



LIFE INSURANCE

Change of policy details form

MLC Personal Protection Portfolio, MLC Life Cover Super,
MLC Simple LifeCover, MLC EasyCover

Policy number

Policy number

Policy number

Policy number

Please PRINT and COMPLETE all relevant sections. Unless otherwise stated, all changes specified on this form will be applied to the policy number(s) given above.

We respect your privacy and handle your information in accordance with our privacy policy, available at mlcinsurance.com.au/privacy-policy

Section 1: Your policy details

Please select your product (if known):

☐ MLC Personal Protection Portfolio☐ MLC Life Cover Super☐ MLC EasyCover☐ MLC Simple LifeCover

Current Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First name

Middle name(s)

Last name (trustee, individual, director or secretary)

Date of birth (DD/MM/YYYY)

Trust / Partnership / Company Name / Self Managed Super Fund

Postal address*

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

*If you have changed your address please write the address MLC Limited currently has recorded on your account(s).

Trustee

NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

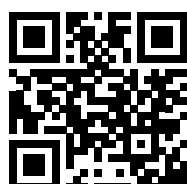
Fund

MLC Super Fund
ABN 70 732 426 024

Insurer

MLC Limited
ABN 90 000 000 402 AFSL 230694

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. Any references to 'we', 'us' and 'our' in this form means MLC Limited and Trustee refers to NULIS Nominees (Australia) Limited.



MLC02PT



Section 2: Change of details

Please provide your new name

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	First name <input type="text"/>
Middle name <input type="text"/>					Surname (Family name) <input type="text"/>

Please attach evidence of your change of name, such as an original certified copy of your marriage/divorce certificate, license or deed poll. Please sign using your previous and new signatures to enable us to cross-check your request.

Note, faxed or emailed copies are not accepted.

Previous Signature <div>Date (DD/MM/YY) <input type="text"/></div>	New Signature <div>Date (DD/MM/YY) <input type="text"/></div>
--	---

If the Policy Owner is a company and you wish to register any changes other than change of address or contact details, please call us **MLC Client Service Centre** on **136 525**.

Change of address

Residential/Company address

Unit number <input type="text"/>	Street number <input type="text"/>	PO Box <input type="text"/>	Street name <input type="text"/>
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>

Postal address ☐ As above

Unit number <input type="text"/>	Street number <input type="text"/>	PO Box <input type="text"/>	Street name <input type="text"/>
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>

Change of contact details

Home telephone <input type="text"/>	Best contact time <input type="text"/> am/pm	Day(s) <input type="text"/>
Work telephone <input type="text"/>	Best contact time <input type="text"/> am/pm	Day(s) <input type="text"/>
Mobile <input type="text"/>	Best contact time <input type="text"/> am/pm	Day(s) <input type="text"/>
Fax <input type="text"/>	Email <input type="text"/>	

Section 3: Tax File Number (TFN) details – MLC Life Cover Super only

Please note: premiums will not be accepted where a member fails to provide their TFN.

Tax File Number (TFN)

--	--	--	--	--	--	--	--	--	--

When collecting your TFN MLC Limited and the Trustee are required to tell you:

- MLC Limited and the Trustee are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993.
- It isn't an offence to decline to notify MLC Limited and the Trustee of your TFN.
- If you don't notify MLC Limited and the Trustee of your TFN, they may not be able to (now or in the future) locate, amalgamate and identify your benefits in order to pay you.
- MLC Limited and the Trustee are allowed to use your TFN for lawful purposes, in particular if paying out monies, identifying and amalgamating super benefits for surcharge purposes and for other approved purposes.
- Your TFN will be disclosed to the Commissioner of Taxation. Your TFN will also be passed on to another super provider if your benefits are being transferred, unless you inform MLC Limited and the Trustee in writing not to pass on your TFN. Your TFN won't otherwise be disclosed to any other person.

Section 4: Premium contribution type – MLC Life Cover Super only

Please specify what type of premium contributions will be made by you or on your behalf? (please tick one box only).

<input type="checkbox"/> Personal	<input type="checkbox"/> Spouse
<input type="checkbox"/> Child	<input type="checkbox"/> Other

Employer Contributions

<input type="checkbox"/> Super Guarantee	<input type="checkbox"/> Salary Sacrifice
<input type="checkbox"/> Award	<input type="checkbox"/> Employer Voluntary

Section 5: Authorised representative

Do you wish to:

- ☐ Establish a **new** Authorised Representative on your policy.
- ☐ Replace an **existing** Authorised Representative on your policy.

Please complete the following section if you wish to appoint an Authorised Representative to have access to your information on this policy.

An authorised representative cannot transact on the policy and will stay in place indefinitely until a request to change is received in writing from you.

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	First name
	<input type="text"/>
Middle name	Family name
<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	Email
<input type="text"/>	<input type="text"/>
MLC Customer Number (if existing customer)	
<input type="text"/>	

Residential address

Unit number	Street number	PO Box	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5: Authorised representative continued

Contact details

Home telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of Authorised Representative

	Date (DD/MM/YY)									

Section 6: Method of payment

Has there been a change to your method of payment?

No ☐ Your current method of payment will be used.

Yes ☐ Please complete the relevant sections as applicable.

6A Direct Debit Request Schedule

Complete this section if you want to pay your premiums by automatic deduction from your nominated financial institution account.

If you're with one of the smaller banks or credit unions you may need to check if they can accept a direct debit request from the Bulk Electronic Clearing System (BECS). This information should be available on your recent bank statement, on the bank's website, or call their customer service number.

Applicable to:

☐ MLC Personal Protection Portfolio

☐ MLC Life Cover Super

☐ MLC EasyCover

☐ MLC Simple LifeCover

Surname (company/business name)

--

Given name(s) (or ABN)

--

Family name

--

Given name(s)

--

Request MLC Limited (ABN 90 000 000 402) (AFSL 230694) (User ID No. 534289) to draw money from my/our account conducted with:

Name of financial institution

--

Name of account holder

--

Address of financial institution

--

State

--	--	--

Postcode

--	--	--	--	--

Name of Account to be debited

--

BSB

				-			
--	--	--	--	---	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--

Please note:

Direct debiting is not available on the full range of financial institution accounts. If in doubt, please refer to your financial institution before completing the Schedule

How frequently will premiums be paid?

☐ Monthly ☐ Half yearly* ☐ Yearly*

Preferred date (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--	--	--

*Not available for MLC EasyCover or MLC Simple LifeCover.

Section 6: Method of payment continued

I/We acknowledge that this Direct Debit Request Schedule is governed by the terms of the Direct Debit Request Service Agreement in Section 10 and the terms and conditions of the policy to which this application relates. I have read and agree with the Direct Debit Request Service Agreement in Section 10.

Signature of financial institution account holder 1

Name

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

Signature of financial institution account holder 2
(if applicable)

Name

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

6B Credit Card Deduction Authority

Complete this section if you want to pay your premiums by charging your nominated credit/debit card.

Applicable to:

☐ MLC Personal Protection Portfolio

☐ MLC Life Cover Super

☐ MLC EasyCover

☐ MLC Simple LifeCover

Name (as it appears on the card)

authorise MLC Limited to charge my

Card type

☐ Mastercard ☐ Visa

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry date (MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

or any replacement/substituted card, for the premiums due on the policy.

Tick this box if this credit card deduction is for:

☐ both the **first and ongoing premiums**

☐ **ongoing premiums** only – a cheque is attached for the initial premium

☐ the **premium** only

If making regular payments from your credit card
how frequently will your premium be paid?

Preferred date (DD/MM/YYYY)

☐ Monthly ☐ Half yearly* ☐ Yearly*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

*Not available for MLC EasyCover or MLC Simple LifeCover.

Signature of cardholder

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

Section 6: Method of payment continued

6C Direct Payment of Premiums*

Complete this section if you want to pay your premiums direct to MLC Limited by cheque or money order. Please note, this payment method is not available for MLC EasyCover or MLC Simple LifeCover.

Applicable to:

☐

MLC Personal Protection Portfolio

☐

MLC Life Cover Super

I wish to pay my premium directly to MLC Limited:

☐

Half yearly

☐

Yearly

We will send you notices for premiums prior to the due date.

If you are making your first payment by cheque for **MLC Personal Protection Portfolio**, make it payable to **MLC Limited**, crossed 'Not negotiable'.

If you are making your first payment by cheque for **MLC Life Cover Super**, make it payable to **NULIS Nominees (Australia) Limited**, crossed 'Not negotiable'.

6D MLC Masterkey Deduction Authority

Note: Available For MLC Life Cover Super only.

Complete this section if you want to pay your premiums by regular deduction from your account with an eligible MLC MasterKey superannuation product.

Important Information

- The member must be the same for both the account with an eligible MLC MasterKey superannuation product and MLC Life Cover Super policy.
- Only one deduction may operate on any account with an eligible MLC MasterKey superannuation product.
- It is the obligation of the member to ensure there are sufficient funds to operate the MLC MasterKey superannuation account and pay for the MLC Life Cover Super premium. To allow completion of the MLC Life Cover Super policy, MLC Limited requires the MLC MasterKey superannuation account to have a minimum of 3 months premium for a monthly paid policy or the full balance of premium for half-yearly and yearly paid policies. If the balance of the MLC MasterKey superannuation account does not meet this criteria, another payment method should be selected (pending rollovers excluded).

Instalment deduction

- The date the deductions will commence from your account with an eligible MLC MasterKey superannuation product will depend on when we receive this form.
- Instalments will be deducted from your account with an eligible MLC MasterKey Superannuation on:
 - the same date each month for monthly payments, or
 - the half-yearly and annual policy anniversary date for half-yearly payments, or
 - the annual policy anniversary date for yearly payments.

I wish to pay my premiums through a regular deduction from my MLC MasterKey superannuation product:

☐

Monthly

☐

Half yearly

☐

Yearly

Declaration

I authorise the Trustee, until further notice in writing, to deduct my MLC Life Cover Super premiums from my:

☐

new account with an eligible MLC MasterKey superannuation product; or

☐

existing account number with an eligible MLC MasterKey superannuation product

I understand and acknowledge that:

- The Trustee may, by prior arrangement and advice to me, vary the amount and frequency of future deductions; and
- The Trustee may, in its absolute discretion, at any time by notice in writing to me, terminate this request as to future deduction.

Signature of Life Insured/Member



Date (DD/MM/YY)

--	--	--	--	--	--

Section 7: Exceptions for changes

Changes will apply to all policies listed on this form unless indicated below.

Question(s) does not apply to Policy number(s)

Section 8: Declaration

Read this section carefully before signing.

I understand and agree that:

- The details provided by me in this form are true and complete. If any sections of this form have not been completed in my handwriting, I certify that I have checked them and the information provided is correct.
- If I have nominated or changed my Authorised Representative in respect of my policy I understand and accept the terms of that authorisation, and my responsibilities in respect of that authorisation.

Signature of Policy Owner / Member 1*

Name

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

Signature of Policy Owner / Member 2* (if applicable)

Name

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

* FOR POLICY OWNER(S) OF MLC Personal Protection Portfolio Only

Signature of the parent or guardian is required if policy owner is under 16 years of age.

In the case where the Policy Owner is a Company;

- Two directors or a director and company secretary are to sign; or
- In the case of a sole director proprietary company only

☐

Sole Director and Sole Secretary (indicate by ticking box)

Section 9: Send us your form

Please return your completed form to:

MLC Life Insurance - Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@mlcinsurance.com.au

If you have any questions, please contact your financial adviser or call us on **136 525**, 8.30am to 6pm AEST, Monday to Friday.

Section 10: Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by MLC Limited, ABN 90 000 000 402 (User ID no. 534289).

This Service Agreement and the Direct Debit Request Schedule in your application contain the terms and conditions by which you authorise us to draw (debit) money from your account and the obligations of us and you under this Agreement. You should read through them carefully to ensure you understand these terms and conditions before signing the Schedule. Please direct all enquiries about your direct debit to us on **136 525**.

Our commitment to you

We will give you at least 14 days notice in writing if there are changes to the terms of the drawing arrangements.

We will keep the details of your nominated Financial Institution account confidential, except where provided to our bank or as required to conduct direct debits with your Financial Institution.

Where the due date is not a business day, we will draw from your nominated Financial Institution account on the business day before or after the due date in accordance with the terms and conditions of your policy.

We will not charge you for any dishonours, however:

- if your account dishonours, your Financial Institution may charge you a fee
- We reserve the right to cancel drawing arrangements if drawings are dishonoured by your Financial Institution.

Your commitment to us

It is your responsibility to:

- ensure your nominated account(s) shown in the Direct Debit Schedule are correct and that your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS)
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise us if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to us if we cancel the drawing arrangements, and
- ensure that all account holders on the nominated Financial Institution account sign the Direct Debit Request Schedule.

Your rights

Your drawing arrangements are detailed in the Direct Debit Request Schedule of your application. They are also governed by the terms and conditions of your policy. You should contact us on **136 525**, providing at least 7 days notice, if you wish to alter the drawing arrangements. You can:

- alter the Schedule
- cancel the Schedule
- stop an individual drawing
- defer a drawing
- suspend future drawings.