

Your Life

Product Disclosure Statement

MetLife[®]



Issue Date: 12 August 2005

Issued by: MetLife Insurance Limited (MetLife) ABN 75 004 274 882 AFSL No. 238096

Products are offered by MetLife Insurance Limited (MetLife), which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group.

This is the Product Disclosure Statement (PDS) for the **Your Life** Insurance Plan, which comprises the following policies:

| | |
|----------------------------------------------|-----------------------------|
| Term Life Insurance | Pages 2 to 5 |
| LifeCare Trauma Insurance | Pages 6 to 9 |
| Information common to all Your Life policies | Pages 1 and 13 to 21 |

This Product Disclosure Statement provides general information about the benefits and other conditions of each policy. This PDS has been prepared without taking into account any individual circumstances. You should consider whether this insurance is suitable for you, taking into account your individual financial circumstances, needs and objectives.

The policy terms and conditions for each policy contains the terms and conditions Governing the products, including benefits, definitions and exclusions. This is available upon request.

This PDS contains important information about the Your Life policies and it will help you to:

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

Your Life insurance is not a savings plan. The primary purpose of this product is to provide a benefit in the event of death, terminal illness, trauma or total and permanent disability if selected. If you terminate this policy at any time, you will not get anything back.

Who is the Issuer?

The issuer of the Term Life and LifeCare Trauma Insurance policies is MetLife Insurance Limited (MetLife).

The contact details of the issuer are:

MetLife Insurance Limited
ABN 75 004 274 882 AFSL No. 238096
Level 9, 2 Park Street
Sydney NSW 2000

In this PDS, references to **'We'**, **'Our'**, **'Us'** and **'MetLife'** are references to MetLife Insurance Limited. References to **'You'** are references to the policy owner or the life insured, as the context requires.

This invitation to apply for this policy is only made to people receiving this PDS in Australia. It is not made, directly or indirectly, to people in any other country.

About MetLife

With over 137 years of experience, the MetLife companies serve both individual and institutional customers with a broad array of financial service capabilities, including protection planning, finance advice and investments. The MetLife companies serve millions of customers in the Americas, Asia Pacific and Europe.

In Australia, MetLife offers group insurance and personal life insurance through financial planners, brokers and direct marketing channels, and investment products through financial planners.

The insurance products have been designed to suit most life stages and the product offerings include Term Life Insurance, Trauma Insurance, Salary Continuance Insurance, Loan Protection and Mortgage Repayment Insurance Products.

The investment vehicles include the Guaranteed Income Plan (incorporating a complying annuity), Allocated Pension, Term Allocated Pension and Personal Superannuation. All of these investments are fixed term/fixed rate investments that provide clients with a capital guarantee.

Contents

An application for insurance under any of the Your Life policies described in this document must be made on the application form contained in the current PDS. Your application is subject to acceptance by MetLife, who may accept or decline your application or accept on special conditions.

Term Life and LifeCare are presented in this PDS for your convenience, however policies may be purchased individually.

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For the purpose of Term Life Insurance and LifeCare Trauma Insurance, 'We', 'Our', 'Us', and 'MetLife' or the 'Insurer' refers to MetLife Insurance Limited; and 'you' means you are the 'Life Insured' and/or the 'Policy Owner'. 'Life Insured' means the person(s) named as the Life Insured(s) on the application form. 'Policy Owner' means the person(s) named in the application form as the policy owner(s). 'You' and 'Your' means the Policy Owner or Life as applicable. 'Premiums' refers to contributions made by you which we apply as premiums (and charges as relevant) under the policy. 'Sum Insured' refers to the amount that you are insured for under the policy.

Term Life Insurance

About Term Life Insurance

Term Life Insurance can provide financial assistance for you and/or your family by paying a lump sum in the event of your death or on diagnosis of a terminal illness.

By providing a lump sum benefit, this insurance policy can offer financial protection to assist your family meet debts such as mortgages, education costs, leases, overdrafts and day-to-day expenses that flow from the loss of your income.

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

Term Life Insurance protects you 24 hours a day, anywhere in the world. Provided the required premium and policy fees are paid when due, we guarantee to continue your cover until your annual renewal date after your 99th birthday.

What are the significant benefits?

Death and Terminal Illness (life cover)

Your life cover Sum Insured (which will be set out in your Policy Schedule) is the amount we will pay if you die or are diagnosed as terminally ill while your Term Life Insurance cover is current. We will pay the agreed life cover Sum Insured to the policy owner. If you are both the life insured and the policy owner, on your death, the life cover Sum Insured will be paid to your estate or any nominated beneficiaries. If you have been diagnosed as terminally ill, we will pay the agreed life cover Sum Insured or \$2.5 million whichever is the lesser. Any remaining amount will be paid on death or on total and permanent disability (if you have selected this option). You will be considered terminally ill under this policy if you are diagnosed as having less than 12 months to live.

Advance Funeral Benefit

The Advance Funeral Benefit will provide a cash advance of \$10,000 to assist with costs associated with funerals or other similar expenses upon presentation of proof of age and a death certificate. The Sum Insured benefit payable will then be reduced by that amount.

Total and Permanent Disability (TPD) Option

You can choose to extend your cover under this policy by selecting the Total and Permanent Disability (TPD) option. This option provides you with a payment if you become totally and permanently disabled (as defined below and overleaf). The TPD Sum Insured you choose must be equal to, or less than, the life cover Sum Insured you have selected, up to a maximum of \$2.5 million.

Single TPD Option

If you become totally and permanently disabled, we will pay your TPD Sum Insured. If a TPD benefit is paid, your life cover Sum Insured (if higher than your TPD cover Sum Insured) will be reduced by the amount paid for your Total and Permanent Disability. Premiums will be reduced to reflect the lower life cover Sum Insured. If your TPD is equal to your life cover Sum Insured and a TPD benefit is paid, your policy ceases.

Double TPD Option

For an additional premium amount, you can select cover for TPD under our double TPD option. Under this option, if you become totally and permanently disabled we will pay your TPD Sum Insured without reducing your life cover. In addition the premiums for your life cover Sum Insured are automatically waived after a payment for TPD, until your death or you turn 60, whichever comes first.

The Double TPD option ceases on the first annual renewal date after your 65th birthday, after which time any TPD claim will be assessed under the Total and Permanent Disability Continuation Benefit (see page 3).

Definition of Total and Permanent Disability

You will be considered totally and permanently disabled if, after considering medical and/or other evidence, we find you fit into the first category below or, subject to the category of cover you choose, the second, third or fourth category below, before the first annual renewal date after your 65th birthday:

1. You have suffered the loss of use of:

- two limbs,* or
- sight of both eyes, or
- one limb and loss of the sight of one eye.

*A limb is defined as being the whole hand or whole foot.

2. **Any Occupation**

You must:

- have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation, and you are unlikely to be able to perform any gainful occupation for which you are reasonably qualified; and
- provide us with sufficient medical and/or other evidence regarding your incapacity to work.

Term Life Insurance

3. Own Occupation

You must:

- have become incapacitated for six consecutive months, to such an extent that you are unlikely ever to be able to perform again your usual occupation;
- have been engaged in this occupation, and not employed in another occupation, at the time of the injury or illness that prevents you from working; and
- provide us with sufficient medical and other evidence regarding your incapacity to work.

The Own Occupation category is only available to white collar professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'own occupation definition' you must be working in a position directly related to your qualifications for at least 12 months prior to a claim. To find out if you fit into this category you can contact us on **1300 134 669**.

4. Homemaker (you are wholly engaged in full-time unpaid domestic duties in your own residence) and:

As a result of illness or injury you are under the care of a medical practitioner and are unable to:

- perform normal domestic duties;
- leave your home unaided; or
- be engaged in any employment for a period of six consecutive months; and

at the end of the period of six months, you are disabled to such an extent as to render you likely to require ongoing medical care and deemed never again able to perform normal domestic duties nor any occupation.

Normal Domestic Duties are the duties normally performed by a person who remains at home and is not working in regular employment for income. These normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and when applicable, caring for children.

If your TPD claim is based on the second, third or fourth category of the definition of Total and Permanent Disablement the benefit will be the TPD Sum Insured applying on the first day of the six (6) consecutive months of absence from employment or occupation, or Normal Domestic Duties.

Total and Permanent Disablement Continuation Benefit

If we have not already paid a TPD benefit on the annual renewal date after your 65th birthday your cover under the TPD option will switch to the following definition:

We will pay your TPD Sum Insured if, before the first annual renewal date after your 99th birthday, because of injury or

illness you become permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Continence – to control bladder and bowel function.

Please note: If you can perform the activity on your own by using special equipment you will be considered to be able to undertake that activity.

If a TPD benefit is paid and you have the Single TPD option, your life cover Sum Insured (if higher than the TPD Sum Insured) will be reduced by the amount paid. Premiums will be reduced to reflect the lower life cover Sum Insured.

Waiver of Premium Option

Under the Waiver of Premium Option, when you have been absent from your occupation for six months due to injury or illness, and you meet the definition of total and permanent disablement (see pages 2 and 3) we will waive all your future premiums until you return to work, or when you reach your first annual renewal date after your 65th birthday, whichever comes first. This benefit will expire on your death in which case your life cover Sum Insured will be paid.

Guaranteed Benefit Increase Option

This option allows you to increase your life cover Sum Insured at specified times without needing to satisfy any additional medical requirements.

This option must be requested either at the time you apply for your cover, or within 30 days of the commencement of your policy.

You can apply for an increase following the occurrence of the events listed below:

- marriage;
- the birth or adoption of a child;
- taking out a mortgage or increasing an existing mortgage;
- your 3rd, 6th, 9th, and 12th policy anniversary dates; or

Term Life Insurance

Business events:

- If the insured is a 'Key Person' in a business and their value to the business increases, as determined by a professionally qualified and practising accountant.

'**Key Person**' is a partner, shareholder, unitholder, or a similar principal in a business and this policy forms part of a written 'buy/sell' share purchase or business succession agreement and the value of the insured's financial interest in the business increases, determined as above.

The minimum increase per event is \$25,000.

The maximum increase per event is the lowest of:

- \$80,000; or
- 50% of the original Sum Insured; or
- the amount of the new mortgage or the increase in your current mortgage (if using special event increase option in relation to the mortgage).

The maximum overall increase allowable in total under the Guaranteed Benefit Increase option is \$250,000 or the original Sum Insured, whichever is the lower.

To be eligible for increases under this benefit you must be under age 55 at the time of the event and you must request the increase within 90 days of the actual event occurring.

ChildCare Option

ChildCare is an insurance option that allows you to insure your children between the ages of 1 and 16. If you select the ChildCare option, MetLife will pay \$50,000 for an insured child who suffers any of the eligible events as listed below.

If while the Term Life Insurance policy is in force:

- any Child Insured suffers from Diplegia, Hemiplegia, Loss of Hearing, Loss of Speech, Meningitis, Paraplegia, Quadriplegia, Major Head Trauma, Severe Burns or Blindness, is first found to have Chronic Renal Failure, Encephalitis, Cardiomyopathy, Chronic Liver Failure, Primary Pulmonary Hypertension, Chronic Lung Failure, Multiple Sclerosis or Aplastic Anaemia or undergoes Major Organ Transplant Surgery, or falls into a Coma; or
- any Child Insured is first found to have Malignant Cancer, undergoes Coronary Artery by-pass Surgery or Open Heart Surgery or first had a Heart Attack or Stroke at any time after three (3) months after the Commencement Date or the date of reinstatement,

then we will pay the amount of \$50,000.

A maximum of four children can be covered under each Term Life Insurance policy. Any one child cannot be insured under more than one policy. Death cover and the Total and

Permanent Disablement options are not available for children covered by the ChildCare option. The payment of a ChildCare benefit will not affect the existing cover of any remaining insured persons. However, the payment of a Term Life or a Terminal Illness benefit that results in the termination of insurance cover under your policy will cause any ChildCare cover to cease immediately.

ChildCare Cover ceases

When a child reaches age 16, his or her cover ceases under the ChildCare option. However, MetLife guarantees to cover the child for up to \$50,000 under a standard LifeCare Trauma Insurance policy. The child will not be required to undergo any medical assessments (underwriting).

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

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

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

ChildCare Exclusions

No ChildCare Benefit will be payable where the claim arises out of or in connection with any self-inflicted Injury to the Child Insured, or the AIDS or the HIV virus in any of their forms and any disease or Injury associated with them. The ChildCare Benefit will not be payable where the Child Insured is unable to survive for a period of fourteen days after experiencing the event covered under this Policy.

A Child Insured cannot be insured under more than one of Our policies. As a result no ChildCare benefit will be payable under this Policy in respect of a Child Insured where any person has previously received a ChildCare benefit in respect of that Child Insured under any other of Our policies.

Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries (or to the Policy Owner's estate if there are no beneficiaries nominated).

Maximum Insurable Ages

We will continue your cover for death, terminal illness or total and permanent disability (if applicable) up to your first annual renewal date after your 99th birthday provided premiums are paid when due.

Term Life Insurance

Exclusions

No benefit will be payable under the Term Life Insurance policy if the life insured commits suicide within the first 13 months of the commencement of cover, or any increase in cover (but only in respect of the increase) or reinstatement date.

We will not pay a benefit under the Term Life TPD or Waiver of Premium Option if the claim arises out of or in connection with a self-inflicted injury.

Amount of cover

You select the amount of cover in your application form. If we accept your application, you will be issued with a Policy document and Policy Schedule. The amount of cover shown in the Policy Schedule you receive after we have issued the Your Life policy to you is called your Sum Insured.

Increasing your cover

You can apply to increase your cover at any time. These increases are subject to our agreement, including meeting our financial and medical requirements.

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your Sum Insured each year, in line with any increases in the CPI, unless you elect otherwise.

CPI increases are available each year until your policy expires. However, no increase will apply if it would cause the Sum Insured to exceed \$10 million.

LifeCare Trauma Insurance

About LifeCare Trauma Insurance

LifeCare Trauma Insurance can provide financial assistance for you and your family in the event that you suffer a major illness or a serious accident. We will pay you a lump sum if you suffer one of our listed insured trauma conditions or procedures. You select the amount of cover to a maximum of \$2 million and this is called the trauma Sum Insured. The list of Insured Trauma Events are outlined in the table below.

You can also extend your cover under this policy by selecting cover to protect you in the event of death, diagnosis of a terminal illness, or total and permanent disablement. If any of these events occur, we will pay the Sum Insured for that particular event.

What are the significant benefits?

Insured Trauma Events

If you take out LifeCare Trauma Insurance, we will pay the trauma Sum Insured, up to a maximum of \$2 million, if any of the events listed occur, subject to any waiting period applicable and any conditions that apply. You will find the definitions of the 'Insured Events' on pages 18 to 20 of this brochure.

No LifeCare Trauma benefit will be payable if after diagnosis you do not survive for 14 days. A death benefit may be payable under the Bereavement benefit or if you choose the LifeCare Term Life option.

If we pay your trauma Sum Insured and you do not have cover under the LifeCare Term Life option or the LifeCare TPD option then insurance cover will end.

Insured Trauma Events

Immediate cover for:

Accidental HIV Infection
Alzheimer's Disease
Aplastic Anaemia
Benign Brain Tumour
Blindness
Cardiomyopathy
Chronic Liver Failure
Chronic Lung Failure
Chronic Renal Failure
Coma
Diplegia
Encephalitis
Hemiplegia
Loss of Hearing
Loss of Independent Existence
Loss of Speech
Major Head Trauma
Major Organ Transplant
Motor Neuron Disease
Multiple Sclerosis
Muscular Dystrophy
Paraplegia
Parkinson's Disease
Primary Pulmonary Hypertension
Quadriplegia
Severe Burns

Immediate ChildCare Cover For:

Aplastic Anaemia
Blindness
Cardiomyopathy
Chronic Liver Failure
Chronic Lung Failure
Chronic Renal Failure
Coma
Diplegia
Encephalitis
Hemiplegia
Loss of Hearing
Loss of Independent Existence
Loss of Speech
Major Head Trauma
Major Organ Transplant
Meningitis
Multiple Sclerosis
Open Chest Surgery
Paraplegia
Primary Pulmonary Hypertension
Quadriplegia
Severe Burns

3 Month Waiting Period For:

Coronary Artery Angioplasty*
Coronary Artery Angioplasty Triple Vessel*
Coronary Artery Bypass Surgery
Heart Attack
Malignant Cancer
Open Chest Surgery
Stroke

No payment will be made for these conditions if the insured event occurs within 3 months of the commencement or reinstatement date of the policy. If one of these insured events occurs again after the 3 month period and it is not related to the first occurrence, a benefit will then be paid. The 3 month waiting period will not apply where this policy is replacing existing trauma cover which is an amount greater than or equal to the sum insured under this policy.

*To be entitled to a benefit for Coronary Artery Angioplasty and Coronary Artery Triple Vessel you must have a minimum trauma Sum Insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma Sum Insured, up to a maximum of \$25,000. Your sum insured under the Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty and Coronary Artery Triple Vessel. Not available under ChildCare option.

LifeCare Trauma Insurance

LifeCare Continuation Benefit – Continuation of Cover under Loss of Independent Existence

On your annual renewal date after your 70th Birthday, if you have not been paid your trauma Sum Insured, cover will continue under our LifeCare Continuation benefit (see definition below), until the first annual renewal date after your 99th birthday.

Your Sum Insured under the LifeCare Continuation Benefit must be equal to or less than your trauma Sum Insured.

A benefit will be paid under the LifeCare Continuation Benefit option if, because of injury or illness, you become permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life. This will be evidenced by being unable to undertake any two of the activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair;
- Contenance – to control bladder and bowel function.

Please note: if you can perform the activity on your own by using special equipment you will be considered to be able to undertake that activity.

LifeCare Term Life Option

The LifeCare Term Life option can be taken as an extension to your LifeCare Trauma Insurance. If the life insured dies, MetLife will pay the agreed LifeCare Term Life Sum Insured.

Included in this option is a Terminal Illness Benefit. This means, if the life insured is diagnosed as being terminally ill (having less than 12 months to live), we will pay the agreed Sum Insured or \$2.5 million, whichever is the lesser. Any remaining amount will be paid on the death of the life insured (if this occurs while cover remains in force), and your LifeCare Trauma Insurance policy will then end.

If you are paid a trauma benefit or a TPD benefit and the amount paid is less than your life cover Sum Insured under this LifeCare Term Life option, then the life cover Sum Insured will be reduced by the amount paid. The premiums for the LifeCare Term Life option will be reduced accordingly.

LifeCare – Total and Permanent Disability Benefit Option

You also have the choice of extending your cover with the LifeCare Total and Permanent Disability (TPD) option up to a maximum of \$2.5 million (the amount of cover you select can be higher than your trauma cover provided that the amount you select is equal to or less than the amount you have selected for the LifeCare Term Life option).

If you become totally and permanently disabled before the first annual renewal date after your 65th birthday, we will pay the agreed TPD Sum Insured. If you are paid a trauma benefit or a benefit for terminal illness, and the benefit paid is less than your TPD Sum Insured, then your TPD Sum Insured will be reduced by any amount paid and premiums will be recalculated accordingly.

Definition of Total and Permanent Disability

You will be considered totally and permanently disabled if, after considering medical and/or other evidence, we find you fit into the first category below or, subject to the category of cover you choose, the second third or fourth category below, before the first annual renewal date after your 65th birthday:

1. You have suffered the loss of use of either:

- two limbs*; or
- sight of both eyes; or
- one limb and loss of the sight of one eye.

*A limb is defined as being the whole hand or whole foot.

2. **Any Occupation**

You must:

- have become incapacitated for six consecutive months to such an extent that you are unlikely ever to be able to perform again your usual occupation, or any gainful occupation for which you are reasonably qualified by education, training or experience; and
- provide us with sufficient proof regarding your incapacity to work.

3. **Own Occupation**

You must:

- have become incapacitated for six consecutive months to such an extent that you are unlikely ever to be able to perform your usual occupation again;
- have been engaged in this occupation and not employed in another occupation at the time of the injury or illness that prevents you from working; and
- provide us with sufficient proof regarding your incapacity to work.

LifeCare Trauma Insurance

The Own Occupation category is only available to white collar professionals and those working in a profession requiring tertiary qualifications. To qualify for an 'own occupation definition' you must be working in a position directly related to your qualifications for at least 12 months prior to a claim. To find out if you fit into this category, you may contact MetLife on **1300 134 669**.

4. **Homemaker** (you have been wholly engaged in full-time unpaid domestic duties in your own residence for more than six months) and:

As a result of illness or injury you are under the care of a medical practitioner and are unable to:

- perform normal domestic duties;
- leave your home unaided; or
- be engaged in any employment for a period of six consecutive months; and

at the end of the period of six months, you are disabled to such an extent as to render you likely to require ongoing medical care and deemed never again be able to perform Normal Domestic Duties nor any occupation.

Normal Domestic Duties are the duties normally performed by a person who remains at home and is not working in regular employment for income. These normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and, when applicable, caring for children.

Buy-Back Option

Available only when combined with the LifeCare Term Life option.

If you survive for 12 months from the date of the:

- diagnosis of a LifeCare trauma event; or
- payment of a TPD benefit;

we give you the option of reinstating your Term Life cover, regardless of your state of health. You can choose to continue your cover for any amount up to your previous level of life cover.

The insurance will be continued using our standard Term Life Insurance policy at the then current premium rates applying to a Term Life Insurance policy.

This option ceases on the first annual renewal date after your 65th birthday.

This option must be exercised within 90 days of the dates specified above.

ChildCare Option

The ChildCare Option is an insurance option that allows you to insure your children between the ages of 1 and 16. If you select the ChildCare option, MetLife will pay \$50,000 for any insured child who suffers any of the eligible listed insured trauma events, as set out in the table on page 6. You will find the definitions of the Insured Trauma Events on pages 18 to 20 of this brochure.

A maximum of four children can be covered by each LifeCare Trauma Insurance policy. Any one child cannot be insured under more than one policy.

The LifeCare Term Life and LifeCare TPD options are not available for children covered by the ChildCare option.

The payment of a ChildCare benefit will not affect the existing cover of any remaining insured persons.

However, the payment of a benefit that results in the termination of insurance cover under your LifeCare Trauma Insurance policy will cause any ChildCare cover to cease immediately.

ChildCare Cover ceases

When a child reaches age 16, his or her cover ceases under the ChildCare option. However, MetLife guarantees to cover the child for up to \$50,000 under a standard LifeCare Trauma Insurance policy. The child will not be required to undergo any medical assessments (underwriting).

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

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

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

ChildCare Exclusions

No ChildCare Benefit will be payable where the claim arises out of or in connection with any self-inflicted Injury to the Child Insured, or the AIDS or the HIV virus in any of their forms and any disease or Injury associated with them. The ChildCare Benefit will not be payable where the Child Insured is unable to survive for a period of 14 days after experiencing the event covered under this Policy.

A Child Insured cannot be insured under more than one of Our policies. As a result no ChildCare benefit will be payable under this Policy in respect of a Child Insured where any person has previously received a ChildCare benefit in respect of that Child Insured under any other of Our policies.

LifeCare Trauma Insurance

Bereavement Benefit

If you do not select the LifeCare Term Life option, your cover will include a \$10,000 Bereavement Benefit should you die from any cause.

Benefit Payments

Any benefits payable are paid to the Policy Owner. If a death benefit is payable to the Policy Owner who is also the Life Insured, that benefit will be paid to the nominated beneficiaries, or to the Policy Owner's estate if there are no beneficiaries nominated.

Exclusions

We will not pay a benefit under the LifeCare Trauma Insurance policy if the claim event arises out of or in connection with a self-inflicted injury. We will also not pay a benefit where the person is unable to survive for a period of 14 days after experiencing the events covered under this policy.

If you choose the LifeCare Term Life option, there will be no entitlement to a benefit if the person insured commits suicide within 13 months of the commencement of cover, or any increase in cover (but only in respect of the increase) or reinstatement date.

Maximum Insurable Age

We will continue your cover (where applicable) up to the first annual renewal date after the ages set out below, provided premiums are paid when due.

| Cover | Maximum Insurable Age |
|---------------------------------|-----------------------|
| LifeCare Trauma | 99 years* |
| Death and Terminal Illness | 99 years |
| Total and Permanent Disablement | 65 years |
| ChildCare Cover | 16 years# |

* Cover for the listed insured Trauma Events expires on the first annual renewal date after your 70th birthday but continues under the LifeCare Continuation Benefit until the first annual renewal date after your 99th birthday.

Cover under the ChildCare option ceases on the 16th Birthday of the child insured.

Amount of cover

You select the amount of cover in your application form. If we accept your application, you will be issued with a Policy document and Policy Schedule. The amount of cover shown in the Policy Schedule you receive after we have issued the LifeCare Trauma policy to you is called your Sum Insured.

Increasing your cover

You can apply to increase your cover at any time. These increases are subject to our agreement, including meeting our financial and medical requirements.

Consumer Price Index (CPI) Adjusted Cover

To counter the effects of inflation on your cover, we will automatically increase your Sum Insured each year (other than for the ChildCare option – see page 8 of this PDS) in line with any increases in the CPI, unless you elect otherwise.

CPI increases are available each year until your policy expires. However, no increase will apply if it would cause the trauma sum insured to exceed \$2 million, the TPD Sum Insured to exceed \$2.5 million or the life cover sum insured to exceed \$10 million.

Important Information

Other Important Information about your Insurance

The following information applies to all of the Your Life policies as outlined.

What are the significant risks?

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

- your policy is not a savings plan, you will not get anything back if it is cancelled;
- if you do not comply with your duty of disclosure, and we do not pay your claim, pay only part of your claim, or cancel your policy;
- if you do not comply with the policy terms and conditions (for example, premiums are not paid when due, or you have delayed in notifying us of a claim and our interests have been prejudiced by the delay), and we refuse to pay all or part of your claim;
- no claim is payable unless you can prove the extent of loss or damage;
- whether your policy will provide the cover you require. Cover may not be adequate because:
 - the amount of cover you have is more or less than you need;
 - the type of cover you require does not match the cover provided by your policy (for example, because you do not satisfy terms and conditions of cover or an exclusion applies);
- If you have selected variable premiums your premium rates are not guaranteed.

You should consult your adviser to assist you in determining which of the above risks are significant in your particular circumstances.

Guaranteed Continuity

Regardless of any deterioration in your health, we guarantee to continue your insurance cover each year, once you have taken out Your Life policy with us. The only condition is that your premiums are paid when they are due.

What is the cost of Your Life policy?

All the current charges of Your Life policy are fully described in this section. If we decide to alter the premium rates which apply to this insurance, we will give you at least three months written notice before your premium is affected.

The premium you need to pay will depend on certain factors including your age, sex, smoking status, Sum Insured, medical

history, occupation and any options or the premium mode and frequency you select.

Insurance is provided initially for one year, with your first premium payable in advance. Premiums can be paid monthly, half yearly or annually. The date you first join is your commencement date.

The anniversary of your commencement date is your annual renewal date. You will be given the opportunity to continue your cover from this date. As long as you pay your required premium when due we guarantee to continue your cover until your annual renewal date after your 99th birthday. If you are paying by direct debit, premiums will automatically be deducted when your renewal notice is sent to you. You will be notified of the new premium amount payable for the following policy year in your renewal notice which will be sent to you at least 30 days before your annual renewal date.

If you do continue, the premium payable will be calculated each year based on certain factors including the amount of cover (including any CPI adjustment that may apply), your age and our standard premium rates at that time.

On the next page are sample premium amounts for the key benefits under a Your Life policy.

There are a range of options under each policy, and if you were to select these, an additional premium would be payable.

Your adviser can provide you with an illustration of the premiums for your specific circumstances based on the types of cover you require and the level of cover recommended.

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

You can also refer to the MetLife Premium Guide for the full list of Premium Rates, or obtain a premium estimate by calling our Client Services team on **1300 134 669**.

Minimum Premium

The minimum annual premium payable is \$250, which includes a \$65 policy fee. This minimum premium also applies to policies under which two lives are insured.

Type of Premium

The Term Life Insurance policy offers two types of premiums:

Variable Premium

Your premium rate is not guaranteed. This means it may vary. If we do vary the premium rates, we will write telling you about the changes, which will only take place on your next annual renewal date. A variation to your premium will only be made when the variation is applicable to all policies or category of policies.

Important Information

Guaranteed Premium (life cover only)

For a small additional amount over the variable premium rate you can lock in the future premium rates for your life cover. This means as long as your insurance remains in force, the premiums will be based on guaranteed rates. The only changes that will apply from year to year will be based on your age next birthday.

However, this guaranteed premium option does not apply in respect of the Total and Permanent Disablement option, any Government or statutory charges, or the annual policy fee.

Premium Discounts and Loadings

We offer discounts on your premium rates if you:

- are a non-smoker; or
- take out cover for \$500,000 and above. In this case, the discount is 10%.

Loadings (or increases) may be applied to premium rates depending on your medical history and in some cases, your occupation.

Premium Freeze

Under this option you can freeze your premium payments. This means your premiums will not increase. What we do instead, is adjust your cover to compensate for the premium freeze. If you have both Term Life and Total and Permanent Disablement insurance, we adjust both covers in equal proportions.

Payment Options

You can choose to pay your premiums by one of the following payment methods:

| | Cheque | Direct Debit | Credit Card |
|-------------|--------|--------------|-------------|
| Monthly | | ✓ | ✓ |
| Half Yearly | ✓ | ✓ | ✓ |
| Yearly | ✓ | ✓ | ✓ |

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

Processing Fee

If you choose to pay your premium monthly, there is a processing fee of 6% per annum. For half yearly payments, the processing fee is 3% per annum. The processing fee applies to your premium (including the policy fee).

Non-payment of premiums

To maintain your insurance cover you need to pay your premiums within 30 days of the due date. Your policy will be cancelled if you do not pay your premiums within this period.

Policy Fee

There is an annual policy fee of \$65, which covers our administrative costs. If we increase this fee, it will be in line with inflation and will apply from your next annual renewal date. You will be advised of the new policy fee in your renewal notice which we send to you at least 30 days before your next annual renewal date.

If you choose to have a second person insured under this policy, only one annual fee will be charged (see page 14 for details about including a second person).

Examples

Premium rates are per \$1000 of cover and a \$65 policy fee applies.

1. 40 year old Male Non-Smoker selects Term Life Cover for \$300,000.

The premium rate is 0.95

To calculate: $0.95 \times 300 = \$285 + \65

Total Premium = \$350 per annum

2. 35 year old Male Non-Smoker selects Term Life and TPD cover for \$500,000 (a 10% discount applies for Sums Insured of \$500,000 and above).

The premium rate is 0.71 for Term Life Cover
0.44 for Single TPD

To calculate: $(0.71 \times 500) + (0.44 \times 500) \times 0.90 + \$65 = (355) + (220) \times 0.90 + \65

Total Premium = \$582.50 per annum

3. 40 year old Female Non-Smoker selects Term Life cover for \$400,000 and ChildCare Cover for 1 child.

The premium rate is 0.77

The cost of insuring a child is \$50 per child

To calculate: $0.77 \times 400 + \$50 \text{ ChildCare} + \65 Policy Fee

Total Premium = \$423 per annum

4. 45 year old Male Smoker selects Trauma Cover for \$200,000.

The premium rate is: 10.88

To calculate: $10.88 \times 200 + \$65$

Total Premium = \$2241 per annum

Important Information

5. 35 year old Female Non Smoker selects Trauma Cover with Death Cover combined for \$100,000.

The combined premium rate is: 2.07

To calculate: $2.07 \times 100 + \$65$

Total Premium = \$272 per annum

The above premiums were based on the life insured being in an occupational class of Clerical/Administration/Managerial in a pure office environment.

If you are paying by instalments:

Monthly – add 6% to the Total Premium (as above) and divide by 12.

Half Yearly – add 3% to the Total Premium (as above) and divide by two.

These premiums are indicative only and different premiums may apply to you depending on your individual circumstances and product option selections.

Taxation

Under most circumstances, life insurance policies to individuals are not assessable for income tax purposes and the premiums are not tax deductible. However, benefits may be taxable and premiums may be tax deductible where the insurance is held for business purposes.

As this information is based on current interpretation of relevant legislation, it is recommended that you seek advice from a suitably qualified professional in relation to your own circumstances.

Goods and Services Tax (GST) does not currently apply to your insurance premiums. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST or any other Government taxes and charges that may be introduced.

How to Apply

Applications for Your Life Insurance can only be affected after completion of the application form either contained in this current Product Disclosure Statement or one provided by MetLife.

If we are unable to issue your policy for any reason upon receiving your application and the first premium due (for example, because your application form is incomplete), we are required to hold your monies in a trust account on your behalf. We will retain any interest payable by our bank on this account to meet, among other things, bank fees and other administrative costs.

Terms and conditions applying to direct debit:

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this document with your records.
2. MetLife Insurance Limited (MetLife) will initiate debits to your nominated bank account in accordance with your application form.
3. MetLife agrees to provide not less than 14 days notice to you if it proposes to vary the above arrangements.
4. You may request deferment of/or alteration to the agreed drawing schedule by writing to MetLife, GPO Box 4528, Sydney NSW 2001. MetLife reserves the right to decline this request.
5. You can stop individual debits or cancel a Direct Debit Request (DDR) by writing to MetLife, GPO Box 4528, Sydney NSW 2001.
6. In the event that you should disagree with any debit under the arrangement with MetLife, you should call us on **1300 134 669** or write directly to The Resolutions Manager, MetLife, GPO Box 4528, Sydney NSW 2001.
7. Direct Debit occurs on the 27th of each month. When the due date for payment falls on a day that is not a business day, MetLife will debit your account on the next business day.
8. In the event that your Financial Institution refuses to pay any debit made under the arrangement, MetLife will write to you requesting alternative payment arrangements.
9. Any information supplied by you will remain confidential and will only be disclosed if authorised by you or where required by law.
10. Direct Debiting may not be available on the full range of accounts with Financial Institutions and you should check directly with your Financial Institution before submitting the Direct Debit Request form.
11. It is your responsibility to have sufficient cleared funds available in the relevant account by the due date to permit the payment of debits.
12. Initially, you should direct all queries and requests for stops or cancellations to MetLife

Documentation you will receive

If we have accepted your application for a Your Life policy, we will send you a Policy Document and Policy Schedule containing information about your policy including your premium, policy fee and the options you have selected. You must read these documents carefully to ensure you understand the extent of cover and its limitations.

Important Information

We will also send you a notice each year telling you the amount of your indexed Sum Insured, and the new premium and annual policy fee you need to pay to maintain this level of cover.

Cooling-off period

After you receive your Policy document and Policy Schedule, you have 19 days from the date we issue your Your Life policy to you (or to the Trustee, if applicable), to decide if the insurance meets your needs. This is known as the 'cooling-off' period.

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

How can you obtain up-to-date information?

The information contained in this PDS is up to date at the time of its preparation. However, some of the information can change from time to time. We will issue a supplementary or replacement Product Disclosure Statement if there is a materially adverse change to information in this document, or a materially adverse omission from this document.

For other changes, you can obtain up-to-date information at any time by calling us on **1300 134 669** or writing to us at the address set out below.

MetLife
GPO Box 4528
Sydney NSW 2001

Claims and Claims Procedures

Written notice of any intended claim must be forwarded to us as soon as possible after the happening of the event giving rise to the claim. If you wish to make a claim contact us on **1300 134 669** to request a claim form.

You must cooperate with us in allowing us to obtain any certificates or evidence reasonably required by us as to any claim made under this Policy and we shall be entitled at our own expense to require the Life Insured (the person named in the Policy Schedule as the Life Insured) to undergo any such medical examinations conducted by a medical practitioner appointed by us as we deem necessary or to have a post-mortem examination carried out.

In respect of claims for Accidental HIV Infection, any accident that may give rise to a potential claim must be reported to us as soon as possible.

In order to substantiate any future claims we must also be provided with a negative HIV Antibody test taken after the accident.

Complaints Resolution

We have established a complaints resolution process. If you have any complaints concerning a Your Life policy, please call us on **1300 134 669**.

We will work with you to resolve your concerns. You may also wish to write to us. Our address is:

Dispute Resolution Officer
MetLife Insurance Limited
Reply Paid 3319
GPO Box 3319
Sydney NSW 2001

If you are not satisfied with our response you can phone or write to the Financial Industry Complaints Service which will then investigate the matter. The telephone number is:

1300 780 808

The address is:

The Manager
Financial Industry Complaints Service
31 Queen Street
Melbourne VIC 3000

The Financial Industry Complaints Service is an independent and impartial body.

Eligibility

| Term Life Insurance | Minimum age at entry | Maximum age at entry | Maximum age at renewal date |
|-------------------------------------|----------------------|----------------------|-----------------------------|
| Term Life Insurance | 16 Next Birthday | 79 Next Birthday | 99 Next Birthday |
| Total & Permanent Disability Option | 16 Next Birthday | 64 Next Birthday | 99 Next Birthday |
| Guaranteed Benefit Increase Option | 16 Next Birthday | 54 Next Birthday | 65 Next Birthday |
| ChildCare Option | Age 1 Attained | 15 Next Birthday | 15 Next Birthday |
| LifeCare Trauma Insurance | | | |
| LifeCare Trauma Insurance | 16 Next Birthday | 64 Next Birthday | 99 Next Birthday |
| ChildCare Option | Age 1 Attained | 15 Next Birthday | 15 Next Birthday |
| Term Life Option | 16 Next Birthday | 64 Next Birthday | 99 Next Birthday |
| Total & Permanent Disability Option | 16 Next Birthday | 64 Next Birthday | 99 Next Birthday |

Important Information

Other Information

Multiple Lives

Provision can be made for up to two people to be insured under the one policy. Only one policy fee of \$65 applies (for information on the policy fee, please see page 11 of this brochure).

Customer Loyalty

If you hold a Term Life Policy, MetLife will triple your Advance Funeral Benefit Payment should you die from an accident after your 3rd Policy Anniversary Date.

If you hold a Trauma Policy, MetLife will triple your Bereavement Benefit should you die from an accident after your 3rd Policy Anniversary Date.

For the purpose of this benefit death must:

- Result from accidental bodily injury caused by violent, external and visible means.
- Result directly from the accidental bodily injury and independently of all other causes, and occur within 365 days of the date of the injury.

There is only one customer loyalty benefit paid per policy. Should you have more than one policy, only one benefit will be payable. Maximum amount payable is \$30,000. This payment equates to an additional \$20,000 cover.

Example:

A woman has had \$100,000 of a Term Life Policy since 2000. After an unfortunate accident, she passes away.

MetLife pays her estate \$10,000 as an Advanced Funeral Benefit. As the death was a result of an accident MetLife pays an additional \$20,000 under the Customer Loyalty Benefit.

Claim Payments:

Advance Funeral Benefit = \$10,000

Customer Loyalty Benefit = \$20,000

Remainder of Life Cover = \$90,000

Total = \$120,000

This example is indicative only and different benefits may apply depending on your individual circumstances and product option sections.

Guarantee of Upgrade

If features of this product are enhanced in future, your policy will be automatically upgraded to reflect these enhancements. This will occur on your policy anniversary date.

Financial Planning Benefit

MetLife will pay up to \$500 incurred to reimburse the cost of financial planning advice after a benefit payment on this Plan.

Non-Smoker Discounts

Substantial premium savings are available to non-smokers (a Non-Smoker is defined as someone who has not smoked tobacco or any other substance in the past 12 months).

The Non-Smoking Declaration is required only at the time cover commences.

Cancellations

You may cancel your insurance at any time by giving notice in writing to us. Such cancellation will be effective from the next premium due date and there shall be no entitlement to a pro rata refund of premium.

Your insurance will be cancelled by us if the premium or any instalment of premium has not been paid within 30 days of its due date.

Available Cover

As mentioned earlier, Term Life Insurance and LifeCare Trauma Insurance are separate products. They have been placed together in this brochure for convenience, and may be purchased individually.

As an added saving we will waive one policy fee if you wish to purchase both the Term Life Insurance policy together with the LifeCare Trauma Insurance policy.

Important Information

Nomination of Beneficiaries

You can nominate up to five beneficiaries on your policy, so long as you are the Policy Owner and the Life Insured.

You, as the Policy Owner, retain all rights to request changes to your policy. You may change a nominated beneficiary and revoke a previous nomination at any time prior to a claim event occurring.

If you are the Policy Owner but not the Life Insured, benefit payments will be made to you. If you die before the Life Insured, ownership of the policy will pass to your estate.

Claims

If you make a claim under a policy we may conduct investigations to assess the value and validity of the claim. This may involve the use of investigation agents, legal advisers and the collection of personal data.

Register of Alternative Forms of Remuneration

MetLife maintains a register of alternative forms of remuneration paid to Australian Financial Services Licensee groups, advisers, platform providers, etc. as required by the Investments & Financial Services Association Ltd. (IFSA) of which it is a member. The purpose of this register is to provide an outline of the alternative types of remuneration paid and received and is maintained by Fund Managers, IDPS (platform) providers, Representatives and Licensees. These registers are publicly available and you can obtain a copy by calling the Agency Manager at MetLife on **1300 555 625**.

Interim Cover

Interim Accident Cover may also apply (as described on page 21). This cover is provided to you for up to 90 days (while your application for life insurance cover is being assessed by MetLife). In these circumstances, a benefit is payable by MetLife if the policy holder experiences Accidental Death, Accidental TPD, or Accidental Trauma (as applicable).

MetLife Privacy Policy

Keeping customer information secure is a top priority for all of us at MetLife in Australia. This notice is intended to inform you about the way in which we handle the personal information about you that we collect and how you can control our disclosure of your personal information.

MetLife in Australia is subject to the National Privacy Principles under the Privacy Act, and this document outlines how we intend to deliver all the rights and protections customers are entitled to.

Our policies and practices to protect your personal information

We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

We will only permit authorised employees to have access to your personal information. We train people who work for us how to properly handle personal information and we restrict access to what is necessary for specific job functions.

We require third parties that process personal information on our behalf to follow stringent standards of security and confidentiality.

We provide you with an opportunity to opt out of receiving information about unrelated products and will not disclose your information for marketing purposes to unrelated companies unless you agree.

Categories of personal information we collect and hold

The nature of the personal information we collect, and where it comes from, will vary according to the specific product, and may include:

- information we collect from you on applications or other forms, such as name, address, telephone number, occupation, assets and income;
- information about your transactions with us, related MetLife companies, or third parties, such as account balances, payment history, and account activity;
- health and other medical information.

Purposes of collecting your information

We may collect your personal information for a number of purposes, which may include:

- providing you with a particular product or policy;
- processing receipts and payments;
- administering your product or policy;
- assessing, processing and investigating insurance risks or claims;
- statement production and other mail related services;
- meeting legal and regulatory requirements;
- providing you with information about other products and services, with your consent.

Disclosures of your information

We may share your personal information with selected third parties for the purpose of administering your product or policy (some of whom may be situated outside Australia), and your information may be provided to them on a confidential basis for this purpose. We will not disclose your sensitive information (if applicable) for any purpose other than to underwrite your insurance cover or assess a claim. The organisations to whom we may disclose your personal information may include, for example:

| To: | For: |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Mailhouses | Statement production and other mail related services |
| Administration services | Data entry, data processing, account maintenance and documentation |
| Investigators, medical attendants, other insurers and reinsurers | Assessing your application, underwriting and claims assessment |
| Insurance industry bodies | Claims matching and cross referencing |
| Professional and financial advisers | Administering your product or policy |
| Superannuation fund trustees | Administering your product or policy |
| Government or regulatory bodies | To comply with laws and regulations or for compliance related services |
| Organisations wishing to acquire an interest in any part of MetLife's business | Assessment of any proposed acquisition |

MetLife Privacy Policy

Contact us

If you wish to find out more information, or raise any specific or general concerns about the MetLife Privacy Policy please contact the MetLife Privacy Officer, whose contact details appear below.

Complaints and disputes

If you have reason to believe that any MetLife Australia company or department has breached the Privacy Policy outlined in this document, please contact the MetLife Privacy Officer, whose contact details appear below.

We will investigate all complaints and respond to you within 14 days.

Access

You are entitled under the Privacy Act to access most of the information an organisation holds about you. We want to make this as simple as possible for you. You can obtain a form from the MetLife Privacy Officer, whose contact details appear below.

To help us locate and provide the information you request, we would ask that you be reasonably specific about the information you require, and take a few minutes to complete the form.

We will only provide your information to you or someone that you specifically authorise. Where a customer establishes that the personal information we hold on them is not accurate, complete or up to date we will correct our records if appropriate.

We may charge you an administration fee for providing access in accordance with your request. Your request will usually receive a response within 30 days.

Your privacy preferences

If you do not wish us or other companies to communicate marketing offers to you, you may use the following methods to inform us:

- contact the MetLife Privacy Officer, whose contact details appear below; or
- you may use the consumer preference facilities offered by the Australian Direct Marketing Association (ADMA). This should stop you receiving unsolicited direct marketing from participating ADMA members.

Mail Reply Paid 38
 PO Box 464
 Kings Cross NSW 1340

Do not mail/call: <http://www.adma.com.au>

Do not email: <http://www.dmaconsumers.org/emps.html>

If you choose to opt out of receiving marketing offers, we will continue to mail you information relating to your product or policy such as newsletters, statements or offers to upgrade the services provided.

MetLife Privacy Officer

Mail MetLife Privacy Officer
 PO Box 3319
 Sydney NSW 2001

Telephone: **1300 555 625**

Email: metlife.privacy@metlife.com

Please do not include account numbers or other sensitive data in emails as it may not be secure.

Trauma Definitions – Insured Events

'Accidental HIV Infection' means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident and seroconversion to HIV infection occurs within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us and supported by a negative HIV Antibody test taken after the accident. This does not include any disease or injury associated with AIDS or HIV virus acquired as a result of sexual activity or recreational intravenous drug use.

'Alzheimer's Disease' means the unequivocal diagnosis of Alzheimer's (pre-senile dementia) Disease by a consultant neurologist confirming dementia due to failure of brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means the permanent inability to perform (without assistance from another person) the basic activities normally undertaken as part of daily living resulting in a need for continual supervision in order to protect the person suffering the disease or others. Being unable to perform the basic activities will be evidenced by being unable to undertake three or more of the following: bathing, dressing, toileting, feeding or taking medication.

'Aplastic Anaemia' means the acquired abnormality of blood production, characterised by the total aplasia of bone marrow, as confirmed by a consulting haematologist.

'Benign Brain Tumour' – Intracranial Benign Tumour means the diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium giving rise to symptoms and/or signs of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and at least a 25% permanent impairment of whole person function. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

'Blindness' means the complete and irrevocable loss of the sight of both eyes from any cause.

'Cardiomyopathy' means impaired ventricular function of variable aetiology resulting in permanent irreversible physical impairment to a degree of Class 3 of the New York Heart Association classification of Cardiac Impairment. This would not include Cardiomyopathy occurring as a result of alcohol or drug use.

'Chronic Liver Failure' means end stage liver failure together with permanent jaundice, ascites and encephalopathy. Liver Disease as a result of alcohol or drug use is excluded.

'Chronic Lung Failure' means end stage lung disease, with FEV1 test results of consistency less than one litre which requires permanent oxygen therapy.

'Chronic Renal Failure' means end stage renal failure presenting as chronic irreversible failure of both kidneys

to function, as a result of which regular renal dialysis is instituted.

'Coma' means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours. Coma as a result of alcohol or drug use is excluded.

'Coronary Artery Angioplasty' means the actual undergoing for the first time of Angioplasty (with or without the use of lasers), the insertion of a stent or atherectomy to the coronary arteries, that is considered medically necessary by a cardiologist to correct narrowing or blockage of one or more arteries.

Other intra-arterial procedures or non-surgical techniques are specifically excluded.

To be entitled to a benefit for coronary artery surgery you must have a minimum sum insured of \$100,000.

Payment under this benefit will be limited to 10% of your sum insured, up to a maximum of \$25,000. Your sum insured under the LifeCare Trauma Insurance will then be reduced by the amount paid for Coronary Artery Angioplasty.

'Coronary Artery Bypass Surgery' means coronary artery bypass graft surgery performed in an open heart operation for coronary artery disease causing inadequate myocardial blood supply but does not include laser therapy angioplasty or any other intra-arterial procedure.

'Coronary Artery Angioplasty Triple Vessel' means angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to three or more coronary arteries within the same surgical procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm the need for this procedure. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

To be eligible for Coronary Artery Angioplasty Triple Vessel you must have a minimum trauma Sum Insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma Sum Insured, up to a maximum of \$25,000. Your trauma Sum Insured will then be reduced by the amount paid and your premiums reduced to reflect the remaining Sum Insured.

'Diplegia' means the permanent and total loss of function of both sides of the body due to injury or disease.

'Encephalitis' means severe inflammation of brain substance which results in significant and permanent neurological sequelae as certified by a consulting neurologist. Encephalitis as a result of HIV infection is excluded.

Trauma Definitions – Insured Events

‘Heart Attack’ means the death of a portion of the heart muscle as a result of inadequate blood supply.

The diagnosis must be based on:

- (a) electrocardiographic changes; and
- (b) higher level of cardiac enzymes above standard laboratory level of normal.

If in the insured’s opinion the above tests are inconclusive we will consider other appropriate tests.

‘Hemiplegia’ means the permanent and total loss of function of one side of the body due to injury or disease.

‘Loss of Hearing’ means the complete and irreversible loss of hearing, both natural and assisted, from both ears as a result of sickness or injury.

‘Loss of Independent Existence’ means due to injury or illness being permanently unable to perform (without any assistance from another person) those basic activities normally undertaken as a part of everyday living.

This will be evidenced by being unable to undertake any two of those activities listed below:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair; or
- Continence – to control bladder and bowel function.

‘Loss of Speech’ means the total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

‘Major Head Trauma’ means neurological deficit, causing at least 25% impairment of function lasting more than six weeks from the date of trauma, and likely to persist, as certified by a consultant neurologist.

‘Major Organ Transplant Surgery’ means the human to human organ transplant from a donor to that person of one or more of the following organs – kidney, heart, lung, liver, pancreas or the transplantation of bone marrow. The transplantation of any other organ, only part of an organ or any other tissue transplant are excluded from this definition.

‘Malignant Cancer’ means the presence of one or more malignant tumours, including malignant lymphoma, Hodgkin’s Disease, leukaemia and malignant bone marrow disorders,

and is characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- (a) tumours which are histologically described as pre-malignant or showing the malignant changes of ‘carcinoma in situ’ and not requiring radical surgery;
- (b) skin cancers and melanomas except where a malignant melanoma is equal to or greater than Clark level 3 or 1.5mm depth of invasion; or
- (c) prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification.

‘Meningitis’ (applicable to ChildCare cover only) means severe inflammation of brain substance which results in significant and permanent neurological damage sequelae as certified by a consulting neurologist.

Meningitis as a result of HIV infection is excluded.

‘Motor Neuron Disease’ means the unequivocal diagnosis of Motor Neuron Disease, certified by a consulting neurologist, with significant persistent neurological deficit resulting in a permanent inability to perform two or more of the activities of daily living, bathing, dressing, toileting, eating and taking medication resulting in a requirement for continual supervision to protect the person suffering the disease or others.

‘Multiple Sclerosis’ means a disease characterised by demyelination of nervous tissue. The diagnosis has to be made by a consulting neurologist confirming more than one episode of well-defined neurological deficit with persisting neurological abnormalities and with permanent impairment of at least 25% of function although the person suffering the disease need not necessarily be confined to a wheelchair. The diagnosis will be based on confirmatory neurological investigations, e.g. lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central-nervous system.

‘Muscular Dystrophy’ means the unequivocal diagnosis or muscular dystrophy by a consultant neurologist resulting in a permanent impairment of whole person function of at least 25%.

‘Open Chest Surgery’ In respect of any of the following:

- coronary artery ... being open chest surgery to correct or treat coronary artery disease. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
- repair or replacement of valves... being open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

Trauma Definitions – Insured Events

- repair or replacement of aorta ... being open chest surgery to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta.

- surgical repair of congenital heart defects[#].

[#]Applicable to ChildCare Cover only.

‘Out of Hospital Cardiac Arrest’ means cardiac arrest which is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital and is due to:

- Cardiac Asystole, or
- Ventricular fibrillation with or without ventricular tachycardia.

‘Parkinson’s Disease’ means the unequivocal diagnosis by a consultant neurologist of idiopathic Parkinson’s Disease (paralysis agitans) which is of a permanent nature and requires treatment with a dopamine precursor. All other types of Parkinsonism are specifically excluded.

‘Paraplegia’ means the permanent and total loss of use of both arms or both legs resulting from injury or disease.

‘Primary Pulmonary Hypertension’ means Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation, resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classifications of Cardiac Impairment.

‘Quadriplegia’ means the permanent and total loss of use of both arms and both legs resulting from injury or disease.

‘Sum Insured’ means the amount that you are insured for under the life policy.

‘Severe Burns’ means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the ‘Rule of 9’ of the Lund and Browder Body Surface Chart.

‘Stroke’ means any cerebrovascular accident or incident producing neurological sequelae as defined by the National Research Institute. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source. Transient ischemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

Certificate of Insurance – Your Life

While your application for a MetLife insurance policy is being considered and provided you meet the Interim Cover Eligibility Criteria we are pleased to provide you with Interim Accident Cover on the Life Insured, subject to the following terms and conditions.

We will provide you with interim cover from the Interim Cover commencement date until the Interim Cover Expiry Date, subject to the specific terms of Interim cover (see below for details).

Maximum Sums Insured

| Accidental Death | Accidental Total and Permanent Disablement | Accidental Trauma |
|------------------|--------------------------------------------|-------------------|
| ✓ \$1 million | ✓ \$500,000 | ✓ \$250,000 |

Covered Events

If you have applied for Term Life Insurance or the LifeCare Trauma Term Life Option then we will pay you a benefit in the event of the Life Insured's death as a result of an Accident.

If you have applied for Term Life Insurance Total and Permanent Disablement Option or the LifeCare Trauma Total and Permanent Disablement Option then we will pay you a benefit in the event of the Life Insured's Total and Permanent Disablement (as defined on page 2) as a result of an Accident.

If you have applied for LifeCare Trauma we will pay you a benefit if the Life Insured suffers one of the listed Trauma Events (as defined on page 6) below as the result of an Accident.

Trauma Events

| | | | | |
|--------------------------|-----------------------|-----------------|-------------------------------|------------------------|
| Accidental HIV Infection | Chronic Lung Failure | Diplegia | Loss of Independent Existence | Major Organ Transplant |
| Blindness | Chronic Renal Failure | Hemiplegia | Loss of Speech | Quadriplegia |
| Chronic Liver Failure | Coma | Loss of Hearing | Major Head Trauma | Severe Burns |

Commencement of Cover

The Interim Cover commencement date is the date when the following is provided to either MetLife or an authorised adviser:

- a fully completed, signed and dated application form; and
- the first premium (or credit card or direct debit authority intended to cover the first premium) and payment instructions for future premiums.

Period of Cover

The Interim Cover Expiry date is the earlier of:

- the time and date you (or your Adviser) withdraws your application for insurance by:
 - Contacting MetLife or
 - By failing to submit your application for insurance within 15 business days of the Interim Cover commencement date
- 4.00pm on the 90th day after the Interim Cover commencement date or such earlier time and date as we advise you or your Adviser in writing or

- the time and date when insurance cover commences under another contract of insurance (whether interim cover or not) which you are covered by and that is intended to replace the cover provided by this Interim Cover.

Conditions of Cover

This Interim Cover is only provided for the type of policy(ies) you have applied for in the application form and is subject to the terms conditions and exclusions applicable to this Interim Cover and subject to the relevant terms, conditions and exclusions applicable to that policy except to the extent that the terms of that policy provides greater cover than provided for by Interim Cover as set out in this certificate.

Sum Insured

The amount of cover is the lesser of:

- the maximum interim cover amount in the table on page 21; or
- the actual amount of cover for which you have applied; or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

Definitions

'Life Insured' means the person(s) named as the Life Insured(s) on the application form.

'Policy Owner' means the person(s) named in the application form as the policy owner(s).

'You' and 'Your' means the Policy Owner or Life as applicable.

'We', 'Our', 'Us' and 'MetLife' are references to MetLife Insurance Limited.

'Accidental' For the purposes of Interim Cover means an event outside of your control after the Interim Cover commencement date and before the Interim Cover Expiry Date caused by violent, external and visible means.

Confirmation of Transactions

You may contact us in writing or by phone to confirm this transaction.

Notice

In signing this Interim Cover certificate you declare that you have read and understood your Duty of Disclosure as detailed on page 25 of the application form. If you have failed to disclose any such matters to us when you complete your application and you have Interim Cover, we may exercise our rights specified in relation to Interim Cover.

For the policy(ies) applied for, the duty of disclosure also applies up until the time we decide to enter into a contract of insurance with you. Please ensure you contact us if anything in your application changes, or you need to disclose additional matters to us after it is completed.

Signatures

To validate the Interim Cover the policy owner must date and sign the document on the same date as the application form.

| | | |
|---------------------------------------|------------------------------------|-------------|
| Name of Life Insured 1 | Signature of Life Insured 1 | Date |
| Name of Life Insured 2 | Signature of Life Insured 2 | Date |
| Name of Policy Owner 1 | Signature of Policy Owner 1 | Date |
| Name of Policy Owner 2 | Signature of Policy Owner 2 | Date |
| Signature of Authorised Dealer | Signature of Life Insured 1 | Date |

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Application Form – Your Life

This Application Form is part of the Product Disclosure Statement issued on 12 August 2005. You should read the Product Disclosure Statement carefully as it contains important information you should know about these products.

Before you complete and sign this Application Form, be aware that MetLife or your adviser is obliged to have provided you with a Product Disclosure Statement containing a summary of the important information in relation to the product or products you are applying for. This information will help you to understand the product and to decide whether the product is appropriate to your needs. Please stay wholly within the box.

Duty of Disclosure (Insurance Contracts Act, 1984)

Your Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you vary or reinstate a contract of life insurance.

Your Duty however does not require disclosure of a matter:

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

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three 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 three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Please note: that your Duty of Disclosure continues until a Policy has been issued.

How to apply

1. When completing the Application Form please:
 - Use a black pen
 - Use BLOCK LETTERS ONLY
 - Use in boxes
 - If you make a mistake, do not use correction fluid, instead cross out the error, initial the change and be sure to date it.
2. To apply, complete and sign this application form. If applying for ChildCare cover, the guardian/parent must fill out the personal statement on behalf of the child.
3. Complete any questionnaires if requested to do so.
4. If you intend to have your payments debited directly to your bank account, complete the attached Direct Debit Request Form (Section 23).
5. If you are making your first payment by cheque, please make it payable to "MetLife Insurance Limited" for the agreed premium amount.
6. Attach a copy of your quotation, Direct Debit Authority Form and or cheque to the application form.
7. To lodge your application:
 - Hand it to your financial adviser **or**
 - Mail it to:

MetLife
GPO Box 4528
SYDNEY NSW 2001

What are you applying for?

- | | | |
|------------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> New Policy | <input type="checkbox"/> Multiple Lives | <input type="checkbox"/> Trauma Insurance |
| <input type="checkbox"/> Change to existing MetLife Policy | | <input type="checkbox"/> Term Life Insurance |

Policy No.

Issued by: MetLife Insurance Limited (MetLife) ABN 75 004 274 882 AFSL No. 238096
Level 9, 2 Park Street, Sydney NSW 2000

090101

Section 1. Details of the Policy Owner(s)

Miss Ms Mrs Mr Dr

Family/Company Name

Given Names

Address

Suburb

State

Postcode

Relationship to the Insured

Miss Ms Mrs Mr Dr

Family/Company Name

Given Names

Address

Suburb

State

Postcode

Relationship to the Insured



Section 2. Nomination of Beneficiaries

You have the option to nominate a beneficiary or beneficiaries to receive benefits payable under the Policy. The option to nominate a beneficiary is subject to the following conditions:

- Available only where the Policy Owner(s) is/are Life Insured(s) under the policy;
- Not available for policies being effected for commercial purposes;
- The nomination will be void if the ownership of the Policy is assigned to another person or entity;
- Any payments to minors will be made to a parent(s) or guardian(s) of the minor to be held in trust for the benefit of the minor until the minor turns 18 years of age;
- If a nominated beneficiary cannot be located or dies before a benefit is payable, then the amount will be paid to the Policy Owner or the Policy Owner's estate;
- A maximum of five beneficiaries can be selected.

| Name of Beneficiary | Address | Date of Birth | Relationship | % Split | |
|--------------------------------|---------|---------------|-----------------------|---------|-------|
| | | | | Death | Other |
| Full Name of Beneficiary One | Address | DD / MM / YY | Relationship to Owner | Death | Other |
| Full Name of Beneficiary Two | Address | DD / MM / YY | Relationship to Owner | Death | Other |
| Full Name of Beneficiary Three | Address | DD / MM / YY | Relationship to Owner | Death | Other |
| Full Name of Beneficiary Four | Address | DD / MM / YY | Relationship to Owner | Death | Other |
| Full Name of Beneficiary Five | Address | DD / MM / YY | Relationship to Owner | Death | Other |
| Total: | | | | 100% | 100% |

090102

Section 3. Details of First Life Insured

Miss Ms Mrs Mr Dr
 Surname _____

 First Name _____ Initial _____

 Address _____

 Suburb _____
 State _____ Postcode _____
 Contact details
 Home () _____
 Work () _____
 Email _____
 Date of Birth _____ DD / MM / YYYY
 Age Next Birthday _____ Years
 Country of Birth _____
 Sex Male Female
 Are you a Smoker? Yes No
 Are you already a member of the MetLife Retirement Fund?
 Yes No
 If 'YES' please provide your account number

Section 3. Details of Second Life Insured

Miss Ms Mrs Mr Dr
 Surname _____

 First Name _____ Initial _____

 Address _____

 Suburb _____
 State _____ Postcode _____
 Contact details
 Home () _____
 Work () _____
 Email _____
 Date of Birth _____ DD / MM / YYYY
 Age Next Birthday _____ Years
 Country of Birth _____
 Sex Male Female
 Are you a Smoker? Yes No
 Are you already a member of the MetLife Retirement Fund?
 Yes No
 If 'YES' please provide your account number

Section 4. Selecting your Cover

Term Life Insurance

Please state the amount of Term Life cover required:

\$

Options

- Premiums**
 Guaranteed Rate Variable Rate
- Total and Permanent Disability (TPD)**
 TPD Double TPD Single
 Definition:
 Own Occupation Any Occupation
 Please state the amount of TPD cover required:
 \$
- Cross if you require:**
 Guaranteed Benefit Increase ChildCare
 Premium Freeze Waiver of Premium
(not available when selected with TPD)

Section 4. Selecting your Cover

Term Life Insurance

Please state the amount of Term Life cover required:

\$

Options

- Premiums**
 Guaranteed Rate Variable Rate
- Total and Permanent Disability (TPD)**
 TPD Double TPD Single
 Definition:
 Own Occupation Any Occupation
 Please state the amount of TPD cover required:
 \$
- Cross if you require:**
 Guaranteed Benefit Increase ChildCare
 Premium Freeze Waiver of Premium
(not available when selected with TPD)

Section 5. Selecting your cover (continued)

LifeCare Trauma Insurance

Please state the amount of LifeCare Trauma cover required:

\$

Options

1. Term Life \$

2. Term Life Buy-Back
(only available with Term Life Option)

3. Total and Permanent Disability (TPD) – cover required
\$

Definition: Own Occupation Any Occupation

4. Cross if you require:
 Premium Freeze ChildCare

Section 6. Personal Statement

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

Do you contemplate a change in your occupation?

Yes No If 'YES' please give details.

What is the name and address of your employer or business?
Name

Address

Suburb

State

Postcode

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

Currently: \$ per annum

Average over the last three years:

\$ per annum

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

Details Yes No

Section 5. Selecting your cover (continued)

LifeCare Trauma Insurance

Please state the amount of LifeCare Trauma cover required:

\$

Options

1. Term Life \$

2. Term Life Buy-Back
(only available with Term Life Option)

3. Total and Permanent Disability (TPD) – cover required
\$

Definition: Own Occupation Any Occupation

4. Cross if you require:
 Premium Freeze ChildCare

Section 6. Personal Statement

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

Do you contemplate a change in your occupation?

Yes No If 'YES' please give details.

What is the name and address of your employer or business?
Name

Address

Suburb

State

Postcode

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

Currently: \$ per annum

Average over the last three years:

\$ per annum

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

Details Yes No

090104

Section 6. Personal Statement (continued)

Have you engaged in, or do you intend to engage in:

a) Aviation other than as a fare paying passenger on public transport? Yes No

b) Any hazardous pursuits or pastimes? Yes No

If you answer 'YES' to a) and/or b) please complete the Hazardous Pursuits Questionnaire.

Section 7. Personal Habits

During the past 12 months have you smoked tobacco or any other substance in any form? Yes No

If 'YES', please advise substance and daily quantity.

Have you ever smoked tobacco regularly in the past? Yes No

If 'YES', please give reason for stopping.

Do you drink alcohol? Yes No

If 'YES', please advise in what form and daily quantity?

What is your current:

a) Height cm/ft/in

b) Weight kg/stone/lb

Has your weight altered during the last 12 months? Yes No

Have you ever taken: Steroids; Anti-hypertensive drugs; any other drugs or medication? Yes No

If 'YES', please provide details:

Section 6. Personal Statement (continued)

Have you engaged in, or do you intend to engage in:

a) Aviation other than as a fare paying passenger on public transport? Yes No

b) Any hazardous pursuits or pastimes? Yes No

If you answer 'YES' to a) and/or b) please complete the Hazardous Pursuits Questionnaire.

Section 7. Personal Habits

During the past 12 months have you smoked tobacco or any other substance in any form? Yes No

If 'YES', please advise substance and daily quantity.

Have you ever smoked tobacco regularly in the past? Yes No

If 'YES', please give reason for stopping.

Do you drink alcohol? Yes No

If 'YES', please advise in what form and daily quantity?

What is your current:

a) Height cm/ft/in

b) Weight kg/stone/lb

Has your weight altered during the last 12 months? Yes No

Have you ever taken: Steroids; Anti-hypertensive drugs; any other drugs or medication? Yes No

If 'YES', please provide details:



Section 8. Medical Details

Who is your usual Medical Practitioner?

Name

Address

Suburb

State

Postcode

How long has your Medical Practitioner known you?

Years

DD / MM / YYYY

When did you last consult him/her?

What was the reason for and result of this consultation?

During the last five years have you had any medical examination, advice, treatment or been in hospital?

Yes No

If 'YES', please give details:

1. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

2. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

3. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

4. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

Section 8. Medical Details

Who is your usual Medical Practitioner?

Name

Address

Suburb

State

Postcode

How long has your Medical Practitioner known you?

Years

DD / MM / YYYY

When did you last consult him/her?

What was the reason for and result of this consultation?

During the last five years have you had any medical examination, advice, treatment or been in hospital?

Yes No

If 'YES', please give details:

1. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

2. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

3. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)

4. Date Name of Medical Practitioner or Hospital

DD / MM / YYYY

Address

Reason (if illness, give duration and date of recovery)



090106

Section 9. General Health

Have you ever had any of the following:

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

If you answer 'YES' to any of the questions above except Question 15, please fill out the Special Health Questionnaire.

Section 9. General Health

Have you ever had any of the following:

1. High blood pressure? Yes No
2. Pain in the chest? Yes No
3. Rheumatic fever, or any heart complaint? Yes No
4. Asthma, tuberculosis, or any other lung disease? Yes No
5. Indigestion, gastric or duodenal ulcer? Yes No
6. Bowel, liver or gallbladder disease? Yes No
7. Epilepsy, fainting attacks or fits of any kind? Yes No
8. Mental or nervous disorder or breakdown? Yes No
9. Diabetes, gout, cancer or tumour of any kind? Yes No
10. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis? Yes No
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15. Are you pregnant now? (Females only) Yes No
If 'YES', what is the due date?
16. Any other illness, injury or operation? Yes No
17. Have you ever been advised to have an operation, or do you contemplate surgery in the future? Yes No
18. Do you have any physical defects, impaired sight or hearing? Yes No
19. Have you ever had hepatitis? Yes No

If you answer 'YES' to any of the questions above except Question 15, please fill out the Special Health Questionnaire.



090107

Section 10. Special Health Questionnaire

1. What was the type of illness/injury diagnosed?
(If applicable include the exact area affected
e.g. lower back, left knee, right wrist, left ear etc.)

2. Please describe the symptoms.

3. On what date/year did the symptoms first start?

DD / MM / YYYY

What was the date of your most recent episode/attack?

DD / MM / YYYY

4. What was the duration of your most recent episode/attack?

5. What is the average frequency of episodes/attacks?

6. What is the severity of episodes/attacks?
(mild/moderate/severe)

7. Did the episodes/attacks necessitate any time off
work and, if so, how long?

8. Were you confined to bed/home/hospital?

9. Please state degree of recovery and/or residual disability.

10. What medical tests or investigations were carried out (e.g.
blood tests, x-rays, biopsy) and when were they carried out?

11. What was the nature of any treatment given, e.g.
Prescription medication/non-prescription medication/
surgery (include dosage, amounts, frequency)?

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

DD / MM / YYYY

Continued next page...

Section 10. Special Health Questionnaire

1. What was the type of illness/injury diagnosed?
(If applicable include the exact area affected
e.g. lower back, left knee, right wrist, left ear etc.)

2. Please describe the symptoms.

3. On what date/year did the symptoms first start?

DD / MM / YYYY

What was the date of your most recent episode/attack?

DD / MM / YYYY

4. What was the duration of your most recent episode/attack?

5. What is the average frequency of episodes/attacks?

6. What is the severity of episodes/attacks?
(mild/moderate/severe)

7. Did the episodes/attacks necessitate any time off
work and, if so, how long?

8. Were you confined to bed/home/hospital?

9. Please state degree of recovery and/or residual disability.

10. What medical tests or investigations were carried out (e.g.
blood tests, x-rays, biopsy) and when were they carried out?

11. What was the nature of any treatment given, e.g.
Prescription medication/non-prescription medication/
surgery (include dosage, amounts, frequency)?

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

DD / MM / YYYY

Continued next page...



090108

Section 10. Special Health Questionnaire (continued)

13. What were the results of the treatment?
(include pathology/histopathology/side effects)?

14. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring Medical Practitioner.

15. What are the names and addresses of all Medical Practitioners and Specialists consulted and Hospitals to which you were admitted?
(Include month and year of consultations)

Section 11. Additional Questions

A. Asthma

1. Have you ever required hospitalisation for asthma?
 Yes No
2. Have you ever required treatment with steroids
(e.g. Cortisone, Prednisone, Prednisolone)?
 Yes No

If you have answered 'YES' to either of the above, please give details.

B. Gout

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

DD / MM / YYYY

Continued next page...

Section 10. Special Health Questionnaire (continued)

13. What were the results of the treatment (include pathology/histopathology/side effects)?

14. Have any surgical or other treatments been suggested? If so, please provide the name and address of referring Medical Practitioner.

15. What are the names and addresses of all Medical Practitioners and Specialists consulted and Hospitals to which you were admitted?
(Include month and year of Consultations)

Section 11. Additional Questions

A. Asthma

1. Have you ever required hospitalisation for asthma?
 Yes No
2. Have you ever required treatment with steroids
(e.g. Cortisone, Prednisone, Prednisolone)?
 Yes No

If you have answered 'YES' to either of the above, please give details.

B. Gout

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

DD / MM / YYYY

Continued next page...

Section 11. Additional Questions (continued)

C. Diabetes

1. Do you have any complications of diabetes such as retinopathy, neuropathy, renal failure or heart disease?
 Yes No

If 'YES', please provide details

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

D. Epilepsy

1. What type of seizures have you had, e.g. Grandmal (major seizure), Petitmal (altered states of consciousness, a momentary loss of consciousness or other)?

E. Anxiety/Depression, Panic Attacks, Stress or Nervous Disorder

1. What is your current emotional state/mental state?

2. Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/mental state?

Yes No

If 'YES', please describe.

F. Cancer, Tumour, Cyst, Growth

1. Please attach histopathology of any excised lesion or of biopsy.

2. Have you had radiotherapy or chemotherapy?
 Yes No

If 'YES', when did it cease?

DD / MM / YYYY

3. Have you required follow up treatments or investigations?
 Yes No

If 'YES', how many and for how long?

4. When was your last 'check up' for Cancer, Tumour, Cyst or Growth?

DD / MM / YYYY

Section 11. Additional Questions (continued)

C. Diabetes

1. Do you have any complications of diabetes such as retinopathy, neuropathy, renal failure or heart disease?
 Yes No

If 'YES', please provide details

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

D. Epilepsy

1. What type of seizures have you had, e.g. Grandmal (major seizure), Petitmal (altered states of consciousness, a momentary loss of consciousness or other)?

E. Anxiety/Depression, Panic Attacks, Stress or Nervous Disorder

1. What is your current emotional state/mental state?

2. Have you experienced restriction in your normal daily activities (work or social) as a result of your emotional/mental state?

Yes No

If 'YES', please describe.

F. Cancer, Tumour, Cyst, Growth

1. Please attach histopathology of any excised lesion or of biopsy.

2. Have you had radiotherapy or chemotherapy?
 Yes No

If 'YES', when did it cease?

DD / MM / YYYY

3. Have you required follow up treatments or investigations?
 Yes No

If 'YES', how many and for how long?

4. When was your last 'check up' for Cancer, Tumour, Cyst or Growth?

DD / MM / YYYY

090110

Section 12. AIDS

Are you suffering from AIDS? Yes No

Are you suffering from an AIDS related disease or condition? Yes No

Have you been injected with any drug not prescribed by a medical practitioner? Yes No

Have you engaged in male to male sexual activity since 1980? Yes No

Have you any reason to believe your spouse or sexual partner is suffering from AIDS or from any AIDS related disease or disorder? Yes No

Have you received a blood transfusion or treatment with human blood products prior to 1985? Yes No

Have you suffered from persistent night sweats, unintentional weight loss or persistent fever, persistent diarrhoea or swollen glands? Yes No

If you answered 'YES' to any of the above please give full details.

If 'YES', how many and for how long?

Section 12. AIDS

Are you suffering from AIDS? Yes No

Are you suffering from an AIDS related disease or condition? Yes No

Have you been injected with any drug not prescribed by a medical practitioner? Yes No

Have you engaged in male to male sexual activity since 1980? Yes No

Have you any reason to believe your spouse or sexual partner is suffering from AIDS or from any AIDS related disease or disorder? Yes No

Have you received a blood transfusion or treatment with human blood products prior to 1985? Yes No

Have you suffered from persistent night sweats, unintentional weight loss or persistent fever, persistent diarrhoea or swollen glands? Yes No

If you answered 'YES' to any of the above please give full details.

If 'YES', how many and for how long?

Section 13. Family History

First Life Insured

Has any parent, brother, sister or grandparent living or deceased had diabetes, heart trouble, high blood pressure, kidney trouble, cancer, haemophilia, Huntington's Chorea, mental disorder, committed suicide, or any other condition that you may be aware of? +

Yes No

| Relationship | Details | Still Alive? | Age or Age at Death |
|----------------------|----------------------|----------------------------------------------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> Years |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> Years |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> Years |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> Years |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> Years |

Section 13. Family History (continued)

Second Life Insured

Has any parent, brother, sister or grandparent living or deceased had diabetes, heart trouble, high blood pressure, kidney trouble, cancer, haemophilia, Huntington's Chorea, mental disorder, committed suicide, or any other condition that you may be aware of?

Yes No

| Relationship | Details | Still Alive? | Age or Age at Death |
|--------------|---------|----------------------------------------------------------|---------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |

Section 14. Other Life Insurance Policies

First Life Insured

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or exclusion or otherwise than as submitted?

Yes No

If 'YES', please give details.

Do you have any life, trauma or disability insurance policies in force with this or any other company?

Yes No

Is this application replacing existing cover with this company or any other company?

Yes No

Is an application for life, trauma or disability insurance being made to this or any other company?

Yes No

If you have answered 'YES' to any of the above questions, please give details.

| Company Name | Type of Cover | Sum Insured or Monthly Benefit | Is Cover to be Replaced? |
|--------------|---------------|--------------------------------|----------------------------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Important Notice: If this application for insurance is intended to replace the existing policy or policies indicated in the table above, when MetLife notifies you that we have accepted your application for insurance, you must cancel such policies. If you do not cancel the existing policy or policies indicated in the table above, we will avoid the MetLife policy and no claim will be payable.

Second Life Insured

Has an application for life, trauma or disability insurance on your life ever been declined, deferred or withdrawn from any company, or accepted with a loading or exclusion or otherwise than as submitted?

Yes No

If 'YES', please give details.

Do you have any life, trauma or disability insurance policies in force with this or any other company?

Yes No

Is this application replacing existing cover with this company or any other company?

Yes No

Is an application for life, trauma or disability insurance being made to this or any other company?

Yes No

If you have answered 'YES' to any of the above questions, please give details.

| Company Name | Type of Cover | Sum Insured or Monthly Benefit | Is Cover to be Replaced? |
|--------------|---------------|--------------------------------|----------------------------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Important Notice: If this application for insurance is intended to replace the existing policy or policies indicated in the table above, when MetLife notifies you that we have accepted your application for insurance, you must cancel such policies. If you do not cancel the existing policy or policies indicated in the table above, we will avoid the MetLife policy and no claim will be payable.

090112

Section 15. Hazardous Pursuits Questionnaire

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

Yes No

If 'YES', please fill out the following:

1. Qualifications
2. Average depth
3. Maximum depth
4. Frequency per annum

Your future intentions in relation to the activity:

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

Yes No

If 'YES', please fill out the following:

1. Licence held
2. Hours flown last year
3. State the aircraft/s you fly and the type of aviation you are involved in (private, commercial, agriculture, mustering, aero club, helicopter).

4. What is the engine size of the aircraft/s?

5. Do you engage in any other form of aviation, e.g. Ultra light, Hang gliding? Yes No

If 'YES', please provide details:

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

Yes No

If 'YES', please fill out the following:

1. Licence held
2. Years experience
3. Vehicle type
4. Engine size

Continued next page...

Section 15. Hazardous Pursuits Questionnaire

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

Yes No

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1. Qualifications
2. Average depth
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Your future intentions in relation to the activity:

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If 'YES', please fill out the following:

1. Licence held
2. Hours flown last year
3. State the aircraft/s you fly and the type of aviation you are involved in (private, commercial, agriculture, mustering, aero club, helicopter).

4. What is the engine size of the aircraft/s?

5. Do you engage in any other form of aviation, e.g. Ultra light, Hang gliding? Yes No

If 'YES', please provide details:

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

Yes No

If 'YES', please fill out the following:

1. Licence held
2. Years experience
3. Vehicle type
4. Engine size

Continued next page...

090113

**Section 15. Hazardous Pursuits Questionnaire
(continued)**

- 5. Maximum speed
- 6. Frequency per annum
- 7. Type of racing
- 8. Professional/Non

D. Are you engaged or do you intend to engage in football/soccer/Australian Rules/boxing/martial arts/competitive sports?
 Yes No

If 'YES', please fill out the following:

- 1. Sport/Activity
- 2. Frequency per annum
- 3. Professional/Non

E. Are you engaged or do you intend to engage in mountain climbing/abseiling?
 Yes No

If 'YES', please fill out the following:

- 1. Location
- 2. Frequency
- 3. Average and Max. Height
Average
Maximum

- 4. Type of climbing
- 5. Are you always accompanied? Yes No

6. Name of the Club/Organisation

**Section 15. Hazardous Pursuits Questionnaire
(continued)**

- 5. Maximum speed
- 6. Frequency per annum
- 7. Type of racing
- 8. Professional/Non

D. Are you engaged or do you intend to engage in football/soccer/Australian Rules/boxing/martial arts/competitive sports?
 Yes No

If 'YES', please fill out the following:

- 1. Sport/Activity
- 2. Frequency per annum
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E. Are you engaged or do you intend to engage in mountain climbing/abseiling?
 Yes No

If 'YES', please fill out the following:

- 1. Location
- 2. Frequency
- 3. Average and Max. Height
Average
Maximum

- 4. Type of climbing
- 5. Are you always accompanied? Yes No

6. Name of the Club/Organisation



Section 16. Application for ChildCare Option

Family Name

Given Names

Name of Insured

(Parent or Guardian of ChildCare Life Insured)

ChildCare Option Life/Lives Insured (Max. 4 per policy)

1.

Family Name

Given Names

Date of Birth

Age Next Birthday

2.

Family Name

Given Names

Date of Birth

Age Next Birthday

3.

Family Name

Given Names

Date of Birth

Age Next Birthday

4.

Family/Company Name

Given Names

Date of Birth

Age Next Birthday

Section 17. Declaration of Health (ChildCare Option)

Has any ChildCare Life Insured ever had any of the following?

1. High blood pressure? Yes No
2. Pain in the chest? Yes No
3. Rheumatic fever or any heart complaint? Yes No
4. Asthma, tuberculosis, or any other lung disease? Yes No
5. Indigestion, gastric or duodenal ulcer? Yes No
6. Bowel, liver or gallbladder disease? Yes No
7. Epilepsy, fainting attacks or fits of any kind? Yes No
8. Diabetes, cancer or tumour of any type? Yes No
9. Kidney or bladder disease, including renal colic or stone, pyelitis or cystitis? Yes No
10. Coughing of blood, passing of blood from the bowel or in the urine? Yes No
11. Any other illness, injury or operation? Yes No
12. Advice to have an operation or contemplate surgery in the future? Yes No
13. Any physical defects, impaired sight or hearing? Yes No
14. Suffer from AIDS or from any AIDS related disease or condition? Yes No
15. Been injected with any drug not prescribed by a medical practitioner? Yes No
16. Has any ChildCare Life Insured ever taken steroids, anti-hypertensive drugs or any other drugs? Yes No

If answered 'YES' to any of the above please give date, name of ChildCare Life Insured and address of your usual Medical Practitioner (if any), full particulars, including duration.

1. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Postcode

Full particulars (including duration)



**Section 17. Declaration of Health (ChildCare Option)
continued**

2. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Postcode

Full particulars (including duration)

3. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Postcode

Full particulars (including duration)

4. Date Child's Name

Medical Practitioner's Name

Medical Practitioner's Address

Suburb

State Postcode

Full particulars (including duration)

During the last 5 years has any ChildCare Life Insured had any medical examination, advice, treatment, or been in hospital? (Medical includes Chiropractor, Naturopath, or any other form of alternative medicine.)

Yes No

If 'YES', please give particulars of each instance including X-Ray, Electrocardiogram or other special tests.

**Section 18. Declaration of Insurance Policy
(ChildCare Option)**

I/We are not aware of any other circumstances which might render the life of any ChildCare Life to be insured to have shortened longevity or suffer a serious health problem. I apply for the ChildCare Option to be issued in accordance with this application.

I hereby declare that the information contained in this application is true and correct.

Signature of Policy Owner

Policy Owner Date

Section 19. Declaration of Parent/Guardian

I hereby declare that the information contained in this application is true and correct, and further, that I am not aware of any other circumstances which might be relevant to the insurer's decision whether to accept the risk and, if so, on what terms or any other circumstances which might render me or the ChildCare Life to be insured likely to require any medical treatment or to have a shortened longevity or to suffer a serious health problem.

I hereby declare that the information contained in this application is true and correct.

Signature of Policy Owner

Parent/Guardian Date



Section 20. Medical Authority

Term Life Insurance

LifeCare Trauma Insurance

I/We hereby consent to MetLife seeking medical information including any test results from any Medical Practitioner whom at any time I have consulted prior to the date hereof and I authorise the giving of such information during the currency of the liability of MetLife.

A photocopy of this declaration shall be as valid an authority as the original.

Signature of First Life Insured

_____ First Life Insured

Date

DD / MM / YYYY

Family/Company Name

Given Names

Address

Suburb

State

Postcode

Date

DD / MM / YYYY

Male Female

Signature of Second Life Insured

_____ Second Life Insured

Date

DD / MM / YYYY

Family/Company Name

Given Names

Address

Suburb

State

Postcode

Date

DD / MM / YYYY

Male Female

Section 21. ChildCare Option Medical Authority

I/We hereby consent to MetLife seeking medical information including any test results from any doctor whom at any time I have consulted prior to the date hereof and I authorise the giving of such information during the currency of the liability of MetLife.

A photocopy of this declaration shall be as valid an authority as the original.

Signature of Parent/Guardian

_____ Parent/Guardian

Date

DD / MM / YYYY

Name(s) of Children to be Insured:

Child One

Date of Birth

DD / MM / YYYY

Child Two

Date of Birth

DD / MM / YYYY

Child Three

Date of Birth

DD / MM / YYYY

Child Four

Date of Birth

DD / MM / YYYY

Address

Suburb

State

Postcode

090117

Section 22. Payment Method

Payment Options

Cheque Direct Debit Credit Card

Frequency

Annually Half Yearly Monthly

Section 23. Your Authority to MetLife Insurance

I/We

(Surname or Company Business Name)

(Given names or ABN/ARBN)

(Surname or Company Business Name)

(Given names or ABN/ARBN)

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

Customer Address

Suburb

State Postcode

Name of Bank/Financial Institution

Address

Suburb

State Postcode

Signature

Date

DD / MM / YYYY

Signature

Date

DD / MM / YYYY

Section 24. The Payment Schedule

Full Name of Account

Address

Suburb

State

Postcode

Account Type

Cheque
 Non-Passbook Savings

Bank/State/Branch Number

-

Account/Member No.

OR

If paying by Credit Card

MasterCard
 Visa Card
 Bankcard
 Diners Club



Cardholder's Name

Card Number

- -

Expiry Date

DD / MM / YYYY

Cardholder's Signature

Date

DD / MM / YYYY

090118

Section 25. Marketing Opt-Out

MetLife may keep you informed about other products, services and special offers from MetLife companies and selected 3rd parties that may be of interest to you.

However, if you do not wish us to communicate these offers to you please indicate below.

First Life Insured: Do Not Mail: Do Not Phone:
Second Life Insured: Do Not Mail: Do Not Phone:

Section 26. Application Declaration

Declaration of Life Insured(s)

I/We declare that the information given in this application form is complete and correct and information relevant to the insurer's decision to accept the risk has not been omitted.

I/We authorise any medical practitioner, hospital or clinic to provide MetLife with information that relates to my/our medical history.

Signed at

| | |
|----------------------|----------------------|
| <input type="text"/> | |
| Suburb | |
| <input type="text"/> | Postcode |
| State | <input type="text"/> |

Signature of First Life Insured

First Life Insured

Date

Signature of Second Life Insured

Second Life Insured

Date

Declaration of Policy Owner(s)

I/We apply for this insurance to be issued in accordance with this application and my/our decision to apply for this insurance is based on the information contained in the PDS issued on the 12 August 2005.

I/We have read and understood the Duty of Disclosure at the beginning of this application.

I/We declare that all statements made in this application are complete and accurate.

I/We acknowledge that if this application for insurance is intended to replace any existing policy or policies as specified in this application, when MetLife notifies me/us that my/our application for insurance has been accepted, I/we must cancel such policies. I/We acknowledge that if when MetLife notifies me/us that my/our application for insurance has been accepted and I/we do not cancel any existing policy or policies specified in this application, the insurance applied for and accepted by MetLife will be ineffective and any claim made will be rejected.

I/We have read and understood the MetLife Privacy Policy in the PDS and agree to the collection, use and disclosure of personal information as described in those policies.

Where I/we have provided information about any other individual, I/we will make that individual aware of the provisions of the Privacy Statements.

Signature of First Policy Owner

First Policy Owner

Date

Signature of Second Policy Owner

Second Policy Owner

Date



Life Insurance Adviser Details

Authorised Representative

MetLife Number

Name of AFSL

Signature

Contact details

Home ()

Work ()

Email

Date

DD / MM / YYYY

Commission Option

Standard

S1

S2

S3

S4

S5

Level

L1

Would you like one of our underwriters to phone your client if necessary to clarify any information?

Yes

No

Please provide phone number and preferred time of call (between 8.00am and 6.00pm EST Mon–Fri).

Phone ()

Preferred time to call

Checklist for Advisers

Before sending this application to MetLife, please check that the following have been completed.

- All relevant questions/sections have been answered.
- The Application Form has been signed and dated by the Life(s) to be Insured and the Policy Owner(s).
- Premium Illustration attached.
- If paying by cheque, a cheque made payable to MetLife Insurance Limited marked non-negotiable is attached.
- Direct Debit Form or Payment Schedule completed (if required).

Please return to:

MetLife
GPO BOX 4528
Sydney NSW 2001

Toll Free 1300 134 669
Fax Toll Free 1300 131 049



090120

have you met life today?

For enquiries call

1300 134 669

Monday to Friday 8.00am to 6.00pm EST

MetLife®

MetLife Insurance Limited

Level 9, 2 Park Street, Sydney NSW 2000

ABN 75 004 274 882

AFSL No. 238096

www.metlife.com.au