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CERTIFICATE SUMMARY

Individual Information

Participant Name	WITHERS GERRARD
Registration (New / Old)	230045
Covered Person Name	WITHERS ALICE ANNE
Registration (New / Old)	230046

Plan Information

Product Name	HealthPlan1		
Certificate Number	95389019	Term	79 years
Date of Certificate	30 November 2011	Commencement Date	01 December 2011
Maturity Date	01 December 2090	Payment Mode	
Payment Frequency	PayFrequency-M	Contribution Payable	\$1,180.00

Benefits Information

Benefits Covered	Coverage Amount
" Death benefit: - Lump sum	\$300,000 <small>amount is aligned to the non-breaking space (hex A0) after the amount, insert non-breaking space via a copy from Charmap.exe</small>

Main Terms and Conditions

General

- " It is your duty to inform us important facts . you must give us all important facts such as medical condition, and state your age correctly. We will not pay any claims where important information was not disclosed at the proposal stage.
- " Free-look period you may cancel your certificate by returning the certificate document within 15 days from the delivery date of the certificate documents. We will then refund the contributions inclusive of any charges that we have taken. We will take off any medical expenses we have had to pay.
- " Lapse of certificate . This certificate will end when the value of your account is not enough to pay for charges.
- " In the event of Total and Permanent Disability before maturity date, we will only pay one lump sum amount of up to one million per person. Any excess is paid on the first anniversary of the covered person's Total and Permanent Disability subject to proof of continued disability. If Death happens during the disability period, the balance of any unpaid installments is paid immediately. The maximum payable under all certificates is four million per person.

Main Exclusions

Death

If the Death is due to suicide within the first certificate year, no coverage will be payable. Instead we will pay the value of Units in the PUA and IUA at the Valuation Date after the date of your notification.