

# ORDER FORM

Fax To: (02) 8225 5094



Citicorp Life Insurance Limited  
ABN 75 004 274 882  
AFSL 238096

Citigroup Centre  
Level 8, 2 Park Street  
Sydney NSW 2000

FACSIMILE TRANSMISSION

Date:

PLEASE PRINT IN CAPITALS AND ENSURE ALL DETAILS ARE PROVIDED  
to avoid delays in processing your order, thank you

<b>Company:</b>	<b>Adviser No:</b>	<b>Email:</b>
<b>Contact Name:</b>		<b>Tel:</b> <b>Fax:</b>
<b>Delivery Address (Street Address only please, we do not deliver to PO Box):</b>		
CODE	DESCRIPTION	QUANTITY
<u>Code: MCG3903</u>	Your Life Protection Plan Term Life /LifeCare Trauma & Term Life (under the Citicorp Retirement Fund) Product Disclosure Statement	
<u>Code: MCG3904</u>	Life Time Insurance Product Disclosure Statement	
<u>Code: MCG3507</u>	Premium Guide	
<u>Code: MCG3452</u>	Mortgage Repayment Insurance Product Disclosure Statement	
<u>Code: CICONF</u>	Confidential Medical Report Electronic File : <input type="checkbox"/> Hard Copy : <input type="checkbox"/>	
<u>N/A</u>	CRIS Quotation Software (CD ROM) Version 1.06	
<u>Other</u>		

Product Disclosure Statements and CIB's can be downloaded from [www.citibank.com.au](http://www.citibank.com.au) under the Insurance section