policy ownership, beneficiary nomination, and the existence of a valid Will all have important implications, and you should consider these matters. If you would like more information, please call us on 132 623.

How much will it cost?

Cost of your cover

The cost of cover will depend on the age, sex, occupation, state of health, smoking status and lifestyle of the life insured. It will also depend on the level of cover you require and the benefits and options you choose.

The cost of cover varies each year according to the life insured's age on each anniversary of the date your policy starts. We currently have a minimum premium of \$20 a month or \$220 a year (inclusive of the policy fee).

Policy Fee

A Policy Fee forms part of each premium to cover costs associated with administering the policy. This is \$4.50 per month for premiums paid monthly, and \$49.50 for annual payments. We will review the policy fee each year and may index it in line with inflation. In addition, we may also increase the policy fee by giving you at least 30 days prior notice.

Premium Rates Tables

The following tables list our standard premium rates per \$1,000 of cover.

The actual rates that apply to you will depend on the information you give us in your application.

Death Premium Rates

Age last birthday	Male non smoker	Male smoker	Female non smoker	Female smoker
up to 20	1.155	1.980	0.880	1.320
21	1.100	1.980	0.880	1.320
22	1.045	1.870	0.825	1.210
23	0.990	1.760	0.770	1.100
24	0.935	1.650	0.715	1.045
25	0.935	1.595	0.715	1.045
26	0.935	1.540	0.715	0.990
27	0.880	1.485	0.660	0.990
28	0.880	1.485	0.605	0.990
29	0.825	1.485	0.605	0.990
30	0.825	1.485	0.605	1.045
31	0.825	1.485	0.605	1.045
32	0.825	1.485	0.605	1.045
33	0.825	1.485	0.605	1.045
34	0.825	1.540	0.660	1.100
35	0.880	1.650	0.715	1.155
36	0.880	1.760	0.715	1.210
37	0.880	1.870	0.770	1.265
38	0.935	1.980	0.770	1.320
39	0.990	2.145	0.770	1.430
40	1.045	2.310	0.825	1.540
41	1.100	2.530	0.880	1.650
42	1.210	2.805	0.935	1.815
43	1.320	3.080	1.045	1.980
44	1.430	3.410	1.155	2.145
45	1.540	3.795	1.265	2.310
46	1.705	4.235	1.375	2.530
47	1.870	4.675	1.540	2.805
48	2.090	5.170	1.705	3.080
49	2.310	5.720	1.870	3.410
50	2.585	6.325	2.035	3.795
51	2.915	6.985	2.255	4.180
52	3.300	7.700	2.475	4.620
53	3.740	8.470	2.750	5.115
54	4.235	9.350	3.080	5.665

Age last birthday	Male non smoker	Male smoker	Female non smoker	Female smoker
55	4.785	10.340	3.410	6.270
56	5.390	11.440	3.795	6.930
57	6.105	12.650	4.290	7.645
58	6.930	13.970	4.840	8.470
59	7.865	15.400	5.445	9.405
60	8.910	16.995	6.160	10.450
61	10.065	18.755	6.985	11.605
62	11.330	20.680	7.920	12.870
63	12.760	22.825	9.020	14.245
64	14.355	25.190	10.285	15.730

For premium rates beyond age 64, call us on 132 623.

Large Sum Insured Discount

up to \$299,999	nil
\$300,000 to \$499,999	7.5%
\$500,000 to \$999,999	12.5%
\$1,000,000 plus	15%

TPD Premium Rates

Age last birthday	Male non smoker	Male smoker	Female non smoker	Female smoker
up to 20	0.660	0.990	0.660	0.990
21	0.660	0.990	0.660	0.990
22	0.550	0.880	0.550	0.880
23	0.550	0.770	0.550	0.770
24	0.440	0.550	0.440	0.550
25	0.440	0.550	0.440	0.550
26	0.440	0.660	0.440	0.660
27	0.440	0.660	0.440	0.660
28	0.440	0.660	0.440	0.660
29	0.440	0.660	0.440	0.660
30	0.440	0.660	0.440	0.660
31	0.440	0.770	0.440	0.770
32	0.440	0.770	0.440	0.770
33	0.550	0.880	0.550	0.880
34	0.550	0.880	0.550	0.880
35	0.550	0.990	0.550	0.990
36	0.660	0.990	0.660	0.990
37	0.770	0.990	0.770	0.990
38	0.770	0.990	0.770	0.990
39	0.770	0.990	0.770	0.990
40	0.880	1.210	0.880	1.210
41	0.880	1.210	0.880	1.210
42	0.990	1.320	0.990	1.320
43	1.100	1.430	1.100	1.430
44	1.210	1.430	1.210	1.430
45	1.210	1.870	1.210	1.870
46	1.540	2.090	1.540	2.090
47	1.650	2.420	1.650	2.420
48	1.980	2.750	1.980	2.750
49	2.200	3.190	2.200	3.190
50	2.530	3.630	2.530	3.630
51	2.860	4.180	2.860	4.180
52	3.300	4.730	3.300	4.730
53	3.850	5.500	3.850	5.500
54	4.510	6.380	4.510	6.380

For premium rates beyond age 54, call us on 132 623.

Trauma Premium Rates

Age last birthday	Male non smoker	Male smoker	Female non smoker	Female smoker
up to 20	0.935	1.155	1.045	1.100
21	0.935	1.155	1.045	1.100
22	0.935	1.155	1.045	1.100
23	0.935	1.155	1.045	1.100
24	0.935	1.155	1.045	1.100
25	0.935	1.155	1.045	1.100
26	0.935	1.155	1.045	1.100
27	0.935	1.210	1.045	1.155
28	0.935	1.265	1.100	1.265
29	0.935	1.320	1.155	1.375
30	0.990	1.430	1.210	1.540
31	1.100	1.485	1.320	1.705
32	1.210	1.650	1.375	1.925
33	1.265	1.760	1.430	2.145
34	1.320	1.925	1.485	2.310
35	1.375	2.090	1.540	2.530
36	1.430	2.255	1.705	2.695
37	1.540	2.530	1.925	3.025
38	1.650	2.805	2.145	3.355
39	1.760	3.190	2.310	3.740
40	1.925	3.575	2.420	4.070
41	2.145	4.015	2.585	4.400
42	2.475	4.620	2.860	4.950
43	2.860	5.225	3.190	5.445
44	3.245	5.885	3.520	5.830
45	3.630	6.600	3.795	6.160
46	4.015	7.480	4.070	6.545
47	4.345	8.415	4.345	7.205
48	4.840	9.405	4.675	7.920
49	5.390	10.450	5.005	8.470
50	5.995	11.660	5.335	9.405
51	6.655	13.145	5.665	10.175
52	7.370	14.740	5.995	11.220
53	8.140	16.555	6.325	12.375
54	8.965	18.480	6.655	13.420

For premium rates beyond age 54, call us on 132 623.

Trauma Plus Premium Rates

Age last birthday	Male non smoker	Male smoker	Female non smoker	Female smoker
up to 20	1.210	1.595	1.265	1.375
21	1.210	1.595	1.265	1.375
22	1.210	1.595	1.265	1.375
23	1.210	1.595	1.265	1.375
24	1.210	1.595	1.265	1.375
25	1.210	1.595	1.265	1.375
26	1.210	1.595	1.265	1.375
27	1.210	1.650	1.265	1.375
28	1.210	1.650	1.265	1.430
29	1.210	1.650	1.320	1.540
30	1.210	1.760	1.375	1.705
31	1.375	1.815	1.485	1.870
32	1.485	1.980	1.540	2.145
33	1.485	2.035	1.595	2.365
34	1.540	2.200	1.650	2.530
35	1.540	2.365	1.705	2.750
36	1.595	2.475	1.870	2.915
37	1.705	2.805	2.090	3.300
38	1.815	3.025	2.365	3.630
39	1.925	3.410	2.530	4.070
40	2.090	3.850	2.640	4.400
41	2.365	4.290	2.805	4.730
42	2.695	4.950	3.135	5.335
43	3.135	5.610	3.465	5.885
44	3.575	6.325	3.905	6.380
45	4.015	7.095	4.290	6.875
46	4.510	8.085	4.620	7.370
47	4.895	9.185	5.060	8.250
48	5.500	10.340	5.555	9.295
49	6.215	11.550	6.105	10.120
50	6.985	12.980	6.710	11.550
51	7.865	14.850	7.370	12.870
52	8.965	16.940	8.030	14.575
53	10.065	19.250	8.745	16.500
54	11.330	21.780	9.460	18.315

For premium rates beyond age 54, call us on 132 623.

Premium worksheet

You can estimate the cost of your cover by completing the premium worksheet below. The actual cost will depend on the information you tell us in your application. NOTE: Discounts apply for sums insured of \$300,000 and over. If you would like help obtaining a premium quote, please call us on 132 623.

Premium rates can be found in the table(s) on pages 8 to 12. We have included an example below to assist you.

Our example

Male age 35, non-smoker. Requires death cover of \$350,000 and trauma cover of \$150,000.

Cover				Premiums		
Death cover		Rate per \$1000 from Premium Rate table	Policy fee	Annual Premium		Monthly Premium
\$350,000	÷ 1,000 = \$350	x 0.880	= \$308 + \$49.50 =	\$357.50	÷ 11 =	\$32.50
Trauma cover				+		+
\$150,000	÷ 1,000 = \$150	x 1.375	n/a =	\$206.25	÷ 11 =	\$18.75
				=		=
Total estimated premium for the Death and Trauma benefit				=	\$563.75	÷ 11 = \$51.25

Enter your needs to estimate your premium

Cover				Premiums		
Death cover		Rate per \$1000 from Premium Rate table	Policy fee	Annual Premium		Monthly Premium
\$	÷ 1,000 =	x	= \$ + \$49.50 =	\$	÷ 11 =	\$
Trauma or TPD cover				+		+
\$	÷ 1,000 =	x	n/a =	\$	÷ 11 =	\$
				=		=
Total estimated premium for the Death and Trauma benefit				=	\$	÷ 11 = \$

You choose how to pay

You can pay your premium either monthly or yearly. If you choose to pay monthly, you can have premiums deducted from your credit card or other nominated account with a financial institution. If you choose to pay yearly – and you will save money by doing so (the yearly premium is equal to 11 times the monthly premium) – you can pay by cheque or credit card.

Your cover increases with inflation

Your cover is automatically increased yearly in line with inflation, until either the life insured turns 65 or your cover reaches our indexation maximum of \$1 million. Your premiums will also increase in line with the increased cover. If we decide to increase our indexation maximum in the future, we will advise you in writing at the next policy renewal subsequent to the increase.

However, if at any time you do not want this increase in cover, you can maintain your cover at the same level as the current year by contacting us before the policy anniversary.

Can we increase our premium rates?

You cannot be singled out for a premium rate increase. Our standard rates are not guaranteed, but can only change if we change them for all policies in the same category under this series of policies.

Any applicable new or increased Government taxes or charges (including Stamp Duty) will be passed on to your policy.

Either way we will write to you at least 30 days prior to any changes taking place, telling you what we have done and why.

What will happen if you stop paying your premium?

To ensure your policy remains in force you must pay your regular premium.

If you don't pay the premium within 30 days after the due date, we will write to you explaining how we can cancel your policy. If we cancel your policy all cover will cease and you will not be able to make a claim after the due date.

You may be able to reinstate your policy after it is cancelled, subject to our approval and the payment of outstanding premiums. This may involve a reassessment of your personal circumstances in a new application to be made at the time.

What are the tax implications?

If a claim is made on your policy, your benefit will in most instances be free of income tax. However, there are some circumstances where it may be taxable.

These include:

- if the policy has been taken out for certain reasons such as business purposes; or
- if you claim on the TPD, Trauma or Trauma Plus option, and you are not either the life insured or a relative of the life insured (as defined in the Income Tax Assessment Act 1997).

Goods and Services Tax ('GST') is not payable on your policy.

This tax information was current at time of publication and is based on the continuance of these laws and our interpretation of them. This information is a guide only. You should seek expert taxation advice in relation to your own circumstances.

Additional information

When does cover start?

Your Interim Accidental Death Cover (for up to 45 days) starts as soon as we receive your completed application form and premium payment or completed payment authority. Please refer to page 21 for information about the accidental death benefit provided under this Interim Accidental Death Cover. We will then start processing your Term Life Insurance application. We may have to ask some questions or ask the life insured to do a medical test. It may take a little time to complete all this. If we accept your application we will write to welcome you, and inform you that your cover has started, by issuing a policy document.

Can the cover be increased?

Yes. In fact, your cover is automatically increased every year until the life insured's 65th birthday in line with inflation (or up to our maximum), so that your cover keeps pace in real terms. You can also apply at any time to increase your cover, up to the life insured's 65th birthday for death cover, and up to the life insured's 55th birthday for TPD, Trauma or Trauma Plus cover. We will ask for some current information about the life insured's health, occupation and lifestyle pursuits so we can process your application quickly. If you want to change your cover up or down, call us on 132 623 and we will help you.

Cooling-off period

If you decide that the MBF Term Life Insurance Policy doesn't meet your needs, you may cancel your policy within 14 days of:

- The date you receive your Term Life Insurance Policy; or
- The end of the fifth business day after your policy starts, whichever comes first.

This is known as the 'cooling-off period'. Within this period you may cancel the policy by simply sending it back to us, with a request to cancel it. You will receive a full refund of premiums paid, provided you have not made a claim under the policy.

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.

Information about your policy

If we accept your application for a Term Life Insurance Policy, we will send you a Policy Certificate and a booklet containing the terms of your policy. These documents form the contract between you and us. They are important legal documents and you should read them carefully. They will explain how your policy operates, the amount of cover when the policy is issued and the premium you need to pay for the first year. We will also send you a notice each year telling you about your cover and premium options for the coming year.

Definitions

Terminally Ill

A life insured is considered to be terminally ill if a medical practitioner we select conclusively diagnoses the life insured as having a remaining life expectancy of six months or less.

Total and Permanent Disablement

The life insured is considered totally and permanently disabled for the purposes of the policy if, in our opinion, after considering medical and other evidence, he or she fits into any one of these three situations as a result of the injury or sickness suffered:

Situation A

He or she has suffered the loss of:

- two hands, or
- two feet, or
- one hand and one foot, or
- sight in both eyes, or
- one hand or foot and the loss of sight in one eye.

Loss of a hand or foot means:

- severance above the wrist or ankle, or
- the permanent loss of use of the hand or foot from the wrist or ankle respectively.

Loss of sight means the permanent loss of all vision.

Situation B

He or she is permanently unable to carry out at least three of these five activities of daily living, even with the use of a machine or equipment, without the 'hands on' help of someone else:

Activity	Defined as
Bathing	Washing the body in a bath or shower, or by sponge bath
Dressing	Putting on and taking off all garments and medically necessary braces or artificial limbs
Toileting	Using the toilet for personal hygiene
Mobility	Getting into or out of a bed or chair
Eating	Eating food once it has been prepared and made available

Situation C

The life insured is unable, as a result of an injury or sickness, to ever perform any gainful occupation for which he or she is suited by education, training or experience, whether on a full time or part time basis, and has been unable to do so for 6 consecutive months.

Trauma and Trauma Plus options

Cancer

Cancer means the histologically confirmed first diagnosis by a medical practitioner specialising in oncology of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia Binet stages A and B or Rai stages 0, i and ii), lymphomas and Hodgkins disease and other malignant bone marrow disorders. Malignant tumours are characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. The following tumours are excluded:

- Tumours showing the malignant changes of 'carcinoma in situ' (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as premalignant.
- Melanomas of less than 1.5mm maximum thickness as determined by histological examination or of less than Clarke Level 3 depth of invasion.
- All hyperkeratoses or basal cell carcinomas of the skin.
- All squamous cell carcinomas of the skin, unless there has been spread to other organs.
- Kaposi's sarcoma and other tumours associated with HIV infection, AIDS or AIDS related complex.
- Prostatic cancers which are histologically described as TNM Classifications T1 (including T1a and T1b) or are of another equivalent or lesser classification.
- Tumours treated by endoscopic procedures alone.

Chronic kidney failure

Chronic kidney failure means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which permanent regular renal dialysis is instituted or renal transplantation is carried out. Temporary renal dialysis for acute and reversible kidney failure are excluded. The diagnosis must be made by a medical practitioner specialising in nephrology.

Coronary artery by-pass surgery

Coronary artery by-pass surgery means the first actual undergoing of coronary artery by-pass grafting for the treatment of two or more coronary arteries performed in an open chest operation for the treatment of coronary artery disease where angioplasty is contra-indicated.

Angioplasty, laser or other intra-arterial procedures and non-surgical techniques are excluded from this benefit. The operation must be considered medically necessary by a medical practitioner specialising in cardiology.

Heart attack (myocardial infarction)

Heart attack means the first acute myocardial infarction resulting in the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. A medical practitioner specialising in cardiology must certify that a heart attack has occurred on the basis of:

- (i) a history of typical chest pain, and
- (ii) confirmatory new electrocardiogram (ECG) changes, and
- (iii) elevation of cardiac enzymes above standard laboratory levels of normal.

Other causes of heart failure, angina pectoris or non-cardiac chest pain are excluded.

Major head trauma

Major head trauma means accidental head injury resulting in neurological deficit causing significant functional impairment lasting at least six weeks, and likely to persist, as certified by a medical practitioner specialising in neurology. Significant means at least 25% impairment of whole person function.

Multiple sclerosis

Multiple sclerosis means a disease characterised by demyelination in the brain and spinal cord. The diagnosis of advanced multiple sclerosis has to be unequivocal and made by a medical practitioner specialising in neurology on the basis of confirmatory neurological investigations eg lumbar puncture, evoked visual responses, evoked auditory responses, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system. Advanced means more than one episode of well-defined neurological deficit with persisting neurological abnormalities with at least 25% permanent impairment of whole person function.

Stroke

Stroke means the first occurrence of a cerebrovascular accident or incident producing neurological deficit resulting in permanent and significant functional impairment (where significant means at least 25% loss of functional use). This includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage, embolisation from an extracranial source, but excluding transient ischaemic attacks, reversible ischaemic neurological deficit, vascular disease affecting the eye or optic nerve and cerebral symptoms due to migraine. The diagnosis must be made by a medical practitioner specialising in neurology.

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

By providing your personal information you acknowledge and declare that, and consent to:

- we can collect and use your personal information for the following purposes: to process your current and any subsequent transaction request, and to administer your policy;
- for these purposes we can collect your personal information from, and disclose it on a confidential basis to: our related entities; government departments and agencies; investigators; lawyers; advisers; reinsurers; anyone acting on our behalf; and the agent of any of these;
- where you provide personal information to us about another person, you are authorised to provide information to us, and that you will inform that person, who we are, how we 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

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 offer you other products and services. We may disclose your personal information on a confidential basis to our related entities within MBF Australia Limited group of companies so that they can also offer you products and services.

By providing your personal information to us you acknowledge that, and consent to:

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you will inform us if you do not want your personal information to be used, or disclosed for these marketing purposes, by calling 1800 213 839.

Our Information Handling Policy

Further information on how we handle your personal information is explained in our Information Handling Policy including:

- How to contact us regarding Privacy;
- How to inform us to change your marketing consent; and
- How to access your personal information.

If you have any questions, comments or concerns regarding privacy matters or any other matter please call us on 132 623.

While we process your application for cover, we are pleased to provide Interim Accidental Death Cover at no cost. This cover takes effect when we receive your completed application form for an MBF Term Life Insurance Policy, and we have received your first premium payment or a completed payment authority.

Interim Accidental Death Cover applies to the person nominated in your application as the 'life insured'.

If a benefit is payable under the Interim Accidental Death Cover, no benefits will be payable from a Term Life Insurance Policy we issue as a result of your application.

Interim Accidental Death Cover

What is the benefit?

Accidental Death

If you have applied for MBF Term Life Insurance, we will pay a lump sum benefit on your accidental death, provided the injury causing death occurs whilst this cover applies.

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

The benefit payable is the lesser of \$250,000 or the amount of death cover you applied for.

What is an Injury?

Injury means bodily injury which is caused solely and directly by violent, external and accidental means.

Are there any circumstances where we won't pay the benefit?

- before the Interim Accidental Death Cover started;
- outside Australia;
- while you were engaging in unlawful activity;
- while you were participating in a competitive sport, parachuting or flying (other than as a passenger on a commercial airline).

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 application and issue a policy to you;
- when we advise you that your application has not been accepted;
- when we advise you that your Interim Accidental Death Cover has ended;
- when you withdraw your application.

If you have any complaints or problems concerning your policy, please let us know by calling us on 132 623. If your complaint is not resolved to your satisfaction, or you are not satisfied with the progress after 7 days, please contact:

Head of Compliance
MBF Life Limited
Reply Paid 4232
Sydney NSW 2001

We will deal with your complaint within 45 days of you first raising it with us. If this is not possible, we will contact you and request your consent to extend this period for up to a further 45 days.

If you are not satisfied with how we respond to an enquiry or complaint or

Complaints

we have not dealt with your complaint within 45 days (or within 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 Street West
Melbourne Victoria 8007

Please note that the Financial Industry Complaints Service cannot consider your complaint if the insured amount for the benefit concerned exceeds their maximum amount. This amount may vary and the Service can advise you of the current amount.

Service Agreement summary for direct debit arrangements

This is a summary of the Service Agreement that applies to premium deductions from an account with a financial institution. We will send you a copy of the full service agreement together with your policy documentation.

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.

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 132 632. 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 to us are correct and there are sufficient available funds in the nominated account so that premium deductions can be made when due.

Your financial institution and we may charge you a fee 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 a 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.

'We', 'us' and 'our' means MBF Life Limited
ABN 12 000 021 581 AFS Licence No. 227682
50 Bridge Street Sydney NSW 2000

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 does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business ought to know;
- as to which compliance with your duty is waived by the insurer.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation in writing has been issued.

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.

Any 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 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.



Enquiries 132 623
mbflife.com.au

MBF Life
50 Bridge Street
Sydney NSW 2000



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