



MemberCare[®] Life Insure Policy

Product Disclosure Statement
incorporating the Policy Wording

Your family's complete protection



MEMBERcare[®]

 CUNA MUTUAL GROUP

Welcome to the CUNA Mutual Group

CUNA Mutual Life Australia Limited is part of the CUNA Mutual Group, one of the leading financial services providers to community based financial institutions such as Credit Unions, Building Societies, Co-operatives, and Community Banks and their members worldwide.

Established in 1935, the CUNA Mutual Group operates in over 10 countries. Starting its Australian operation in 1969, today it provides insurance and insurance-related products to over 90% of Australia's Credit Unions.

We are committed to providing Australian based financial institutions and their members with strong personal and financial protection through *our* MemberCare range of products and services as well as specialist insurance support.

Product Disclosure Statement (PDS)

This *Product Disclosure Statement (PDS)* which incorporates *your policy* wording contains information required under the Financial Services Reform Act 2001. The information contained in this *PDS* is designed to help *you* understand the *policy* and to decide whether to purchase this insurance product. To assist with *your* decision we have divided this *PDS* into two sections:

- The first section highlights important information about this insurance *policy* including its significant features and benefits, the risks and some information about how the *premium* is calculated.
- The second section is the *policy* wording and sets out all the terms, conditions and limitations of this insurance *policy*.

It is important that *you* read both of these sections carefully before *you* apply for this insurance, to make sure *you* understand the insurance *cover* provided and the *policy*'s limitations.

This *PDS* must be read in conjunction with the *policy schedule* and *your application*. Together they form the basis of *your* insurance contract. The *policy schedule* details who is insured, the *cover(s)* selected, the *period of insurance* and the limits of liability.

Words throughout this *PDS* and *Policy* written in *italics* have special meaning. Please refer to pages 15-16 for these meanings.

For future reference, *you* should retain this *PDS* in a safe place.

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Section 1

Significant Policy Information

Section 1 – Significant Policy Information

Basic Principles of this *Policy*

Cover is worldwide, 24 hours a day, 7 days per week and the benefit is paid in addition to any other insurance *you* may have.

All *premiums* are payable by *you* and all benefits under this *policy* will be paid directly to *you*. This *cover* cannot be assigned or transferred.

Who is the Insurer of this *Policy*?

The insurer of this *policy* is CUNA Mutual Life Australia Limited (CMLA).

How *You* can Contact *Us*

You may contact *us* by phone or by writing to *us* at:

CUNA Mutual Life Australia Limited
Level 10, 345 George Street, Sydney NSW 2000
GPO Box 1276, Sydney NSW 2001

Policy enquiries: 1800 636 430

Claims enquiries: 1800 226 122

Facsimile: 02 9295 5500

New Life Insure *policy* or *continued benefits cover*

This *policy* is available in 2 variations:

1. A new Life Insure *policy* which is a new *cover* provided to *you* independently of any other insurance *you* have or have had with *us*,
2. A *continued benefits cover*, to *cover you* for the death benefit previously provided under a terminated MemberCare Mortgage Insure Plus *policy*, up to the amount of the *outstanding balance*.

How to Apply for this Insurance

Before *you* apply for this insurance it is important that *you* read, understand and accept *your* duty of disclosure and *our* privacy promise. If *you* are aged from 16 to 60 years of age at *your* next birthday *you* can apply for this insurance by completing the *application* attached to this *PDS* and sending it to *us*.

If *we* accept *your application*, *you* will receive a *schedule* that identifies the life insured, the insurer, the *period of insurance*, the first year's *premium* including the taxes and stamp duty, the *policy fee*, the *sum insured*, and other important information.

Your Duty of Disclosure

Before *you* enter into a contract of life insurance with *us*, *you* have a duty, under the “Insurance Contracts Act 1984”, to disclose to *us* every matter that *you* know, or could reasonably be expected to know, is relevant to *our* 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 *us* 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 *us*;
- that is of common knowledge;
- that *we* know or, in the ordinary course of business, ought to know;
- where *we* waive *your* requirement to comply with *your* duty.

If *you* do not comply with *your* duty of disclosure:

If *you* fail to comply with *your* duty of disclosure and *we* would not have entered into the contract on any terms if the failure had not occurred, *we* may avoid the contract within 3 years of entering into it.

If *your* non-disclosure is fraudulent, *we* may avoid the contract at any time.

If *we* are entitled to avoid a contract of life insurance, *we* may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that *you* have been insured for in accordance with a formula that takes into account the *premium* that would have been payable if *you* had disclosed all relevant matters to *us*.

Our Privacy Promise

We are committed to protecting *your* personal information.

What information do *we* collect?

The proposal for this insurance only asks *you* for the information that is necessary for *us* to assess *your application* for this insurance. *We* may also obtain personal information about *you* from any other forms or health statements *you* complete in connection with this insurance, or from a third party who provides information with *your* consent.

If *you* don't give *us* the information

If *you* do not give *us* all the information requested, *we* may not be able to process or accept *your application* for insurance.

Section 1 – Significant Policy Information

How we use the information

We use the information we collect about *you* to assess *your application* for insurance and the risk involved.

If we issue *you* with a *policy*, we will also use the information to administer *your policy* and assess any claims. From time to time we may send *you* information on other insurance products.

Disclosure to third parties

We will only disclose information about *you* to a third party if we need to in order to process *your application*, administer *your policy* or investigate and assess any claims. The parties to whom we may disclose *your* personal information include (but are not limited to) reinsurers, health providers, loss assessors, investigators, legal advisors and external complaints and dispute resolution bodies. *Your* financial institution may keep a copy of *your application* form and any other information *you* provide to us through them. We will also disclose information about *you* to a third party if required to by law.

Access to information

You are entitled to access *your* personal information, except in some limited circumstances outlined in the Privacy Act 1988. *You* can request access to *your* personal information by writing to us.

Privacy enquiries or complaints

We have internal procedures in place to ensure that any concerns *you* may have relating to the privacy of *your* information are resolved promptly, including access to *our* Internal Dispute Resolution Panel. If we are unable to resolve *your* complaint internally, *you* can direct *your* complaint to:

The Director, Compliance
Office of the Federal Privacy Commissioner
GPO Box 5218, Sydney NSW 2001
Tel: 1300 363 992

Please ask *us* if *you* have any queries on what personal information we collect or how it will be used. A copy of *our* Privacy Policy is available on request.

Significant Features and Benefits of this Insurance

What is Term Life Insurance?

Term life insurance is a simple and affordable way to insure *your* life and assist *you* in providing financial security for *your* family.

Life Insure provides money as a lump sum (*sum insured*) if *you* die during the *period of insurance* or become terminally ill with 12 months or less to live.

Term Life Insurance is not compulsory and *you* may take it out with an insurer of *your* choice.

Main benefits of your cover

The following information lists some of the significant features and benefits available under this *policy*.

- Cover is for death and *terminal illness*;
- Cover applies 24 hours a day, 7 days per week, worldwide;
- *Sum insured* increases every year with the Consumer Price Index (CPI) without medical underwriting (see pages 17-18 for more details);
- Benefits are payable in addition to any other insurance benefits *you* may receive.

Significant Risks of this Insurance

The following information lists some of the significant risks arising under *your policy*. It is important that *you* take the time to carefully read the *policy* wording in full before applying for this insurance. If *you* breach or do not comply with the terms of this *policy*, subject to the Insurance Contracts Act 1984, *we* may refuse to pay *your* claim or reduce any payment.

Policy Limits

Limits do apply under this insurance *policy* and it may not be appropriate for *your* needs and objectives. Initial Death cover is limited to \$500,000. *Your sum insured* will be stated in *your schedule*.

Disclosure

You have disclosure obligations under this contract of insurance, which are set out on page 6 of this *PDS*. Failure to comply with these obligations can have serious consequences in terms of *your* insurance cover or in the event of a claim being made by *you* or *your* representative.

Section 1 – Significant Policy Information

Exclusions

The insurance we offer to *you* under this *policy* provides cover for certain events. There will be situations where this *policy* provides no cover at all. For a comprehensive list and further details please refer to page 18 of this *PDS*, under the heading “When We Won’t Pay”.

Policy Renewal

Once a year, *your policy* comes up for renewal. Under specific circumstances, we will not be able to renew *your cover*. These circumstances are described in the *policy* wording on page 19 under “Expiry and Cancellation of Cover”.

Premium rates are not guaranteed. For further details please see “*Premium Rates*” on page 10.

Surrender Value

This insurance is not a savings plan and does not contain an investment element nor provide for the payment of a surrender value at any time.

Death benefit

- The *sum insured* is payable in the event of *your* death during the *period of insurance*.
- The maximum *sum insured* is the *sum insured* stated in the *schedule*. Any amount in excess of the maximum needs *our* written approval.
- On each *policy* renewal date *your* level of *sum insured* will increase automatically, unless *you* write to *us* to cease this automatic increase. Where increases are not accepted on two consecutive renewal dates, the right to future increases is forfeited.
- The increase is based on the Consumer Price Index (rounded up to the next \$1,000), up to a maximum of 10% of the *sum insured*. The maximum initial *sum insured* that can be linked to the CPI is \$500,000, and automatic CPI increases will end once *your sum insured* equals twice the initial *sum insured* unless we agree to the increase in writing.

Terminal illness benefit

- If *you* are diagnosed with 12 months or less to live because of *illness*, *you* can choose to have 75% of the *sum insured* paid to *you*. The remaining 25% of the *sum insured* is payable on death, provided this occurs whilst the *policy* is in force.

MemberCare – Life Insure Policy

Your Cooling-Off Period

If *you* are not completely satisfied with this insurance product, *you* may cancel *your* insurance *policy* within 30 days from receipt of the *policy* and receive a full refund of the *premium* paid, together with any other sum (including stamp duty) paid to *us* under the contract.

We will only return government duties and charges to *you* if they are recoverable by *us*.

This does not apply if a claim has been made within this period.

How We Price this Insurance Product

Our product pricing philosophy is based on determining factors such as the *sum insured* and the life insured's age, gender and state of health.

You may pay the *premium* in monthly instalments or annually, which can be deducted from *your* nominated financial institution account or by credit card. If *you* pay *your* *premium* annually, *you* may pay by cheque.

Each year on renewal, *your* *premium* is adjusted with the change in *your* age and any adjustment in the *sum insured*.

Premium Rates

The *premium* table is included on pages 21-22 of this *PDS*. *Premium* rates are not guaranteed and may be increased, but only if the rates are increased for all benefits of the same type. The *premium* rates in the *premium* table include stamp duty.

The minimum *premium* is \$72.00 per year, plus an annual *policy* fee of \$48.00.

If *you* are a non-smoker, *you* are rewarded with special lower *premiums*.

Premium funds invested

The *premium* funds in this *policy* are held in *our* statutory fund.

Section 1 – Significant Policy Information

What are the charges?

The *premium* we charge may be subject to Commonwealth and State taxes and/or charges, including Stamp Duty. The *premium* charged together with the actual amount of these individual taxes and/or charges will be displayed in *your policy schedule*.

In addition to the *premium*, a *policy* fee of \$48.00 a year is payable. We may increase this fee annually but the increases will not be greater in total than the increase in the consumer price index since the *commencement date* of *your policy*.

We can change the *premium* rates, fees and charges at any time to take account of any new, or any change to, government taxes and charges. We will notify *you* of any other changes to *your premium* rates at the time of the renewal of the *policy*.

Taxation

As a general rule, there is no tax payable on the benefits of this *cover*, and *you* cannot claim a tax deduction for the *premium* payments. These statements are made on the assumption that the present tax laws, rulings and their interpretation will stay the same. Because everyone's circumstances are not identical, *you* should seek independent, professional advice on *your* personal tax position.

You do not have to pay GST on *your premiums* or on any benefits *you* receive.

Our Service Commitment – Dispute Procedures

We are committed to service excellence. An integral part of *our* service excellence is the provision of an efficient, free and fair internal dispute resolution procedure.

Should *you* have a complaint in connection with this *policy* relating to a claim, *our* service or that of *our* agents or anyone else acting on *our* behalf, please contact *us* directly and we will do *our* utmost to resolve the problem. *Our* contact details are shown on page 5. If the service officer receiving the complaint cannot resolve it, it will be referred to a Manager with sufficient authority to deal with the complaint. A written response will then be issued within five working days.

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If the response does not resolve the complaint to *your* satisfaction, at *your* request, the matter will be referred to *our* Internal Dispute Resolution Committee (IDRC). This is a free service for *you*. The members of the IDRC have the authority to review all aspects of the dispute. A written notice setting out the final decision will be issued within 15 working days of the dispute arising. This notice will also provide details of further action *you* may take if the dispute is not resolved to *your* satisfaction.

If a dispute exists after we have had the opportunity to resolve the matter internally, then *you* may contact:

Financial Ombudsman Service (FOS)
GPO Box 3, Melbourne VIC 3001
Telephone 1300 780 808

FOS is an industry sponsored body that has been set up to advise and assist *you* in resolving complaints with *your* life insurance company. The service is an independent and impartial body whose decisions are binding on *us*. *You* can obtain further information on FOS at www.fos.org.au.

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Section 2

The Policy Wording

Section 2 – The Policy Wording

Our Agreement with You

If we accept *your application*, we agree to provide *you* with the insurance that *you* have selected during the *period of insurance*, as set out in this *PDS* and *schedule*. In return *you* agree to pay *us your premium* which includes any relevant government charges. At least annually, *you* will receive a renewal notice showing any changes to the *premium*, fees and charges, or other relevant matters.

Words that have Special Meanings

Some of the words that appear throughout the *PDS* have special meanings, which are outlined below. Whenever these words appear they will be written in *italics*.

Application means any written information provided by *you* as a proposal or application for this insurance including any personal statements submitted by *you* or by another person on *your* behalf.

Continued Benefits Cover means the *cover*, which may be provided to *you*, at *your* request, to *cover* the death benefit previously provided under a MemberCare Mortgage Insure Plus *policy* which:

1. was terminated less than 90 days before the *commencement date* of this *policy*; and
2. has been terminated due to re-financing or discharge of a loan contract or mortgage; and
3. has a *sum insured* limited to the *outstanding balance*.

Commencement date means the inception date of the *period of insurance* stated on the first *policy schedule* *you* received from *us* in connection with this *policy*.

Cover(s) means the protection provided by this *policy*.

Illness means any illness, sickness or disease.

Injury means bodily injury caused solely by violent, accidental, external and visible means.

Medical practitioner means a legally qualified and independent medical practitioner, physician or surgeon (other than *you* or a member of *your* family or *your* business partner) who is registered and practising medicine in Australia.

Outstanding balance means the amount outstanding under *your* loan contract or mortgage between *you* and *your* financial institution on the day before *your* MemberCare Mortgage Insure Plus *policy* was terminated.

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Period of Cover means the continuous and unbroken period (including all renewal periods) from the *commencement date* until the date the *policy* is terminated.

Period of insurance means the period shown on the *schedule*, commencing on the *commencement date* and expiring on the first of the expiry, variation, termination or cancellation date.

Permanent resident of Australia means a person not living outside Australia for more than 12 months at a time.

Policy means this contract of insurance and includes the *PDS*, the *application* and the *schedule*.

Pre-existing condition means any *injury* or *illness* (whether diagnosed or treated by a *medical practitioner* or not) of which *you* were aware, or a reasonable person in *your* circumstances could be expected to have been aware:

1. existed at the time *you* made *your application* for cover under the terminated MemberCare Mortgage Insure Plus policy if this is a *continued benefits cover*; or
2. first manifested during the period between the day *your* MemberCare Mortgage Insure Plus policy terminated and the time *you* made *your application* for a *continued benefits cover*.

Premium means the amount paid for *your cover*.

Product Disclosure Statement (PDS) means this document which incorporates *your policy* wording, and is designed to help *you* understand the *policy* and to decide whether to purchase this insurance product.

Schedule means *your* most recent schedule and includes any endorsement, memorandum or letter concerning the *cover* attached to or intended to be attached to the *schedule*. *We* give *you* a *schedule* when *you* first buy a *policy* from *us* or *you* renew any *policy* with *us*.

Sum insured means the amount shown on *your schedule* which is the amount payable in the event of *your death* or *terminal illness*.

Terminal illness means that *you* have been diagnosed with 12 months or less to live because of an *illness* which first manifests itself during the *period of insurance*. One or more medical practitioners who specialise in *your* type of *illness* must make the diagnosis and estimate of life expectancy. *We* may nominate the specialists to examine *you*.

We, our, us means CUNA Mutual Life Australia Limited (CMLA) ABN 83 089 981 073/AFSL 245492.

You, your means the insured person named in the *schedule*.

Section 2 – The Policy Wording

Eligibility to apply

To be eligible to apply for this insurance *you* must, at the *commencement date* of this insurance, be between 16 and 60 years of age next birthday, and be a *permanent resident of Australia*. If *you* are not eligible, *we* may agree at *our* discretion to provide *you* with cover and will notify *you* in writing.

For a *continued benefits cover*:

1. the *sum insured* under this *policy* must not exceed the amount of the *outstanding balance*;
2. *you* must apply for the *cover* within 90 days of the day *your* MemberCare Mortgage Insure Plus policy was terminated.

How to apply

To apply for this insurance, *you* must complete the *application* which is attached to this *PDS*. Please ensure *you* have read “*Your Duty of Disclosure*” and “*Our Privacy Promise*” on pages 6-7 of this *PDS*, before completing the *application*.

If *your application* is accepted, *we* will confirm the details of *your* insurance *cover* plus provide *you* with *your schedule*.

Variation of Cover

CPI increases

To help ensure *your* level of protection is not eroded by inflation, *your sum insured* will automatically increase each year in line with increases in the Consumer Price Index (rounded up to the next \$1,000), up to a maximum of 10% of the *sum insured* (subject to maximum *sums insured*) and up to *your* 70th birthday.

These automatic increases do not require *you* to provide any health information. *You* can write to *us* to decline the annual increase, however where increases are not accepted on two consecutive renewal dates, the right to future increases is forfeited. *Your premium* will be adjusted for any increase in *cover*.

The maximum initial *sum insured* that can be linked to the CPI is \$500,000, and automatic CPI increases will end once *your sum insured* equals twice the initial *sum insured* unless *we* agree to the increase in writing.

Reducing your cover

If *you* wish to reduce *your* level of *cover*, *you* need to inform *us* in writing and *we* will send *you* a written confirmation of *your policy* amendment. *Your premium* will be adjusted from the next *premium* due date.

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Increasing your cover

If you wish to increase your level of cover, you need to fill out a new *application* and apply for a new insurance *policy*. Upon review of the *application*, we will advise you of the terms and conditions of the new *policy*. If your *application* for an increase is successful you will have the choice to either:

1. Accept the new terms and conditions for the new level of cover, whereupon a new *policy* would be issued by us for the additional cover; or
2. To maintain the existing *policy* subject to existing level of cover, terms and conditions.

When We Will Pay

Death benefit

The *sum insured* is payable in the event of your death during the *period of insurance*.

The maximum amount of cover is the amount stated in your *schedule*.

Terminal illness benefit

If you are diagnosed with 12 months or less to live because of *illness*, you can choose to have 75% of the *sum insured* paid to you. The remaining 25% of the *sum insured* is payable on death, provided this occurs whilst the *policy* is in force.

When We Won't Pay

A benefit will not be paid where death or *terminal illness* arises from suicide or an intentional self-inflicted act within 13 months of:

1. the *commencement date*, unless this is a *continued benefits cover*; or
2. an increase in the *sum insured* but only in respect of the increased amount; or
3. the most recent reinstatement of the cover.

If this is a *continued benefits cover*, cover will not be provided:

1. for any condition which was a *pre-existing condition* under the Mortgage Insure Plus policy for which this *policy* is a continuation;
2. if you have received oral or written advice from a *medical practitioner* that they believe your anticipated life span has been reduced as a result of a diagnosed medical condition.

Section 2 – The Policy Wording

Making a Death Claim

1. *Your* estate's legal representative must apply in writing to *us* as soon as possible after *your* death.
2. A claim form supplied by *us* must be completed.
3. Proof of *your* identity and cause of death must be supplied to *us* in a form satisfactory to *us*.

Making a *Terminal Illness* Claim

1. *You* (or *your* legal representative) must advise *us* in writing as soon as possible after *you* have been diagnosed with a *terminal illness*.
2. A claim form supplied by *us* must be completed.
3. *You* must, at *your* own expense, support *your* claim with medical information and such medical certificates as *we* may request.
4. *We* may request a medical examination by a doctor of *our* choice and *you* must comply with any such request. *We* will pay for any such examination.

Expiry and Cancellation of Cover

The *cover* terminates and the *period of cover* ceases on the earliest of:

1. *your* death; or
2. the renewal date prior to *your* 70th birthday; or
3. the date this *cover* lapses due to non-payment of a *premium*; or
4. the next *premium* due date following receipt by *us* of *your* written request to cancel the *cover*; or
5. the date the *policy* is cancelled by *you* or *us*.

Cancelling your policy

You can cancel this *policy* at any time by giving *us* written notice.

1. If *you* request cancellation of the *policy* within 30 days of receipt of the *policy*, the cooling-off period will apply and *we* will refund *your premium* in full together with any other sum paid to *us* under the *policy* (except if a claim has been paid during the period).
2. If *you* request cancellation of the *policy* after the cooling-off period has expired, *we* will cancel *your policy* from the next *premium* due date. Where written advice of cancellation is received after the 15th of the month and the *premium* has already been deducted, *cover* is held until the end of the month.

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If we want to cancel the *policy*

We may cancel this *policy* at any time, for any reason allowed under the law, by giving *you* written notice.

Reinstatement

If *your cover* lapses because *you* have not paid a *premium* we may at *our* discretion agree to reinstate the *cover*. You must make a written *application* for reinstatement to *us* within 6 months of the date of lapse, provide satisfactory proof of *your* state of health and eligibility for this *cover* and pay any outstanding *premiums*. We may make reinstatement subject to such other terms and conditions as we may require.

Section 2 – The Policy Wording

Annual Premiums For Each \$1,000 Annual Policy Fee \$48

Age Next Birthday	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker
16	\$0.57	\$1.26	\$1.28	\$2.84
17	\$0.57	\$1.26	\$1.28	\$2.84
18	\$0.57	\$1.26	\$1.28	\$2.84
19	\$0.57	\$1.26	\$1.28	\$2.84p
20	\$0.57	\$1.26	\$1.28	\$2.84
21	\$0.57	\$1.26	\$1.28	\$2.84
22	\$0.57	\$1.26	\$1.28	\$2.84
23	\$0.57	\$1.26	\$1.28	\$2.84
24	\$0.57	\$1.26	\$1.28	\$2.84
25	\$0.57	\$1.26	\$1.28	\$2.84
26	\$0.57	\$1.26	\$1.28	\$2.84
27	\$0.57	\$1.26	\$1.28	\$2.84
28	\$0.57	\$1.26	\$1.28	\$2.84
29	\$0.57	\$1.26	\$1.28	\$2.84
30	\$0.57	\$1.26	\$1.28	\$2.84
31	\$0.57	\$1.26	\$1.28	\$2.84
32	\$0.60	\$1.32	\$1.27	\$2.82
33	\$0.64	\$1.42	\$1.25	\$2.78
34	\$0.68	\$1.52	\$1.26	\$2.80
35	\$0.73	\$1.62	\$1.26	\$2.80
36	\$0.80	\$1.76	\$1.29	\$2.86
37	\$0.88	\$1.94	\$1.32	\$2.93
38	\$0.96	\$2.12	\$1.37	\$3.04
39	\$1.04	\$2.31	\$1.43	\$3.18
40	\$1.14	\$2.53	\$1.50	\$3.33
41	\$1.26	\$2.79	\$1.58	\$3.52
42	\$1.38	\$3.06	\$1.69	\$3.76
43	\$1.50	\$3.33	\$1.80	\$4.00

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Age Next Birthday	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker
44	\$1.66	\$3.68	\$1.93	\$4.28
45	\$1.80	\$3.98	\$2.08	\$4.62
46	\$1.95	\$4.33	\$2.26	\$5.01
47	\$2.13	\$4.72	\$2.47	\$5.48
48	\$2.30	\$5.11	\$2.70	\$6.01
49	\$2.50	\$5.54	\$2.96	\$6.58
50	\$2.70	\$5.99	\$3.28	\$7.29
51	\$2.93	\$6.50	\$3.66	\$8.12
52	\$3.17	\$7.02	\$4.07	\$9.04
53	\$3.43	\$7.61	\$4.54	\$10.09
54	\$3.72	\$8.25	\$5.08	\$11.28
55	\$4.06	\$8.99	\$5.69	\$12.65
56	\$4.45	\$9.87	\$6.39	\$14.20
57	\$4.91	\$10.89	\$7.17	\$15.93
58	\$5.44	\$12.07	\$8.04	\$17.86
59	\$6.06	\$13.44	\$9.03	\$20.08
60*	\$6.76	\$14.99	\$10.14	\$22.55
61*	\$7.55	\$16.75	\$11.42	\$25.39
62*	\$8.45	\$18.77	\$12.93	\$28.78
63*	\$9.44	\$21.05	\$14.65	\$32.74
64*	\$10.55	\$23.63	\$16.62	\$37.30
65*	\$11.76	\$26.46	\$18.85	\$42.48
66*	\$13.05	\$29.00	\$21.31	\$47.45
67*	\$14.53	\$32.29	\$24.20	\$53.96
68*	\$16.11	\$35.96	\$27.44	\$61.44
69*	\$17.85	\$40.04	\$31.09	\$69.91
70*	\$19.80	\$44.53	\$35.13	\$79.35

*Age 60-70 renewal only

Section 2 – The Policy Wording

Calculating Your Premium

It's easy to calculate your premium:

1. decide how much *cover* you want (if you require a *continued benefits cover* the maximum amount will be the *outstanding balance* on the *policy* it replaces; and
2. use the table to find the *premium* that applies to you according to *your* age next birthday, and whether you are male or female, smoker or non-smoker;
3. a “smoker” means that you have smoked tobacco at any time in the last 12 months.

1. \$	<input type="text"/>	divide by \$1,000 =	<input type="text"/>
	Amount of cover required		Factor
2.	<input type="text"/>	x \$	<input type="text"/>
	Factor	Annual Premium Rate	= \$ <input type="text"/>
3. Add \$48 <i>policy</i> fee		+ \$	<input type="text" value="48.00"/>
4. Total <i>annual premium</i>		= \$	<input type="text"/>
5. Monthly <i>premium</i>			
Divide total <i>annual premium</i> by 12		= \$	<input type="text"/>

How to Apply

Applying is easy. Simply complete the *Application* Form attached to this brochure, making sure you indicate the *cover* amount you require.

You should read the Disclosure Notice on the *Application* Form and provide all requested information in as much detail as possible, including proof of age.

If your *application* is accepted, we will confirm the details of your *cover* and provide you with a *policy schedule*.

If you have any enquiries about the *policy* or require assistance please call 1800 636 430.

Pay Plan – Client Service Agreement

Drawing arrangements

We will advise *you*, in writing, of the details of the CMLA Pay Plan drawing arrangement (amount; frequency; commencement date) at least 7 calendar days prior to the first drawing. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawings without *your* prior approval. We reserve the right to cancel the drawing arrangements if two or more consecutive drawings are returned unpaid by *your* nominated Financial Institution and to arrange with *you* an alternate payment method. We will keep all information pertaining to *your* nominated account at the Financial Institution private and confidential.

Your rights

You may, at any time by giving written notice to *us*:

1. terminate the CMLA Pay Plan drawing arrangements;
2. stop payment of a drawing under the CMLA Pay Plan;
3. request change to the drawing amount and/or frequency of the CMLA Pay Plan.

Such notice should be received by *us* at least seven (7) business days prior to the due date of any payment.

Where *you* consider that a drawing has been initiated incorrectly (outside the CMLA Pay Plan arrangements) *you* should take the matter up with *us*.

Your responsibilities

It is *your* responsibility to:

1. ensure that sufficient funds are available in *your* nominated account;
2. advise *us* if the account nominated by *you* to receive the CMLA Pay Plan drawings is transferred or closed;
3. arrange with *us* a suitable alternate payment if the CMLA Pay Plan drawing arrangements are cancelled either by *you* or the nominated Financial Institution.

End of Policy Wording

This Product Disclosure Statement is issued by:
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