

Lifestyle Protection.

Product Disclosure Statement.

For more information call
1300 131 103.



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Important information

Lifestyle Protection is issued by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL No. 235035 (CMLA), a wholly owned subsidiary of Commonwealth Bank of Australia ABN 48 123 123 124. Commonwealth Bank of Australia and its subsidiaries (other than CMLA) do not guarantee the obligations or performance of CMLA or the products it offers.

CommInsure is a registered business name of CMLA.

Contact details for CMLA:
Level 7, 39 Martin Place
Sydney NSW 2000

CMLA guarantees the benefits payable under Lifestyle Protection. All payments to and from CMLA under Lifestyle Protection policies will be made to and from CMLA's Statutory Fund No. 5. This policy has no savings or surrender value and will not participate in the profits or surpluses of CMLA or the Statutory Fund No. 5.

The offer made in this document is currently available only to permanent residents of Australia.

All references to monetary amounts in this document are, unless specifically identified to the contrary, references to Australian dollars.

In this Product Disclosure Statement (PDS) where we use the words 'us', 'we', 'our', 'CommInsure' or 'CMLA' we mean The Colonial Mutual Life Assurance Society Limited.

Where we use the words 'you' or 'your' we mean the policyowner. Where we use the term 'life insured' we mean the person to be insured under the policy.

The information in this PDS has been prepared without taking into account your objectives, financial situation or needs. Because of this, before acting on this information, you should consider the appropriateness of the information having regards to your own objectives, financial situation and needs. You should consider the PDS in making any decision about whether to acquire Lifestyle Protection.

Lifestyle Protection

Protect your lifestyle

Lifestyle Protection is a simple and affordable policy providing worldwide cover, 24 hours a day in the event of an accidental injury resulting in a bone fracture, period of bed confinement or your accidental death.

There are two levels of cover under Lifestyle Protection which you can choose from, the Standard Plan and the Premier Plan. Please refer to 'What levels of cover are available?' on page 3 for details of each plan.

The following benefits are provided under both Plans:

Bone Fracture – may cover you if you incur a bone fracture of one of the specified bones as a direct result of an accidental injury.

Bed Confinement – may cover you if you are confined to bed rest for seven consecutive days or more as a result of an accidental injury.

Accidental Death – may cover you if you die as a direct result of an accidental injury.

In addition to the above benefits, if the accidental injury and the resulting accidental death, bed confinement or bone fracture occurs while outside of Australia, we will pay double the benefit amount payable.

For details on when cover commences please refer to 'When does cover commence?' on page 7.

For more information about these benefits please refer to 'Lifestyle Protection benefits' on page 8.

What levels of cover are available?

There are two levels of Lifestyle Protection cover you can choose from:

- Standard Plan; and
- Premier Plan.

The premiums you pay will vary according to the plan chosen and whether your partner or spouse is also covered.

Please also refer to 'Who is eligible for Lifestyle Protection?' on page 4 and 'How much does Lifestyle Protection cost?' on page 5 for more details.

The amount of benefit you may receive will be different depending on the plan you choose. This can be seen in the table below.

Benefit and brief explanation	Benefit amount payable	
	Standard Plan	Premier Plan
Bone Fracture Pays a lump sum if due to an accidental injury a life insured has a bone fracture. (See page 8 for more details on this benefit)	Up to \$5,000	Up to \$10,000
Bed Confinement Pays a lump sum if due to an accidental injury a life insured is confined to bed rest for seven consecutive days or more. (See page 9 for more details on this benefit)	\$1,000	\$2,000
Accidental Death Pays a lump sum if due to an accidental injury a life insured dies. (See page 10 for more details on this benefit)	\$5,000	\$10,000

Can I change my level of cover?

You can request a change to your level of cover by contacting us. Providing we agree to your request we will send you confirmation of the date you will commence cover under the new chosen level of cover and details of the new premium rate that will apply to you from that date.

When you request a change to your level of cover, all life insureds under Lifestyle Protection will change to the new chosen plan.

Please also refer to 'Who is eligible for Lifestyle Protection?' below.

Who is eligible for Lifestyle Protection?

Lifestyle Protection is available to all Commonwealth Bank customers between the ages of 50 and 69, who are permanent Australian residents.

As well as nominating yourself to be covered under Lifestyle Protection you can at initial application time (only) also nominate your partner or spouse to be covered. Your spouse or partner must also be aged between 50 - 69 to be eligible for Lifestyle Protection.

The persons who are covered under Lifestyle Protection are called life insureds.

Lifestyle Protection cover is pre-approved, acceptance is guaranteed and at application no medical examination is required. Please refer to 'When does cover commence?' on page 7 for details.

How much does Lifestyle Protection cost?

The premium you pay us is dependent on the plan you select and whether you select to cover your partner or spouse under your policy. The following monthly premiums apply:

Number of life insureds	Monthly premium rate	
	Standard Plan	Premier Plan
Single	\$8.75	\$17.50
Joint (single plus partner/spouse)	\$17.50	\$35.00

If you would like to include your partner or spouse as a life insured you can do so by applying for cover for them at the same time as your initial application for cover. Provided we agree to this, your premium will be the appropriate joint monthly premium rate. Your partner or spouse will be covered by the same plan as chosen by you at the date cover commences for you. If you subsequently remove your spouse or partner as a life insured under the policy your next monthly premium will change to the appropriate single monthly premium rate.

We can vary the premium rates by giving you three months' prior written notice. However, we will only increase your premium if premiums for all Lifestyle Protection policies issued on the same terms as your policy are increased.

If you make a claim you may also have to pay for medical tests and examinations that may be required. Please refer to 'How to make a claim' on page 14 for more details.

How do I pay for Lifestyle Protection?

Premiums are payable monthly in advance and are automatically debited from your nominated bank account or credit card account each month. Please also refer to 'One month free cover' below for more details.

You can change the method of payment (to direct debit from your bank account or credit card account as applicable) by contacting us. However, we must always hold a current payment authority in a form we approve that authorises payment by one of these methods. Therefore, you will need to complete and return to us the Direct Debit Request form that will be included with your policy documents.

One month free cover

You will not be charged the first month's premium for Lifestyle Protection. After this period, your first premium will be due. The date when premiums are due will be shown on the policy schedule which we send you with your policy document.

How to apply for Lifestyle Protection

To apply, just complete and sign the enclosed application form, together with your completed payment authority, and return them in the reply paid envelope provided. Alternatively, if you want to apply immediately, simply call **1300 131 103** between 8am and 7pm (Sydney time), Monday to Friday. Otherwise, you may receive a call about Lifestyle Protection. If you do, you are under no obligation to purchase Lifestyle Protection, but you might find this a convenient way to apply for cover.

If you do not wish to receive a call, please call **1800 003 040** between 8am and 7pm (Sydney time), Monday to Friday, and you will be excluded from the calling program.

When does cover commence?

If you decide to purchase Lifestyle Protection your cover will commence when your application for cover is accepted by us. The commencement date of your cover, and any partner/spouse cover, will be stated on your policy schedule sent to you with your policy document.

Your policy document and policy schedule outline the terms and conditions of your insurance contract with CommInsure.

Cooling-off period

From the date you receive your policy document, you have 30 days to consider whether Lifestyle Protection meets your needs. This is known as the cooling-off period. Within this period you may cancel Lifestyle Protection and any premiums paid will be refunded in full. To do this, we ask that you call us or put your request in writing and send the policy document and policy schedule to us. Please refer to 'How you can cancel your policy' on page 13 for more details.

Further questions

If you have any questions please call **1300 131 103** between 8am and 7pm (Sydney time), Monday to Friday.

Lifestyle Protection benefits

The following benefits are provided under the Lifestyle Protection policy, unless the event is excluded or the amount of the benefit is limited. Please refer to 'What exclusions apply to Lifestyle Protection?' on page 11 and 'Are there any other important limitations on my benefits?' on page 12 for more details.

In this PDS where we use the term accidental injury we mean a physical injury caused solely and directly by violent, external and visible means (independently of sickness, medical or surgical treatment, or any other cause) and that accidental injury occurs on or after the commencement date.

Bone Fracture benefit

If as a direct result of an accidental injury a life insured incurs a bone fracture to the bones listed in the table on page 9 and the diagnosis of the bone fracture is made within 90 days of the accidental injury, we will pay the relevant bone fracture benefit.

By bone fracture we mean a fracture to a bone where the continuity of the tissue of the bone is broken.

The amount of bone fracture benefit payment depends on the type of bone fracture and the plan you have selected.

The bone fracture benefit is payable only once for any one accidental injury. If a life insured suffers multiple bone fractures, we will pay the largest applicable bone fracture benefit amount listed in the table on page 9.

The following table lists the bone fractures and the amounts payable for each bone fracture:

Bone Fracture	Benefit amount payable	
	Standard Plan	Premier Plan
Fracture of hip or pelvis	\$5,000	\$10,000
Fracture of skull	\$3,000	\$6,000
Fracture of thigh, heel, upper arm	\$2,500	\$5,000
Fracture of ankle, lower leg, shoulder blade, elbow	\$2,000	\$4,000
Fracture of lower jaw, collarbone	\$1,500	\$3,000
Fracture of lower arm, wrist	\$1,250	\$2,500
Fracture of vertebrae	\$1,000	\$2,000
Fracture of sternum, kneecap, cheekbone	\$750	\$1,500
Fracture of hand, foot, ribs, coccyx	\$500	\$1,000
Fracture of toes, thumbs or fingers	\$250	\$500

Bed Confinement benefit

We will pay the bed confinement benefit if:

- as a direct result of an accidental injury a life insured is, on the advice of a medical practitioner, confined to bed rest for 24 hours per day for a consecutive period of

seven days or more under the full time care of a person acceptable to us; and

- the bed confinement occurred within 90 days of the accidental injury.

The bed confinement benefit payment depends on the plan you have selected and is payable only once for any one accidental injury. For the Standard Plan the benefit is \$1,000 and for the Premier Plan the benefit is \$2,000.

Accidental Death benefit

We will pay the accidental death benefit if as a direct result of an accidental injury and within 90 days of the accidental injury a life insured dies.

The accidental death benefit payment depends on the plan you have selected. For the Standard Plan the benefit is \$5,000 and for the Premier Plan the benefit is \$10,000.

Once the life insured dies all cover ceases for that life insured.

What else should I know about Lifestyle Protection?

If both the accidental injury and the resulting bed confinement or accidental death or bone fracture occur while the life insured is outside of Australia, we will pay double the specified amount of the benefit.

If the body of a life insured has not been found within twelve months of the date of disappearance, we may treat the disappearance as death resulting from an accidental injury. If we do this, we will pay the accidental death benefit only if we are given written notification that the benefit will be refunded if it is later found that the life insured did not die as a result of an accidental injury.

What exclusions apply to Lifestyle Protection?

There are some exclusions under the Lifestyle Protection policy. This means cover is not provided under this policy if the accidental injury or accidental death:

- is due to war or act of war, whether declared or not, except death while on war service;
- occurs while the life insured is under the influence of alcohol where their blood alcohol level is 80mg of alcohol per 100ml of blood or higher, or any other drug, other than a drug taken or used as prescribed by a medical practitioner;
- occurs while the life insured is acting either as a pilot or crew member, or while a passenger, other than a fare-paying passenger, in any aircraft;
- is due directly or indirectly as a result of the life insured committing or attempting to commit an assault, battery or criminal offence or act of terrorism;
- is intentionally self inflicted, due to suicide or directly or indirectly due to attempted suicide or self-harm;
- occurs while the life insured is engaged in any professional sport;
- occurs while the life insured is driving or riding in any kind of race;
- occurs if the life insured has been diagnosed as having osteoporosis (applies to the bone fracture benefit only);
- is caused by, either wholly or in part, arises out of or is connected with any disease, bodily or mental infirmity, or medical or surgical treatment of these; or
- is caused by post traumatic stress disorder.

We will not make a payment if the payment would cause us to be in breach of the Health Insurance Act 1973 (Cth) or the National Health Act 1953 (Cth).

Are there any other important limitations on my benefits?

Cover is automatically renewable up to the life insured's 95th birthday.

If the accidental injury occurs on or after the life insured's 85th birthday we will only pay half the specified amount for the benefits which are available under this policy.

Only one of the bone fracture benefit, bed confinement benefit or accidental death benefit will be paid for multiple benefits that result from the same accidental injury for each life insured. We will pay the largest benefit that may apply.

Please also refer to the section headed 'In what circumstances can cover cease?' on page 13 and 'How to make a claim' on page 14.

Other important information

What happens if the premium is not paid?

Where any amount of premium remains unpaid for more than one calendar month beyond the premium due date, all cover under the policy will cease. We will give written notice of such cancellation.

In what circumstances can cover cease?

As well as cover ceasing after we have given notice once you have not paid your premiums (as described above), cover for each life insured under this policy ceases automatically on the death of the life insured or on their 95th birthday, whichever is first to occur.

Cover for all lives insured under this policy ceases automatically on your death or on your 95th birthday, whichever is first to occur.

All cover will also cease if the policy is cancelled.

How you can cancel your policy

You may cancel your Lifestyle Protection policy at any time by calling **1300 131 103** between 8am and 7pm (Sydney time), Monday to Friday, or by writing to us at the address below enclosing your policy document and policy schedule. The cover provided by the policy will end on the day we receive your notice of cancellation. The policy does not have a cash value when you cancel it.

CommInsure
PO Box 2576
SYDNEY SOUTH NSW 1235

How to make a claim

Our claims philosophy is simple. We pay all genuine claims as soon as possible after all the necessary documentation has been received and the validity of your claim has been assessed.

You should provide us with details of the claim within 30 days of the event causing your claim.

If you need to make a claim, simply call **1300 131 103** between 8am and 7pm (Sydney time), Monday to Friday, and the appropriate claim form will be forwarded to you. You will need to complete the claim form and provide supporting evidence of your claim. This evidence will usually include an appropriate medical certificate from a medical practitioner, acceptable to us that confirms the life insured's accidental injury, bone fracture, bed confinement or accidental death. The supporting evidence required will be outlined in the policy document and will vary depending on the type of claim being made.

All certificates and evidence required by us (including where we require the life insured to undertake medical examinations or other tests) in respect of the claim must be obtained at your expense.

If your claim is approved, payments will be made to you or, in the event of your death, your personal legal representative(s).

Taxation

Generally, premiums paid for your cover will not be tax deductible nor will the benefits be assessable for income tax purposes. As individual circumstances differ, any taxation enquiries should be referred to your tax adviser. This tax statement is based on the continuance of laws as at the preparation date of the PDS.

Complaint handling procedure

If you have a complaint about Lifestyle Protection, please follow these steps:

1. Gather all supporting documents about your complaint, think about the questions you want answered and decide what you want us to do.
2. Call **1300 131 103** between 8am and 7pm (Sydney time), Monday to Friday. Your matter will be dealt with immediately or referred to the appropriate person. A quick chat is all that is required to resolve most complaints.

If you would like to put your complaint in writing, you can either email us at:

customerrelations@cba.com.au

or write to:

Customer Relations

CommInsure

PO Box 2576

SYDNEY SOUTH NSW 1235

The Complaints Manager will strive to ensure that your complaint is resolved fairly and promptly. Within 45 days of receiving your complaint, we will write to you with either a suggested resolution or an explanation of why your complaint will take more than 45 days to resolve.

3. If you are not satisfied with the proposed solution or the extended time for resolution of your complaint, you can also contact Financial Industry Complaints Service Limited (FICS).

FICS is an independent service that handles complaints involving life insurance companies. It is able to offer free, informed assistance to help resolve your complaint. FICS will advise you of any complaints it cannot consider when you contact them.

FICS contact details:

- Telephone: 1300 780 808
- Fax: (03) 9621 2291
- Postal address:
Financial Industry Complaints Service Limited
PO Box 579, Collins Street West
MELBOURNE VIC 8007

Privacy of your personal information

Collection of personal information

We collect personal information (including customers' full names, addresses and contact details) so that we may administer our customer relationships and provide customers with the products and services they request as well as information on the Commonwealth Bank Group (the Group) and its products and services. If you have provided us with your email or mobile phone details, we may provide information to you on the Group's products and services electronically.

Where it is necessary to do so, we also collect information on individuals such as company directors and officers (where the company is our customer), as well as customers' agents and persons dealing with us on a 'one-off' basis.

The law can also require us to collect personal information, e.g. Commonwealth legislation requires us to identify persons who open or operate accounts.

We may take steps to verify the information we collect, e.g. a birth certificate provided as identification may be verified with records held by the Registry of Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer that employment and remuneration information provided in an application for credit is accurate.

You need to provide us with accurate and relevant information

If you provide us with incomplete or inaccurate information, we may not be able to provide you with the products or services you are seeking.

Other members of the Group

We are permitted by the Privacy Act to disclose personal information to other members of the Group. This enables the Group to have an integrated view of its customers. Your personal information may be accessed by our Group staff in other countries, if that becomes necessary for transactional reasons or to enhance our relationship with you.

Other disclosures

Personal information may be disclosed to:

- brokers and agents who refer your business to us;
- any person acting on your behalf, including your financial adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney;
- medical practitioners (to verify or clarify, if necessary, any health information you supply), claims investigators and reinsurers (so that any claim you make can be assessed and managed), and insurance reference agencies (where we are considering whether to accept an application for insurance from you and, if so, on what terms);
- your credit card issuer; or
- organisations, including overseas organisations, to whom we outsource certain functions.

Notes
