



Change of financial adviser

Policy number

Policy number

Policy number

Policy number

Important information

Completing this form gives us authority to change from your existing financial adviser to your new financial adviser. We can only accept your request if this form is correctly completed. We respect your privacy and handle your information in accordance with our privacy policy, available at mlc.com.au/mlcinsuranceprivacypolicy

1. Your personal details

Policy owner/Member 1

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email address

Home telephone

Business telephone

Mobile

Postal address

Same as residential

Unit number

Street number

Street name

Suburb

State

Postcode

Country



The Trustee is part of the Insignia Financial Group. MLC Limited uses the MLC brand under licence from Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

1. Your personal details continued

Policy owner/Member 2

Mr Mrs Miss Ms Other

First name

Middle name Last name

Date of birth (DD/MM/YYYY) Email address

Home telephone Business telephone Mobile

Postal address

Same as residential

Unit number Street number Street name

Suburb State Postcode Country

2. Your new financial adviser's details

Name of financial adviser

Name of firm (licensee)

Adviser Code AFSL ABN

Contact telephone number (business hours) Fax number

Email address

3. Your agreement and declaration

I authorise my adviser and all staff to gain information and access documents whilst the change of advisor is being processed. For the policy number(s) listed in **Section 1**:

- I'm not receiving advice from my existing financial adviser
- I authorise MLC Limited to change my financial adviser as detailed in **Section 2**
- my existing financial adviser will no longer be remunerated for advising me and will no longer have access to my information
- my new financial adviser will be responsible for advising me, will be remunerated for this advice and will have access to my information, and
- I'll advise MLC Limited if I change or cancel my financial adviser or if there are any changes to my adviser remuneration arrangements.

If signed under Power of Attorney: Attorneys must attach a certified copy of the Power of Attorney if not already supplied. The Attorney hereby certifies that they have not received notice of any limitation or revocation of their Power of Attorney and is authorised to sign this form.

Power of Attorney documents can only be mailed. Emailed or faxed copies cannot be accepted.

Name of Policy owner/Member 1/Attorney/Director

Name of Policy owner/Member 1/Attorney/Director

Signature of Policy owner/Member 1/Attorney/Director

X	Date (DD/MM/YY)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Policy owner/Attorney/Director (if applicable)

X	Date (DD/MM/YY)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send us your form

Please return your completed, signed and dated form to:

MLC Life Insurance - Operations
PO Box 23455
Docklands VIC 3008

Email: adviser.servicing@mlcinsurance.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT) Monday to Friday.